

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/17/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155556		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/31/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF TIPTON SKILLED NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP COD 300 FAIRGROUNDS RD TIPTON, IN 46072			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00447794 and IN00444685.</p> <p>Complaint IN00447794 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444685 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: December 30 and 31, 2024.</p> <p>Facility number: 000505 Provider number: 155556 AIM number: 100266350</p> <p>Census Bed Type: SNF/NF: 73 SNF: 8 Total: 81</p> <p>Census Payor Type: Medicare: 10 Medicaid: 47 Other: 24 Total: 81</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on January 6, 2025.</p>			F 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal laws. Facility's date of alleged compliance is 01/24/2025. Facility is respectfully requesting paper compliance for the deficiency in this POC.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to ensure unlicensed staff notified a</p>			F 0684	<p>What corrective action will be accomplished for those</p>		01/24/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Susan Waymire

Administrator

01/16/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>licensed staff member when a resident was found to have discolored areas located on both shoulders for 1 of 1 resident reviewed for an injury of unknown origin. (Resident 2)</p> <p>Finding includes:</p> <p>The clinical record for Resident 2 was reviewed on 12/30/24 at 11:30 a.m. The diagnoses included, but were not limited to, cognitive communication deficient, atrial fibrillation, and dementia.</p> <p>A facility shower sheet, dated 6/26/24 and signed by a QMA on the nurse signature line, indicated "...red bruising...." was found on both shoulders. On the same document, dated 6/28/24, the resident was given a bed bath. There was no note of bruising on the sheet. The next entry on the same document, dated 7/5/24, indicated the resident had a shower. Faded bruising was noted at the area of both shoulders and the upper chest area.</p> <p>A facility document, titled "SHOWER SHEET:SKIN CHECKS," dated 6/29/24 and provided by the Director of Nursing on 12/31/24 at 9:06 a.m., indicated the resident had "...bruising near collarbone...."</p> <p>A Hospice visit note, dated 6/29/24, indicated the facility nurse had notified the Director of Nursing and the Administrator of bruising of unknown origin found around the resident's neck. It was described as red and purple bruising on the lower right side of her neck and circling around the front area of the body above the collarbone, between the neck and the muscle that ran from the back of the neck to the shoulder. The skin was found unbroken and did not appear to be from fingers, fingernails, or another object.</p>				<p>residents found to have been affected by the deficient practice? Resident 2 was assessed by the DON/Designee on on 7-1-2024, no negative outcome related to the alleged deficient practice, skin assessment completed with no negative findings on 7-1-2024, by the DON/Designee.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>The DON/Designee completed a skin assessment on residents on 7-5-2024, any concerns were immediately addressed.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The DON/Designee in-serviced the nursing staff on the policy "Guidelines for Skin Observation/Assessment", completion of shower sheets and notification of nurse with an alteration in skin integrity during care, nurse to sign shower sheets and monitoring of skin alterations on 01-16-2025. Additionally, any staff member that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated.</p>		

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	<p>The Medication Administration Record and Treatment Administration Record, for June 2024 and July 2024, did not have an order to monitor for bruising to the shoulders.</p> <p>There was no nurse's note found in the progress notes about the bruising.</p> <p>The facility was unable to provide an initial assessment, by a licensed staff member, when the bruising was found on 6/26/24.</p> <p>During an interview, on 12/30/24 at 1:13 p.m., QMA 3 indicated if a new skin area was observed during a shower, it was noted on the shower sheet and the nurse was to be informed. The nurse would need to assess the area, measure it and document it.</p> <p>During an interview, on 12/30/24 at 12:58 p.m., LPN 5 indicated if a skin issue was identified the nurse would assesses the resident. If the skin issue did not dissipate, a skin alteration was put into risk management. She indicated the CNA, and the nurse were supposed to sign the shower sheet/skin sheet. The QMA could sign the form, but the QMA needed to take any issues or concerns to the nurse or unit manager.</p> <p>During an interview, on 12/31/24 at 8:45 a.m., the Director of Nursing indicated the facility did not have an initial assessment to show a licensed nurse had assessed the areas found on the resident's shoulders.</p> <p>During an interview, on 12/31/24 at 8:55 a.m., LPN 6 indicated if a new skin issue was found during the resident shower, the CNA was to inform the nurse and document it on the shower sheet. The licensed nurse was to assess and treat the</p>				<p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>The DON/Designee will audit shower sheets and completion of subsequent assessments as appropriate 5 times per week x 4 weeks, then 3 times per week x 4 weeks, then 1 time weekly x 4 months. If facility is within 95% compliance at the end of 6 months, the monitoring will be discontinued. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved.</p>		

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	<p>resident, measure the area, and document the finding in risk management. Documentation would include the measurements of the area and a description of the skin concern. The skin concern would then be noted on the 24-hour sheet and reported to the next shift. An order would be put into the system to monitor the area every shift. Bruises were to be monitored for seven days or until healed.</p> <p>A current facility policy, titled "GUIDELINES FOR SKIN OBSERVATION/ASSESSMENT," dated 5/28/23 and received from the Director of Nursing on 12/31/24 at 9:06 a.m., indicated "...Only licensed nurses can assess the skin...If the care giver is not a nurse and they observe a change in the resident's skin, the care giver will notify the nurse immediately so the nurse can perform a skin assessment...Appropriate documentation...will be completed as per policy...."</p> <p>3.1-37(a)</p>						