

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

PRINTED: 05/29/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/15/2025	
NAME OF PROVIDER OR SUPPLIER  WATERS OF GEORGETOWN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaints IN00458378 and IN00459207.</p> <p>This visit was in conjunction with the PSR (Post Survey Revisit) for Nursing Home Complaint IN00456149 completed on 3/27/25.</p> <p>Complaint IN00458378 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00459207 - Federal/State deficiency related to the allegations is cited at F842.</p> <p>Complaint IN00456149 - Corrected.</p> <p>Survey dates: May 13, 14 and 15, 2025.</p> <p>Facility number: 011509 Provider number: 155770 AIM number: 200909280</p> <p>Census Bed Type: SNF/NF: 63 Residential: 8 Total: 71</p> <p>Census Payor Type: Medicare: 7 Medicaid: 44 Other: 12 Total: 63</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 20, 2025.</p>			F 0000	<p>The following Plan of Correction constitutes that facility's written allegation of compliance for the deficiency cited. However, submission of the Plan of Correction is not an admission to and does not constitute an agreement with alleged deficiencies herein. The Plan of Correction is submitted to meet the requirements established by the state and federal regulations. Due to low scope and severity of the deficiency cited, the facility respectfully requests the granting of a desk review and paper compliance. Should you require any further information or documentation, please do not hesitate to contact the facility.</p>		

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

TITLE

(X6) DATE

Meredith Eder

Executive Director

05/27/2025

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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F 0842 SS=E Bldg. 00	<p>483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure Qualified Medication Aides did not sign off on treatments completed, outside the scope of practice, for 4 of 4 residents reviewed for medical records. (Residents D, E, F and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 5/15/25 at 3:33 p.m. The resident's diagnosis included, but was not limited to, a stage 4 Pressure ulcer (full-thickness tissue loss with exposure of bone, tendon, or muscle).</p> <p>The April and May 2025 treatment administration record indicated staff were to cleanse the resident's sacral wound with normal saline, apply collagen with normal saline fluffed gauze and cover with a bordered gauze twice daily at 10:00 a.m. and 10:00 p.m.</p> <p>The April and May 2025 treatment administration records indicated the treatment was signed as completed as follows:</p> <ul style="list-style-type: none"> <li>- On 4/28/25 at 10:00 a.m., the resident's wound treatment was signed by Qualified Medication Aide (QMA) 9</li> <li>- On 5/01/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 5</li> <li>- On 5/02/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 9</li> <li>- On 5/08/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 5</li> <li>- On 5/09/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 9</li> </ul>			F 0842	<p>It is the policy of this facility to ensure Qualified Medication Aides (QMAs) do not sign off on treatments completed outside the scope of practice.</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</b> The DON/ Designee completed 100% audit of residents with treatment orders on 5/19/25 with no negative outcomes noted.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified, and what corrective action will be taken.</b> All residents that reside in the facility have the potential to be affected by the alleged deficient practice; therefore, this plan of correction applies to all residents that reside in the facility.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</b> An in-service will be completed with all nurses and Qualified Medication Aides on or before 5/27/25 by DON/Designee on the</p>		05/20/2025

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	<p>During an interview, on 5/15/25 at 3:00 p.m., Licensed Practical Nurse (LPN) 7 indicated the QMA's do not complete the treatments higher than a stage one. The nurse should sign off on the treatment once it was completed.</p> <p>During an interview, on 5/15/25 at 3:42 p.m., QMA 3 indicated if a wound was higher than a stage one, it was out of the QMA's scope of practice and the nurses would have to do them. If the nurse forgets to sign off the treatment record, he had signed the treatment as completed.</p> <p>2. The clinical record for Resident E was reviewed on 5/14/25 at 2:05 p.m. The resident's diagnosis included, but was not limited to, unstageable pressure area to the right buttock (a deep wound where the full-thickness tissue loss is obscured by slough or eschar).</p> <p>The May 2025 treatment administration record indicated staff were to cleanse the resident's right buttock with wound cleanser, apply collagen particles and cover with a bordered gauze twice daily at 10:00 a.m. and 10:00 p.m.</p> <p>The May 2025 treatment administration record indicated the treatment was signed as completed as follows:</p> <ul style="list-style-type: none"> <li>- On 5/11/25 at 10:00 p.m., the resident's wound treatment was signed by QMA 10</li> <li>- On 5/14/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 9</li> </ul> <p>3. The clinical record for Resident F was reviewed on 5/15/25 at 6:13 p.m. The resident's diagnosis included, but was not limited to, a stage 3 pressure ulcer (Full-thickness skin loss with damage to subcutaneous tissue) to the sacral</p>				<p>following: QMAs are not to sign off on the TARs for the completion of wound treatments. Only LPN/RNs may sign TARs for the wound treatments that were completed by the nurse. QMA's were educated on their scope of practice. 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> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, ie. What quality assurance program will be put in place.</b> DON/designee will monitor treatment administration records for 5 residents 5x a week for 4 weeks, then 3 residents 3x a week for 4 weeks, then 1 resident 1x a week for 4 months for treatments completed and signed on the TAR by the licensed nurse. If the facility is within 95% compliance at the end of the 6 months, then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. Any patterns will be identified. Any action plan needed will be written by the QAPI committee. Any written action</p>		

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	<p>area.</p> <p>The May 2025 treatment administration record indicated staff were to cleanse the resident's wound with wound cleanser, apply collagen particles and cover with a hydrocolloid dressing every three days on night shift.</p> <p>The May 2025 treatment administration record indicated, on 5/9/25, QMA 3 signed the resident's wound treatment as completed.</p> <p>4. The clinical record for Resident H was reviewed on 5/15/25 at 5:40 p.m. The resident's diagnosis included, but was not limited to, a stage 3 pressure ulcer to the coccyx.</p> <p>Review of the May 2025 treatment administration record indicated staff were to cleanse the resident's wound with wound cleanser, pat dry, apply collagen powder and cover with a bordered gauze on night shift.</p> <p>The May 2025 treatment administration record indicated, on 5/9/25, QMA 10 signed the resident's wound treatment as completed.</p> <p>On 5/15/25 at 6:23 p.m., the Regional Director of Operations provided a current, undated copy of the document titled "Qualified Medication Aide Scope of Practice". It included, but was not limited to, "The QMA shall not document in a resident's clinical record any medication that was administered by another person...."</p> <p><a href="https://www.in.gov">https://www.in.gov</a> Qualified Medication Aide Scote of Practice, included, but was not limited to, "...apply topical medication to minor skin conditions such as...stage one decubitus ulcer."</p>				plan will be monitored by the administrator weekly until resolved.		

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	This Citation relates to Complaint IN00459207.  3.1-50(a)(2)						