STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155217	A. BUILDING 00 B. WING	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF HUNTINGBURG, THE	1712 LELAND DR HUNTINGBURG, IN 47542

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00432332, IN00432068, and IN00432228. Complaint IN00432332: Deficiencies related to the allegations are cited at F744. Complaint IN00432068: No deficiencies related to the allegations are cited. Complaint IN00432228: No deficiencies related to the allegations are cited. Survey dates: April 24 & 25, 2024 Facility number: 000122 Provider number: 155217 AIM number: 100290560 Census Bed Type: SNF/NF: 37 Total: 37 Census Payor Type: Medicare: 1 Medicaid: 28 Other: 8 Total: 37 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed on May 6, 2024.	F 0000		
F 0744 SS=D Bldg. 00	483.40(b)(3) Treatment/Service for Dementia	F 0744	F744 Treatment/Service for	05/20/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo days 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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	Based on interview, and record review, the facility failed to provide necessary treatment and services for 1 of 3 residents reviewed for dementia care. A resident's plan of care was not updated, and physician orders were not implemented following an incident of new and escalated inappropriate sexual behaviors with a resident that resulted in an additional similar incident with another resident in a locked dementia unit. (Resident B, Resident C, Resident D) Finding includes: During a review of facility reported incidents on 4/24/24 at 1:15 P.M., an incident dated 4/2/24 at 6:32 A.M., indicated that Resident B was sitting in the dining room on the locked dementia unit next to Resident C. Resident B kissed Resident C two times on the lips. Resident B then made contact with Resident C's breast. An incident dated 4/8/24 at 7:01 P.M., indicated that a staff member may have witnessed inappropriate touching between Resident B and Resident D. A follow up to the incident, dated 4/17/24, indicated Resident B was started on a Climara patch and was put on one-to-one observation until he discharged to a behavioral care facility. During record review on 4/25/24 at 9:30 A.M., Resident B's diagnoses included, but were not limited to, dementia, depression, and anxiety. Resident B's most recent Quarterly MDS (Minimum Data Set), dated 2/23/24, indicated the resident had severe cognitive impairment and required supervision for transfers and mobility. Resident B's care plan included, but was not		Dementia It is the policy of the facility to ensure a resident receive necessary treatment and services for dementia care. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Residents B, C and D's orders and care plans were reviewed by the DON on 5/17/24 and any issues were addressed as indicated. Resident C and E were assessed by the DON/Designee and SSD on DATE with no negative outcomes. Resident B was sent to psych hospital on 4/15/2024 and returned to facility on 4/29/2024 with order for Climara. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All residents have the potential to be affected by this cited practice, therefore, this plan of correction applies to all residents of the facility. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur. The Administrator/Designee	

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	limited to, Resident exhibits sexual behaviors including, resident chooses to watch pornography on his laptop (initiated 3/18/24). Interventions included, but were not limited to, provide a safe environment. Following the incident on 4/2/24, Resident B was placed on 15-minute checks for 72 hours. Resident B's physician orders included, but were not limited to, Climara Transdermal Patch weekly 0.025 mg (milligrams) per 24 hours, apply one application transdermally in the morning ever Wednesday for dementia with sexually inappropriate behaviors (started 4/3/24 and discontinued 4/5/24), Climara Transdermal Patch weekly 0.025 mg (milligrams) per 24 hours, apply one application transdermally in the morning every Wednesday for dementia with sexually inappropriate behaviors (start date 4/10/24 and discontinued on 4/9/24), and Climara Transdermal Patch weekly 0.025 mg (milligrams) per 24 hours, apply one application transdermally in the morning ever Wednesday for dementia with sexually inappropriate behaviors (started 4/16/24). Resident B's nurse's progress notes between 4/2/24 and 4/8/24 included, but were not limited to the following: 4/2/24 at 6:49 A.M. - Resident B noted to have sexual behavior with other female memory care resident such as kissing and fondling breast as well as increased masturbating that was noted by other staff members. Resident B has increased restlessness noted during the day and evening. 4/2/24 at 4:54 P.M. - New order from NP 3 (Nurse Practioner) for Climara Transdermal Patch weekly 0.025 mg, apply to skin and change weekly. 4/3/24 at 12:18 P.M. - Climara Transdermal Patch weekly 0.025 mg per 24 hours unavailable. Awaiting delivery.		in-serviced the DON/ADON and nursing staff on the following: 1. Following physician orders 2. Notifying pharmacy if medication is not delivered timely 3. Updating care plans following a new incident of inappropriate sexual behavior 4. Behavior monitoring Additionally, any staff that fails to comply with the points of this in-service will be further educated/disciplined as indicated. 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. The Director of Nursing/Designee will audit physician orders, availability of medications and sexual behaviors. This monitoring will occur 5 times a week x 4 weeks, then 3 times a week for 4 weeks, then 3 times a month for 4 months. 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. 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.	

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	4/5/24 at 12:15 P.M. - Check placement of Climara Patch every day and night shift - Medication not available and this medication order was discontinued. Resident B's record contained no documentation or details of the incident between Resident B and Resident D on 4/8/24. Resident B was discharged to a behavioral health facility on 4/15/24. During a review of the facility's investigation, on 4/25/24 at 11:00 A.M., of the incidents on 4/2/24 and 4/8/24, the following was noted: A hospital "Nursing Home Note" electronically signed by NP 3 and dated 4/4/24, included, "Patient Name: [Resident B]... Reason For Consultation: Behaviors... [Resident B] is a long-term resident in the locked dementia unit at [facility]. Nursing did send a note of concern to me. He was found with a lady's breast in his mouth on the unit. I did order a Climara 0.025 mg patch to be applied to decrease his inappropriate sexual behaviors. Nursing shares with me today that they did not use the patch as directed. Instead, they tell me that they moved the lady that he was involved with off the unit... Assessment: Dementia with inappropriate sexual behaviors. Plan: ...2. Activity: He requires a locked unit and 24-hour care and observation for return of the inappropriate sexual behaviors. If those behaviors do return, he is to have the Climara 0.025 mg patch placed on his skin and changed weekly..." An unsigned handwritten note dated 4/11/24 regarding Resident B's ordered Climara patch included, that the patch was initially ordered on 4/2/24 by NP 3. Facility received the ordered		By what date the systemic changes for each deficient will be completed.	

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	Climara patch that evening on 4/2/24 by LPN 9 and returned on 4/4/24 unopened. On 4/9/24 NP 3 re-ordered the Climara patch and night shift nurse RN 8 signed for it. A handwritten note dated 4/8/24 at 10:00 P.M. and signed by QMA 4, included, "CNA (and) QMA were returning from putting some residents to bed when CNA noticed Resident B rubbing Resident D's legs, then Resident B started rubbing Resident D's arm (and) moved hand over her left breast... QMA saw Resident B's hand starting to go up Resident D's sweater..." Resident B's record contained no documentation that a physician or nurse practitioner was notified of facility staff not implementing Resident B's order to apply the Climara 0.025mg patch. Resident B's record did not include an alternate plan or lasting interventions to prevent sexual advances towards other residents on the locked unit. During an interview on 4/25/24 at 11:00 A.M., the facility administrator indicated that nursing staff chose not to administer the ordered Climara patch. During an interview on 4/25/24 at 1:40 P.M., the DON (Director of Nursing) indicated that nursing staff felt that Resident B's inappropriate sexual behaviors would not continue after the incident on 4/2/24 due to Resident C being moved to another unit in the facility. On 4/25/24 at 1:30 P.M., the facility administrator supplied an undated facility policy titled Behavior Management Program. The policy included, "Each resident of the facility identified as exhibiting problematic behavior will be observed in a manner to identify the casual factor, if possible, of the			

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	behavior as well as seek approaches/interventions appropriate for the same... This [interdisciplinary team] will appropriately determine clinical and psychosocial interventions to best address each resident's needs..." This citation relates to complaint IN00432332. 3.1-37(a)			