

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

PRINTED: 12/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155233		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/12/2024	
NAME OF PROVIDER OR SUPPLIER  WATERS OF BATESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 958 E HWY 46 BATESVILLE, IN 47006			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00445841 and IN00445443.</p> <p>Complaint IN00445841 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445443 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: November 11 and 12, 2024.</p> <p>Facility number: 000138 Provider number: 155233 AIM number: 100266500</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 1 Medicaid: 49 Other: 6 Total: 56</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 15, 2024.</p>			F 0000	<p><b>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute an admission or 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 11/30/2024. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 11/30/2024.</b></p>		
F 0657 SS=D Bldg. 00	483.21(b)(2)(i)-(iii) Care Plan Timing and Revision  Based on interview and record review, the facility			F 0657	<b>F657 Care plan timing/revision</b>		11/30/2024

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

TITLE

(X6) DATE

Jalena Ball

Administrator

11/22/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>failed to update a resident's plan of care related to behaviors for 1 of 5 residents reviewed for care plans. (Resident E)</p> <p>Findings include:</p> <p>A Facility Reported Incident, dated 10/23/24, indicated Resident E reported that him and another resident engaged in sexual touching in the common area.</p> <p>The clinical record for Resident E was reviewed on 11/12/24 at 10:55 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/13/24, indicated the resident was cognitively intact. The resident's diagnoses include, but were not limited to, multiple sclerosis and depression.</p> <p>A current care plan, with the start date of 08/06/24 and revised date of 08/22/24, indicated the resident may exhibit inappropriate behavior symptoms related to: sexually oriented, and profane or subjective remarks. The interventions included but were not limited to: dated 08/06/24, encourage resident to verbalize feelings; may refer resident to mental health services including consultations with Psychologist and psychotherapy services; validate resident's feelings and offer support and reassurance; dated 08/12/24, medication per order; dated 08/22/24, staff to monitor resident while in dining room and activities; and staff have been educated to watch for resident's whereabouts while in hall and re-direct him from female resident's rooms.</p> <p>A current care plan, with the start date of 08/06/24 and revised date of 8/22/24, indicated the resident had socially inappropriate behavior. The interventions included, but were not limited to: dated 08/06/24, educate the resident on what was</p>				<p>It is the policy of this facility to ensure care plan is updated with current interventions related to behaviors.</p> <p><b>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The IDT members completed a care plan meeting for Resident E on 11/20/24 and updated interventions related to behaviors.</p> <p><b>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b></p> <p>The SSD/Designee completed an audit of residents with sexual behaviors and updated interventions on their care plans as needed on 11/22/2024.</p> <p><b>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>The ADM/Designee in-serviced the IDT updating care plans with intervention when residents have a change or new behaviors on 11/20/24. Additionally, any staff member that fails to comply with the points of this in-service will be further education and/or disciplined as indicated.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the</b></p>		

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	<p>and was not inappropriate; Psych eval as needed; validate the resident's feelings; dated 08/22/24, staff to monitor resident while in dining room and activities; and staff have been educated to watch resident's whereabouts while in hall and re-direct him from female resident's rooms.</p> <p>The care plans lacked any updated interventions related to the resident's behavior since 08/22/24.</p> <p>A progress note, dated 10/23/24 at 7:25 A.M., documented by RN 2 indicated Resident E informed a CNA that he had intimate contact with another resident (Resident F). Resident E was placed on 15-minute monitoring.</p> <p>During an interview on 11/12/24 at 10:10 A.M., Resident E indicated staff had told him to stay away from Resident F, but never told him why. The administrator eventually told him he needed to stay away from Resident F due to her mental disorder.</p> <p>A Quarterly MDS assessment, dated 09/23/24, indicated Resident F's cognition was intact. The resident's diagnoses include, but were not limited to; progressive neurological condition, aphasia (difficult to understand or express language due to damage to the brain's language center), multiple sclerosis, and manic depression.</p> <p>During a confidential interview from 11/11/2024 through 11/12/2024, Staff Member 3 indicated Resident E liked to hang out in the dining room. The resident liked to go into certain residents' rooms and hang out. He was inappropriate with females sometimes. Sometimes he would refuse to take his medications for the sexual behaviors. He normally targets one room. We had a stop sign across Resident F's door. All the workers know to</p>				<p><b>deficient practice will not recur, i.e. what quality assurance program will be put into place?</b></p> <p>The SSD/Designee will audit 10 random residents with behaviors for updated interventions and any new resident behaviors for updated interventions on care plan weekly x 4 weeks, then 5 random residents weekly x 4 weeks, then 5 random residents monthly x 4 months. If the facility is within 95% compliance at the end of 6 months, the monitoring will 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.</p> <p><b>Date of Compliance: 11/30/2024</b></p>		

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	<p>check on them frequently. Resident E knew what he was doing, but Resident F did not understand when Resident E asked her to do certain things that it was inappropriate.</p> <p>During an interview on 11/12/24 at 11:51 A.M., the Social Service Director indicated that after a previous reportable when Resident E engaged in sexual behaviors with another resident, they implemented a stop sign across the female resident's door. Resident E was noncompliant to fellow residents as he was redirected often. He had an order for a medication to decrease his sexual behaviors, but he refused to take it. She was unsure if any interventions were implemented from his most recent behavior due to being on personal leave. The Administrator and DON were covering her position while she was off work.</p> <p>During an interview on 11/12/24 at 1:49 P.M., the DON indicated after the incident was reported to her, they implemented 15-minute checks on Resident E which were discontinued the next day, but no other interventions were put in place after Resident E's most recent behavior.</p> <p>The current, undated, facility policy, titled "Baseline Care Plan Assessment/Comprehensive Care Plans", was provided by the Administrator on 11/12/24 at 2:30 P.M. The policy indicated, "...The facility may need to review the care plans more often based on changes in the resident's condition and/or newly developed health/psycho-social issues ... review of the 24-Hour reports since the prior Morning/CQI meeting are reviewed and discussed ...pertinent circumstances regarding the residents. They will then see that the care plans for these residents are revised and updated as necessary ..."</p>						

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