

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

PRINTED: 09/27/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/17/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF PRINCETON, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1020 W VINE ST PRINCETON, IN 47670			
(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 Complaint IN00431180.</p> <p>Complaint IN00431180- Federal/State deficiencies related to the allegations are cited at F659.</p> <p>Survey dates: May 16, 17, 2024.</p> <p>Facility number: 000175 Provider number: 155275 AIM number: 100274440</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 6 Medicaid: 44 Other: 9 Total: 59</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 23, 2024.</p>			F 0000	<p>We are requesting for a desk review.</p> <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 , June 14 2024. Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p>		
F 0659 SS=D Bldg. 00	<p>483.21(b)(3)(ii) Qualified Persons</p> <p>Based on interview and record review, the facility failed to ensure physician orders were followed for 1 of 3 residents reviewed for medications. A resident's blood pressure parameters were not followed for giving a medication. (Resident B)</p> <p>Finding includes:</p>			F 0659	<p>We are requesting for a desk review.</p> <p>Preparation and/or execution of this plan of correction in general, or this corrective action does not</p>		06/14/2024

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

TITLE

(X6) DATE

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 disclosed 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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	<p>On 5/16/24 at 9:26 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, intellectual disabilities, generalized epilepsy, hypotension.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 2/13/24 indicated Resident B's cognition was moderately impaired. Resident B expired in the facility on 4/8/24.</p> <p>Care plans were reviewed and no care plan related to hypotension was developed.</p> <p>Physicians orders for March and April 2024 included, but were not limited to:</p> <p>March 2024: Midodrine HCI (hydrochloride) (antihypotensive agent) oral tablet 5 mg (milligram) give 1 tablet by mouth every 8 hours for bp (blood pressure) hold if bp above 100/50, order date 3/28/24.</p> <p>April 2024: Midodrine HCI oral tablet 5 mg give 1 tablet by mouth every 8 hours for bp hold if bp above 100/50, order date 3/28/24.</p> <p>Midodrine HCI oral tablet 5 mg give 1 tablet by mouth three times a day for bp hold if bp above 100/50, order date 4/5/24.</p> <p>The March 2024 EMAR (Electronic Medication Administration Record) was reviewed and included, but was not limited to the following:</p> <p>Midodrine HCI oral tablet give 1 tablet via PEG-Tube every 8 hours for bp hold if bp above 100/50, start date 8/14/23, discontinued date 3/28/24.</p> <p>The following dates and times were given out of</p>				<p>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 May 10th, 2024. Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p> <p>F659 Qualified Person It is the policy of this facility to ensure physician orders are followed for blood pressure parameters.</p> <p>1 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident B no longer resides at the facility.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>The DON/Designee completed an audit for residents with blood pressure parameters and notified the physician of any medications</p>		

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	<p>blood pressure parameters:</p> <p>0600 (6:00 a.m.)</p> <p>3/2- bp 110/70</p> <p>3/3- bp 102/68</p> <p>3/4- bp 110/69</p> <p>3/10- bp 110/69</p> <p>3/11- 106/66</p> <p>3/13- 110/72</p> <p>3/14- 124/70</p> <p>3/16- 106/60</p> <p>3/17- 101/66</p> <p>3/18- 109/67</p> <p>3/23- 107/66</p> <p>3/24- 110/70</p> <p>3/25- 108/68</p> <p>1400 (2:00 p.m.)</p> <p>3/2- 108/72</p> <p>3/3- 102/68</p> <p>3/6- 122/62</p> <p>3/14- 118/67</p> <p>3/15- 108/76</p> <p>3/16- 108/68</p> <p>3/17- 101/66</p> <p>3/28- 127/67</p> <p>2200 (10:00 p.m.)</p> <p>3/2- 108/72</p> <p>3/3- 102/68</p> <p>3/8- 107/67</p> <p>3/9- 102/67</p> <p>3/10- 112/68</p> <p>3/12- 110/72</p> <p>3/15- 106/60</p> <p>3/16- 108/68</p> <p>3/17- 101/66</p> <p>3/18- 122/66</p> <p>3/19- 132/60</p> <p>3/22- 107/66</p>		<p>given outside of the parameters on 6-3-2024 . The residents were assessed by the DON/Designee on 6-3-2024 with no negative outcome related to the alleged deficient practice.</p> <p>3 What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The DON/Designee in-serviced the nurses and qualified medication assistances on the policy "Following Physician Orders" and following parameters on 6-6-2024. Additionally, any staff that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated.</p> <p>4 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 residents for following blood pressure parameters 5 times a week x 4 weeks, then 3 times a week x 4 weeks, then one time a week x 4 weeks, then once a month x 3 months. If the facility is within 95% compliance after the 6 months, the monitoring will be stopped. During the monthly QAPI meeting, monitoring will be</p>		

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	<p>3/23- 110/70 3/24- 110/70 3/26- 118/60 3/27- 126/78</p> <p>Midodrine HCI oral tablet 5 mg give 1 by mouth every 8 hours for bp hold if bp above 100/50, start date 3/28/24, discontinued date of 4/5/24.</p> <p>0600 (6:00 a.m.) 3/30- bp 110/67 3/31- bp 107/66</p> <p>1400 (2:00 p.m.) 3/30- bp 114/68 3/31- bp 107/66</p> <p>2200 (10:00 p.m.) 3/30- bp 114/68 3/31- bp 107/66</p> <p>The April 2024 EMAR (Electronic Medication Administration Record) was reviewed and included, but was not limited to the following:</p> <p>Midodrine HCI oral tablet 5 mg give 1 tablet by mouth every 8 hours for bp hold if bp above 100/50, start date 3/28/24, discontinue date 4/5/24.</p> <p>The following dates and times were given out of blood pressure parameters:</p> <p>0600 (6:00 a.m.) 4/1-bp 107/68</p> <p>1400 (2:00 p.m.) 4/5- bp 125/60</p> <p>2200 (10:00 p.m.) 4/1- bp 115/60</p>				<p>reviewed, and any concerns will have been corrected as found. Any patterns will be identified. If necessary, an action plan will be written by the committee. Any written plan will be monitored by the Administrator weekly until resolution.</p> <p>5 By what date the systemic changes for each deficiency will be completed. 6/14/2024</p>		

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	<p>4/3- bp 123/67 4/5- bp 106/68</p> <p>Midodrine HCI oral tablet 5 mg give 1 tablet by mouth three times a day for bp hold if bp above 100/50, start date 4/6/24, discontinue date 4/8/24.</p> <p>0900 (9:00 a.m.) 4/6- signed as given, no bp documented</p> <p>1300 (1:00 p.m.) 4/6- signed as given, no bp documented</p> <p>1800 (6:00 p.m.) 4/6- signed as given, no bp documented</p> <p>On 5/17/24 at 9:40 a.m., RN 1 indicated if a medication has blood pressure parameters, she put the medication in a separate cup, takes a blood pressure, and if out of the parameters holds the medication, it is normally on the MAR (Medication Administration Record) if the medicine was held.</p> <p>On 5/17/24 at 1:10 p.m., the DON provided the current policy on following physician orders, the policy was undated. The policy included, but was not limited to: It is the policy of the facility to follow the orders of the physician...The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission...</p> <p>This citation relates to Complaint IN00431180.</p> <p>3.1-35(g)(1)</p>						