

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

PRINTED: 03/20/2025

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 03/06/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 958 E HWY 46 BATESVILLE, IN 47006			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a Post Survey Revisit (PSR) to Recertification and State Licensure Survey completed on 02/10/25.</p> <p>Survey date: March 06, 2025.</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: 39 Other: 16 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 March 11, 2025.</p>			F 0000	<p>Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. The plan of correction is prepared and executed solely because federal and state law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the plan of correction. Failure to dispute or challenge the alleged deficiency below is not an admission that the alleged facts occurred as presented in the statements. This report in its entirety has been reviewed by our quality Assurance Committee.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on record review and interview, the facility failed to follow a physician's order related to medication hold parameters for 1 of 3 residents reviewed for Quality of Care. (Resident 29)</p> <p>Findings include:</p> <p>The clinical record for Resident 29 was reviewed on 02/05/25 at 10:44 A.M. An Annual Minimum</p>			F 0684	<p>F- 684 Quality of Care</p> <p>It is the policy of this facility to ensure insulin pens are primed prior to administering, to monitor blood glucose appropriately and to follow physician orders related to medication hold parameters. It is the policy of this facility to ensure orders that have hold/call</p>		03/13/2025

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

TITLE

(X6) DATE

Jalena Ball

Administrator

03/17/2025

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>Data Set (MDS) assessment, dated 01/16/25, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, anemia, coronary artery disease, heart failure, hypertension, anxiety, and depression.</p> <p>A physician's order, dated 12/18/24 through 03/05/25, indicated the resident was to receive Metoprolol (a blood pressure medication) 25 mg (milligrams), once a day. The staff were to hold the medication if the resident's heart rate was less than 60 or the blood pressure was less than 110/60.</p> <p>An open-ended physician's order, with a start date of 03/05/25, indicated the resident was to receive Metoprolol 25 mg, once a day. The staff were to hold the medication if the resident's heart rate was less than 60 or the blood pressure was less than 110/60.</p> <p>The January and February 2025 Electronic Medication Administration Record lacked documentation that the resident's blood pressure or heart rate was monitored prior to administration from 02/24/25 through 03/06/25.</p> <p>During an interview, on 03/0/25 at 1:28 P.M., Qualified Medication Aide (QMA) 3 indicated she had been inserviced related to residents having hold parameters on medications. If a resident had a hold parameter on a medication, she would obtain the residents vital signs and then either give the medication or hold it if the vitals were not within the ordered parameters. The EMAR should have a place to document what the resident's vitals were.</p> <p>During an interview, on 03/06/25 at 1:49 P.M.,</p>				<p>parameters are entered with appropriate vital signs added in the Supplementary Documentation section of the order entry screen.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Residents 37, 29, 22 and 43 were assessed by the DON/Designee on 2/11/25 and no negative outcome related to the cited practice and the physician was notified of medications given outside of parameters on 2/11/25. On 3/6/25, IDOH conducted a revisit. One resident was found to have call/hold parameters but the vital signs had not been completed. The order was reviewed and found the vital sign had not been assigned during order entry.</p> <p>The resident that was identified as not having vital sign entry for an order with hold/call was corrected. This resident was assessed and did not have a negative outcome due to not completing the vital signs.</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 an audit of residents with parameters for diabetic medications on 2/11/25, and MD notified of any</p>		

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	<p>Licensed Practical Nurse (LPN) 2 indicated she had been inserviced recently related to hold parameters with medications. If a resident had vital signs outside the hold parameters, the physician was to be notified.</p> <p>During an interview, on 03/06/25 at 2:06 P.M., the Director of Nursing (DON) indicated she would review the resident's EMAR's daily to ensure staff are following the hold parameters and vital signs are not being missed. The nursing staff were to follow the orders of the physician.</p> <p>The current, undated, facility policy titled, "PHYSICIAN-ORDERS--(FOLLOWING PHYSICIAN ORDERS)" was provided by the Regional Nurse Consultant on 03/06/25 at 2:54 P.M. The policy indicated, "...It is the policy of the facility to follow the orders of the physician..."</p> <p>The current facility policy titled, "MEDICATION ADMINISTRATION", dated February 2017, was provided by the DON on 03/06/25 at 2:54 P.M. The policy indicated, "...To administer all medications safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms, and help in diagnosis..."</p> <p>This deficiency was cited on 02/10/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-37(a)</p>				<p>medications given outside of parameters on 2/11/25.</p> <p>All residents with a hold/call order have the potential to be affected by not having the appropriate vital signs selected during order entry. All residents in the facility have been reviewed for hold/call orders and the order entry screen was reviewed to ensure that appropriate vital signs have been assigned. This was completed by 3/13/25.</p> <p>What measures will be put into place and what system changes will be made to ensure that the deficient practice does not recur.</p> <p>An in-service held on 2/19/25 held by DON/Designee the following was reviewed with the nursing staff.</p> <p>following physician orders related to medications with parameters</p> <p>priming insulin pens prior to administering insulin.</p> <p>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>All nurses were re-educated on order entry for any medication that has hold/call parameters as part of the order. They were instructed to ensure that appropriate vital signs are to be included in the Supplementary Documentation section on the order entry screen.</p>		

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			<p>This was completed by 3/7/25. All resident physician orders that have hold/call parameters were reviewed on 3/13/25. Any order with hold/call parameters that did not have the appropriate Supplementary Documentation were corrected. The Director of Nursing and/or Assistant Director of Nursing will review all new order at least 5 times weekly to ensure that any order that has hold/call parameters has the appropriate Supplementary Documentation added on the order entry screen. Any errors will be corrected immediately and the nurse that made the order entry error will receive additional education and or discipline.</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. DON/designee will audit the Medication Administration Record 5 times a week for 4 weeks, then 3 times a week x 4 weeks, then one time a week x 4 months for medication with parameters and following physician orders. The DON/Designee will monitor 10 random staff members administering insulin for priming of insulin pen prior to administering dose weekly x 4 weeks, then 5</p>		

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			<p>random staff weekly x 4 weeks, then 3 random staff members monthly x 4 months.</p> <p>The Director of Nursing and/or Assistant Director of Nursing will review all new orders to ensure that new orders with hold/call parameters has the appropriate Supplementary Documentation added on the order entry screen. Any errors will be corrected immediately and the nurse that made the order entry error will receive additional education and or discipline. This will be done at least 5 times weekly for 4 weeks, then at least once weekly for 4 months.</p> <p>The Director of Nursing will review the medication administration record for each residnet with hold/call orders to ensure that vital signs are being recorded and the medication held and/or physician notified in accordance with the physician order. The audit will be conducted 5 times weekly for 4 weeks, then once weekly for 4 months. A</p> <p>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 Action Plan needed will be written by the QAPI committee. Any written Action Plan will be</p>		

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					monitored by the Administrator weekly until resolved. By what date the systemic changes for each deficient will be completed. By what date the systemic change for the deficiency will be completed? Date of Compliance 3/13/25		