

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

PRINTED: 09/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155217		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/31/2024	
NAME OF PROVIDER OR SUPPLIER  WATERS OF HUNTINGBURG, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1712 LELAND DR HUNTINGBURG, IN 47542			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00438187, IN00435506.</p> <p>Complaint IN00438187- Federal/State deficiencies related to the allegations are cited at F757.</p> <p>Complaint IN00435506- No deficiencies related to the allegations are cited</p> <p>Survey dates: July 29, 30, 31, 2024.</p> <p>Facility number: 000122 Provider number: 155217 AIM number: 100290560</p> <p>Census Bed Type: SNF/NF: 45 Total: 45</p> <p>Census Payor Type: Medicare: 2 Medicaid: 34 Other: 9 Total: 45</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 6, 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 8/23/24. This provider respectfully requests that this 2567 Plan of correction be considered the Letter of Credible Allegation of Compliance and requests desk review in lieu of a post survey review on or after 8/23/24</b></p>		
F 0757 SS=D Bldg. 00	483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary						

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

TITLE

(X6) DATE

andrew grubb

rdo

08/16/2024

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>drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on interview, and record review, the facility failed to monitor a resident's behaviors, as needed psychotropic medications were given beyond 14 days without a rational to continue, orders were not followed, for 1 of 3 residents reviewed for behaviors. (Resident B)</p> <p>Findings include:</p> <p>On 7/29/24 at 11:34 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified dementia, unspecified severity, with other behavioral disturbance, vascular dementia, unspecified severity, with other behavioral disturbance, depression, unspecified insomnia, unsteadiness on feet, other abnormalities of gait and mobility, cerebrovascular disease. A significant change MDS (Minimum Date Set) assessment, dated 6/18/24, indicated Resident B's cognition was</p>			F 0757	<p>F 757 Drug Regimen is Free From Unnecessary Drugs</p> <p>It is the intent of this facility to monitor behaviors for residents receiving as needed psychotropic meditations.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident B no longer resides in the facility.</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 audited residents receiving psychotropic medications for behaviors</p>		08/23/2024

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	<p>severely impaired, physical behavioral symptoms directed towards others 1-3 days, verbal behavioral symptoms directed towards others 1-3 days, wandering 1-3 days. Resident B's initial admission to the facility was 2/11/24, expired at the facility on 6/24/24.</p> <p>Care plans were reviewed and included but were not limited to: [Resident B] requires psychotropic medications to help manage and alleviate: Psychosis) ie,. delusions, hallucinations, altered thought process, loss of contact with reality), depression behavior with depressive features, initiated 3/7/24. Interventions included, but were not limited to: carry out medication management regimen as prescribed, notify MD/NP as needed.</p> <p>(Resident B name) presents with moderate to extreme anxiety related to: Alzheimer's disease or related dementia, initiated 3/20/24.</p> <p>(Resident B name) has been demonstrating behavioral symptoms such as wandering/getting up unassisted, impulsivity, yelling, "swinging" at staff, related to a diagnosis of Alzheimer's disease of other dementia causing debilitating cognitive loss, date initiated 6/19/24. Interventions included, but were not limited to: use behavior management techniques to promote &amp; "shape" the desired behavior such as: look pro-actively at the behavior. Identify causal factors &amp; work to reduce, minimize and/or treat the causal factors. This stresses prevention.</p> <p>Resident B was sent out of the facility for acute care evaluation for behaviors on 2/11/23- 3/7/24, 3/19/24- 3/19/24, 4/18/24- 4/26/24.</p> <p>Physicians orders and the EMAR (Electronic</p>				<p>monitoring in EMAR and as needed psychotropic medication and notified physician as need for rational to continue medications on 8/21/24, What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur. The DON/Designee in-serviced the nursing staff on policies "Behavior Monitoring Program", "Physician Orders" and documentation of behaviors and monitoring as needed psychotropic medications and notification of physician for rational to continue on 8/21/24. Additionally, any staff that fails to comply with the points of this in-service will be further educated and/or disciplined. How the corrective action will be monitored to ensure the deficient practice 75 not recur, i.e what quality assurance program will be put into place. 1 The DON/Designee will audit as needed psychotropic medications, rational to continue and documentation of behaviors 5 times a week x 4 weeks, then 3 times of week x 4 weeks, then once a week x 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</p>		

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	<p>Medication Administration Record) were reviewed for February, March, April, May, June 2024, and included but were not limited to the following:</p> <p>send to ER (emergency room) for eval and tx (treat) one time for hostile, aggressive for 1 day, start date 2/11/24.</p> <p>trazodone (antidepressant) HCI oral tablet 100 mg give one tablet by mouth at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, vascular dementia, unspecified severity, with other behavioral disturbance, start 3/7/24, d/c 3/19/24.</p> <p>trazodone HCI oral tablet 100 mg at bedtime for depression; insomnia, start date 3/19/24, d/c 4/20/24, start 4/26/24, d/c 6/24/24.</p> <p>zoloft oral tablet (antidepressant) 50 mg (sertraline HCI) give 50 mg by mouth one time a day related to depression, unspecified, start date 3/29/24, d/c 4/2/24, start date 4/2/24, d/c 4/20/24, start date 4/26/24, d/c 6/18/24.</p> <p>compound ABHR gel (Ativan 1 mg, Benadryl 12.5 mg, Haldol 5 mg, Reglan 5 mg) gel apply to back of neck topically two times a day for anxiety, start date 3/19/24, d/c 4/20/24.</p> <p>ABH gel compound ml (1 mg lorazepam, 12.5 diphenhydramine, 2 mg haloperidol) apply to neck topically every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, apply 1 ML (milliliter) to neck, start date 5/7/24, d/c 6/10/24.</p> <p>Geodone oral capsule 20 mg (ziprasidone HCI) (antipsychotic) give 1 capsule by mouth and at</p>				<p>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>By what date the systemic changes for each deficient will be completed. Date: 8/23/24</p>		

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	<p>bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, (give with 80 mg) total 100 mg, start date 3/7/24, d/c 3/19/24.</p> <p>Geodone oral capsule 80 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, (give with 20 mg) total 100 mg, start date 3/7/24, d/c 3/19/24.</p> <p>Geodon oral capsule 20 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance. Vascular dementia, unspecified severity, with other behavioral disturbance, (give with 80 mg) total 100 mg, start date 3/19/24, d/c 4/12/24.</p> <p>Geodone oral capsule 80 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, (give with 20 mg) total 100 mg, start date 3/19/24, d/c 4/20/24.</p> <p>Geodone oral capsule 40 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime for behaviors, start date 4/27/24, d/c 6/24/24.</p> <p>halloperidol oral tablet 5 mg give 5 mg by mouth in the morning for anxiety, start 4/13/24, d/c 4/16/24.</p> <p>Ativan (antianxiety) oral tablet 0.5 mg (lorazepam) give 1 tablet by mouth every morning and at bedtime for anxiety, start date 4/26/24, d/c 6/10/24.</p>						

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	<p>Ativan (antianxiety) oral tablet 0.5 mg (lorazepam) give 1 tablet by mouth three times a day for anxiety, start date 6/10/24, d/c 6/19/24.</p> <p>Depokote (mood stabilizer) oral tablet delayed release 250 mg (divalproex sodium) give 1 tablet by mouth every morning and at bedtime for bipolar, start 4/12/24, d/c 4/20/24.</p> <p>Depakote (mood stabilizer) oral tablet delayed release 250 mg (divalproex sodium) give 1 tablet by mouth every morning and at bedtime for behaviors, start date 4/26/24, d/c 6/18/24.</p> <p>haloperidol (antipsychotic) oral tablet 5 mg. give 5 mg by mouth two times a day for anxiety, start date 3/29/24, d/c 4/12/24.</p> <p>haloperidol (antipsychotic) oral tablet 5 mg give 5 mg by mouth two times a day for anxiety, start date 4/16/24, d/c 4/20/24.</p> <p>haloperidol (antipsychotic) tablet 5 mg give 2.5 mg by mouth every morning and at bedtime for behaviors, start date 4/26/24, d/c 5/28/24.</p> <p>Razadyne oral tablet 4 mg (galantamine hydrobromide) give 1 tablet by mouth every morning and at bedtime for dementia, start date 4/26/24, d/c 6/10/24.</p> <p>lorazepam intensol oral concentrate 2 mg/ml, give 0.5 ml by mouth three times a day for anxiety/agitation, start date 6/18/24, d/c 6/22/24.</p> <p>haloperidol (antipsychotic) oral tablet 5 mg give 1 tablet by mouth every 6 hours as needed for anxiety, start date 3/29/24, d/c 4/15/24. Documented as given on the EMAR on 3/31, 4/1, 4/7, 4/12, 4/13, 4/15.</p>						

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	<p>haloperidol (antipsychotic) tablet 5 mg give 1 tablet by mouth every 24 hours as needed for behaviors, start date 4/26/24, d/c 5/28/24. Documented as given on the EMAR on 4/28, 4/29, 5/2, 5/4, 5/18.</p> <p>Ativan (antianxiety) oral tablet 1 mg (lorazepam) give 1 tablet by mouth every 24 hours as needed for anxiety, start date 4/26/24, d/c 6/23/24. Documented on the EMAR as given on 5/5, 5/7, 5/11, 5/20, 5/22, 5/30, 6/2, 6/3, 6/8, 6/10, 6/12, 6/17.</p> <p>The March 2024 EMAR did not contain daily behavior monitoring.</p> <p>The April, May, June 2024 EMAR indicated behavior monitoring every shift, start date 4/27/24, d/c 6/18/24. The intervention codes were- 1 attempt redirection, 2-snack, 3-fluid offered, 4- activity for diversion, 5-tolieting, 6- change of environment, 7-pain assessment, 8-offer nap/rest period, 9-provide comfort measures, 10-other-enter behavior charting note type every shift for target behaviors.</p> <p>PRN (as needed) medications were given on 4/28 &amp; 4/29 for behaviors. Behavior monitoring on the April EMAR was marked n or NA on 4/28, 4/29 was marked n or 0 for each shift.</p> <p>PRN medications for behaviors/anxiety were given on 5/2, 5/4, 5/5, 5/7, 5/11, 5/18, 5/20, 5/22, 5/30. Behavior monitoring on the May EMAR was marked the following: 5/2- 8- eff 5/4- n or NA 5/5- n or NA, night shift left blank 5/7- NA 5/11- NA, nigh shift left blank</p>						

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	<p>5/18-n or NA , nigh shift 1236, 8 5/20- NA, night shift left blank 5/22- NA or n 5/30 - NA or left blank the following days had blank spots 5/6- night shift 5/14- night shift 5/23- night shift</p> <p>PRN medications were given on 6/3, 6/8, 6/10, 6/12, 6/17 for anxiety. Behavior monitoring on the June EMAR was marked the following: 6/3- Y, 0, 1-9 6/8- n or NA 6/10- n or NA 6/12- n, NA, 0, night shift left blank 6/17- NA, night shift left blank the following days had blank spots 6/2- night shift 6/4 day shift 6/15- night shift</p> <p>March 2024 physician orders indicated EKG (electrocardiogram) d/t Geodon use, order date 3/28/24.</p> <p>The March EMAR was signed on 3/29/24 with a code 9 - other/see nursing notes.</p> <p>Progress notes dated 3/28/24 at 10:22 p.m., indicated " Express Mobile contacted to schedule EKG d/t Geodon use; voicemail left; diagnostic services to return call."</p> <p>On 7/30/24 at 1:21 p.m., the ADON indicated the EKG was not done as ordered on 3/28/24, it was done in April when Resident B was sent out for behaviors. Resident B was sent out for behaviors from 4/18/24- 4/26/24.</p>						



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	<p>On 7/31/24 at 10:52 a.m., RN 1 indicated behaviors are supposed to be documented on the EMAR, follow up with a yes or no. Interventions are supposed to be done before giving medications, the intervention code marked on the EMAR, NA meant no behaviors.</p> <p>On 7/31/24 at 11:57 a.m., the ADON (Assistant Director of Nursing) indicated she did not see anything in the clinical record that Resident B was assessed to continue a psychotropic drug beyond 14 days, she did not see any behavior monitoring on the EMAR for March 2024.</p> <p>On 7/31/24 at 8:48 a.m., the ADON provided the current policy for psychotropic drugs, dated 6/5/23. The policy included, but was not limited to: PRN orders for psychotropic medications : PRN orders for psychotropic drugs will be limited to 14 days unless the physician identifies and documents rationale to extend the medication beyond 14 days. PRN antipsychotic drugs will be limited to 14 days and will not be renewed unless the physician evaluates the appropriateness of the medication. ...</p> <p>On 7/31/24 at 8:48 a.m., the ADON provided the current behavior management program policy with a revision date of 6/20. The policy included, but was not limited to: ...specific elements of the behavior management program as follows: identification of the "problematic behavior" When a resident exhibits problematic behavior, the same is addressed on the 24- hour report and in the resident's medical record. The Nursing Administration and Social Service Department review the 24-hour reports on the a daily basis, on scheduled days of work, assessing for concerns that need further follow-up. Should a problematic behavior be observed on the 24-hour report, the</p>						

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	<p>behavior will be researched per corresponding nurse's notes, consultation with staff members, etc...Initiation of Behavior Management Logbook. If the resident has currently ordered psychoactive medications information (behavior, interventions) then forward this information to the Behavior Management logbook. The record should list behaviors and interventions specific to the resident discussed and planned by the members of the interdisciplinary team...</p> <p>On 7/31/24 at 8:48 a.m., the ADON provided the current policy on physicians orders with a date of 5/23/23. The policy included, but was not limited to: It is the policy of the facility to follow the orders of the physician... 4) all physician orders received pertaining to the resident will be implemented and followed throughout the course of the resident's stay in the facility.</p> <p>This citation relates to Complaint IN00438187.</p> <p>3.1-48(a)(2)</p>						