PRINTED: 10/25/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			00	COMPLETED			
	155233		B. WING			10/01/2024			
NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 958 E HWY 46 BATESVILLE, IN 47006					
(X4) ID	SUMMARY S	ID)			(X5)			
PREFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		TA	ΛG			DATE		
F 0000									
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00443395. Complaint IN00443395 -Federal/State deficiency related to the allegation is cited at F770. Survey dates: September 30 and October 1, 2024. Facility number: 000138 Provider number: 155233 AIM number: 100266500 Census Bed Type: SNF/NF: 59 Total: 59 Census Payor Type: Medicare: 4 Medicaid: 50 Other: 5 Total: 59 This deficiency reflects State Findings cited in		F 0000	f ti c c a f f c c a f c c c a f c c c c c c	F000 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 is respectfully requesting paper compliance for all deficiencies in this POC.				
	accordance with 410	-							
F 0770 SS=D Bldg. 00	483.50(a)(1)(i) Laboratory Services								
S	failed to follow the jobtaining laboratory	niew and interview, the facility physician's orders for vervices for 1 of 3 resident's tory testing. (Resident B)	F 0770	t c r	t is the practice of this facility of follow physician orders an obtain laboratory service for residents. What corrective action will be accomplished for those residents.	nd	10/21/2024		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE		

Any defiency statement 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.

Event ID: TLM311 Facility ID: If continuation sheet

Administrator

10/17/2024

Jalena Ball

10/25/2024 PRINTED: FORM APPROVED OMB NO. 0938-039

DEPARTMENT OF HEALTH AND HUMAN SERVICES STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED B. WING 10/01/2024 155233 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 958 E HWY 46 WATERS OF BATESVILLE. THE BATESVILLE, IN 47006 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE found to have been affected by the The clinical record for Resident B was reviewed deficient practice. on 09/30/2024 at 9:23 A.M. An Admission MDS Resident B no longer resides at (Minimum Data Set) assessment, dated 09/11/24, the facility. indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, Gastroesophageal reflux How other residents having the disease (GERD), and End Stage Renal Disease potential to be affected by the (ESRD). same deficient practice will be identified and what corrective A physician's order, dated 09/11/24, indicated the action will be taken. staff were to obtain a CBC (Complete Blood An audit of resident's lab Count), CMP (Comprehensive Metabolic Panel), orders was completed to and a BNP (B-type Natriuretic Peptide). ensure physician orders for labs have been followed by the During an interview with Resident B, on 09/30/24 **Director of Nursing/Designee** at 3:27 P.M., she indicated a QMA (Qualified on 10/10/2024. Any concerns Medical Assistant) came into get her blood and were addressed, and MD was unsuccessful. She was told another nurse notified as needed. would come back and try, but nobody ever came back. What measures will be put in During an interview with the Administrator, on place and what systemic changes 09/30/24 at 2:32 P.M., she indicated that she was will be made to ensure that the unable to find a laboratory (lab) report for deficient practice does not recur. Resident B for 09/11/24. She believed the order Nursing education was on was transcribed wrong and fell off the orders after 10/1/24 by the DON to review 24 hours. The facility had no record of it being the "Physician's collected or the results of the tests. Orders-Following Physician's orders" and "Lab During an interview with LPN (Licensed Practical Scheduling/Tracking" policy Nurse) 2, on 10/01/24 at 9:37 A.M., she indicated and procedure, to include that when a physician ordered blood work on a obtain labs as ordered. resident the nursing staff would go and collect it Additionally, any staff member the same day, and they would call the lab to come that fails to comply with the

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and pick it up. There was no reason an order

The current undated facility policy titled, "Physician Orders - (Following Physician

should not have been collected.

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points of this in-service will be

further educated and/or disciplined as indicated.

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

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE		STRUCTION	(X3) DATE SURVEY				
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDIN	lG	00	COMPLETED				
		155233	B. WING			10/01/	2024			
NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 958 E HWY 46 BATESVILLE, IN 47006						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREF	PROVIDER'S PLAN OF CORRECTION		.TE	(X5) COMPLETION DATE			
TAG	Orders)", was provi 10/01/24 at 9:50 A. the policy of the fac physician". The current undated Scheduling/Trackin Administrator on 10 indicated, "It is the ensure that laborator physician are syster tracked so that order	ded by the Administrator on M. The policy indicated, "It is cility to follow the orders of the different facility policy titled, "Lab g", was provided by the 10/01/24 at 9:50 A.M. The policy he policy of the facility to bry tests ordered by the matically scheduled and red lab work is obtained ". It to Complaint IN00443395	TAG		What measures will be put in place and what systemic chan will be made to ensure that the deficient practice does not reconcern and audit tool to monitor compliance with laboratory orders to ensure orders are completed. This audit will be completed 5x a week x4 weeks, then 3 x a week x 4 weeks, then once a week x 4 weeks, then once a month x months. If the facility is with 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. A concerns will have been addressed. However, any patterns will be identified. An needed Action Plan will be written by the QAPI committed. Any written Action Plan will be written by the QAPI committed. Any written Action Plan will be written by the Administrative weekly until resolved. By what date the systemic changes for each deficient will completed.	nges e cur. nt e 3 hin of ng he at Any be tor	DATE			
					October 21. 2024					

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