STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155409	A. BUILDING 00 B. WING	11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF INDIANAPOLIS, THE	3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00420983. Complaint IN00420983 - Federal/State deficiencies related to the allegations are cited at F550. Unrelated deficiency is cited. Survey dates: November 8 and 9, 2023 Facility number: 000537 Provider number: 155409 AIM number: 100267270 Census Bed Type: SNF/NF: 61 Total: 61 Census Payor Type: Medicare: 3 Medicaid: 50 Other: 8 Total: 61 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed November 14, 2023.	F 0000	November 29, 2023 Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by Federal and State law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during the Complaint Survey on November 8, 2023. Please accept this plan of correction as the provider's credible allegation of compliance with Federal Medicare and Medicaid requirements. We respectfully request a desk review.	
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nicole Fields		12/01/2023

Any defiencystatement 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.

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	§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. Based on observation, interview, and record review the facility failed to protect the resident's right to be treated with dignity for 2 of 3 residents reviewed. Meals were served on styrofoam and	F 0550	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**	12/14/2023

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	residents were wearing two incontinence briefs. (Resident B, Resident C) Finding includes: 1. During an interview on 11/8/23 at 8:24 a.m., Resident B indicated he never requested styrofoam cups. Resident B used the styrofoam cups because that is what the staff gave him. He thought the staff gave him styrofoam because it was "quick and easy" and it "wasn't that important" to make sure Resident B had a regular coffee cup with a lid. Resident B would rather have drank coffee out of a regular coffee cup and a handle and lid, but he used the styrofoam because that is what the staff gave him. Resident B was observed to be wearing two incontinent briefs. The brief closest to his skin was soaked with urine. At that time, Resident B indicated he wasn't sure how long the brief had been wet, but thougt it was last changed, around 4:00 a.m., and Resident B believed staff put two briefs on him so they didn't have to "worry about it so much". During an interview on 11/8/23 at 9:26 a.m. CNA 1 (Certified Nursing Assistant) indicated the staff should not have applied two briefs on Resident B. The residents were not supposed to wear two briefs. Resident B had told the staff not to put two briefs on him. During an interview on 11/8/23 at 12:09 p.m., RN 1 (Registered Nurse) indicated the facility had been serving meals on styrofoam for "a while now". The resident's meals should have been served on real dishes and real silverware. The clinical record for Resident B was reviewed on 11/8/23 at 9:29 a.m. The diagnoses included, but were not limited to, respiratory failure, muscle		Resident B's brief was changed at the time of the observation. Resident C meals are provided on dishes and drinks are provided in appropriate cups. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents have the potential to be affected by these deficient practices. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** The Administrator or qualified designee will audit 10 meal services and 10 episodes of incontinence care weekly for 8 weeks, then monthly times 4 months to validate compliance with federal and state law. If the facility is within 95% compliance at the end of the 6 months; then	

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	wasting of shoulders and hands, and weakness. A quarterly MDS (Minimum Data Set) assessment, dated 9/12/23, indicated Resident B was cognitively intact. 2. During an interview on 11/9/23 at 11:24 a.m., Resident C indicated his meals had been served on styrofoam and he didn't like it. When Resident C tried to eat his food out of the styrofoam containers, the food slipped out of the container very easily nor did Resident C use styrofoam at home. Resident C felt like the meals should have been served on regular dishes and real silverware instead of styrofoam containers and plastic silverware. The clinical record for Resident C was reviewed on 11/9/23 at 10:25 a.m. The diagnoses included, but were not limited to, respiratory failure, diabetes, and bipolar disorder. A quarterly MDS assessment, dated 10/19/23, indicated Resident C was cognitively intact. On 11/9/23 at 1:15 p.m., the Administrator provided a copy of an undated policy, titled Dignity, and indicated this was the current policy used by the facility. A review of the policy indicated only use plastic and styrofoam plates, cups, and utensils when extremely necessary with a documented rationale. This citation relates to Complaint IN00420983. 3.1-3(t)		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 needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved.	
F 0812 SS=E Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary			

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	§483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview, and record review, the facility failed to ensure pans and cooking utensils were cleaned in a sanitary manner for 2 of 2 kitchen observations. Finding includes: On 11/8/23 at 12:06 p.m., an open meal tray cart was observed. All the meals and drinks were observed to be served in styrofoam boxes and styrofoam cups with plasticware. During an interview on 11/8/23 at 12:09 p.m., RN 1 (Registered Nurse) indicated the facility had been serving meals on styrofoam for "a while now". During an interview on 11/8/23 at 12:59 p.m., Dietary Aide 1 indicated the dishwasher had been	F 0812	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** No resident was found to be affected by this alleged deficient practice. Staff who work in kitchen will use the three compartment sink in accordance with the facility policy and regulation. - **How other residents having the**	12/14/2023

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	broken. He indicated if the dietary staff took the time to clean all the silverware, pots and pans, and dishes they wouldn't have the time to make food. At that time, the dishwashing area was observed. Across from the dishwasher, was a 3 compartment sink. Above the sink, was a sign, taped to the wall, that indicated the instructions for using the 3 compartment sink, a detergent dispenser, and a sanitizer dispenser each with a hose that reached down to the sinks. The instructions indicated the first sink compartment was to wash the dishes, the staff should place the hose from the detergent dispenser into the first sink compartment and press the button to dispense the appropriate mix of detergent and water, and food should be scraped off the dishes before submerging the dishes in the water. The second compartment was for rinsing the dishes, did not require any detergent nor sanitizer, and dishes should be submerged in the rinse water until all the detergent is removed, and the third compartment was for sanitizing the dishes, staff should place the hose attached to the sanitizer dispenser into the sanitize sink and press the button to dispense the appropriate mix of sanitizer and water to fill the sink. Each compartment, of the sink, had a sign on the front that indicated what each compartment was used for. The first compartment indicated wash with a line that went across the front of the sink and indicated "fill" line, the second compartment indicated rinse, and the third compartment indicated sanitize. The first compartment was approximately half filled with two large plastic containers submerged in the water. The hose from the detergent dispenser and the hose from the sanitizer dispenser running into the wash compartment. The second compartment, for rinsing, did not have water but had three large pans sitting in the compartment. The third compartment, for sanitizing, did not have any		**potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** No other residents were found to be affected by this alleged deficient practice. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:** The Dietary Manager or designee will reeducate all dietary staff on the Three Compartment Sink policy to ensure proper washing, sanitizing and rinsing of pots, pans and utensils. Staff who are non-compliant with the policy will receive additional education and/or progressive discipline as appropriate. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur:** Three Compartment Sink Observations will be conducted by the Administrator/designee 10 meals weekly times 8 weeks, then 10 meals monthly times 4 months to validate compliance with federal and state law. If the facility is within 95%	

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	water but had 3 large metal pans sitting in the compartment. At that time, Dietary Aide 1 indicated the pans were washed in the first compartment and were drying in the rinse compartment and the sanitize compartments. Dietary Aide 1 also indicated he knew one compartment was supposed to have detergent added and one compartment was supposed to have sanitizer added, but wasn't sure which compartment got the detergent nor the sanitizer. Dietary Aide 1 was not sure if the water in each compartment was supposed to be kept at a certain temperature nor the temperature to sanitize pans without sanitizer. During an interview on 11/9/23 at 8:05 a.m., Cook 1 indicated the facility had been serving all meals and drinks in styrofoam for months. At that time, observed the 3 compartment sink. The first compartment (wash compartment) was approximately ¼ full of bluish water. There were 3 small to medium size metal pans soaking in the water. The second compartment (rinse compartment) was empty. The third compartment (sanitize compartment) did not have any water but had 3 large metal pans sitting in the compartment. A that time, Cook 1 indicated the pans in the third compartment were drying. On 11/9/23 from 8:15 a.m. to 8:22 a.m., observed Cook 1 wash a medium metal pan. Cook 1 turned on the water and pressed the detergent dispenser button to add more water to the first (wash) compartment until the compartment was approximately half full. Cook 1 pulled a medium sized metal pan out of the wash water. The pan had large food particles stuck to the sides of the pan. Cook 1 took a large spoon and scraped the food particles out of the pan and onto the side of the first (wash) compartment. Cook 1 placed the		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 needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved.	

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	pan back into the first (wash) compartment to wash the pan again. Then, Cook 1 placed the pan into the second (rinse) compartment. Cook 1 turned on the faucet water and sprayed water, out of the faucet, onto the pan and then turned off the faucet water. Once Cook 1 finished spraying the faucet water, Cook 1 pressed the button to dispense the sanitizer and used the hose from the sanitizer dispenser to spray sanitizer water over the pan for approximately 4 seconds. Cook 1 placed the pan in the third (sanitize) compartment. At that time, observed underneath the 3 compartment sink for the detergent and sanitizer. Under the first (wash) compartment was a large blue bag with a small hose that ran from the bag to a connection with the water. Cook 1 indicated the blue solution in the bag was the detergent for the first (wash) compartment. Under the third (sanitize) compartment was a small tube hanging down over a metal rack. The tube was not connected to anything. Cook 1 indicated that was where the sanitizer is supposed to connect to the tube that runs to the sanitize dispenser. Cook 1 walked from the dishwasher area to a storage closet and indicated the kitchen was out of sanitizer and the staff did not know of anywhere else in the facility where the sanitizer would have been kept. Cook 1 was not sure how long the sanitizer dispenser was out of sanitizer. On 11/9/23 at 1:15 p.m., the Administrator provided a copy of an undated facility policy, titled Dishwashing Manual, and indicated this was the current policy used by the facility. A review of the policy indicated each compartment of the 3 compartment sink will be cleaned before each use. The pans will be washed in hot detergent solution in the first compartment, rinsed well in the second compartment, and sanitized in the third compartment by either heat, at least 171			

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	degrees for 30 seconds, or chemicals, according to manufacturers instructions, in the third compartment. The water will be drained when it becomes heavily soiled and refilled. The pans will be drained and air-dried on the drain counter. 3.1-21(i)(2) 3.1-21(i)(3)			