

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

PRINTED: 03/06/2024

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 02/01/2024	
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 IN00427111 and Complaint IN00422428.</p> <p>Complaint IN00427111 - Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00422428 - Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: January 30, 31 and February 1, 2024</p> <p>Facility number: 000122 Provider number: 155217 AIM number: 100290560</p> <p>Census Bed Type: SNF/NF: 38 Total: 38</p> <p>Census Payor Type: Medicaid: 25 Other: 13 Total: 38</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 7, 2024.</p>			F 0000			
F 0677 SS=D Bldg. 00	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral						

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

TITLE

(X6) DATE

Lyn Strauser

HFA

03/01/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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>hygiene; Based on observation, interview and record review, the facility failed to ensure dependent residents received the necessary services to maintain good grooming, and personal hygiene for 2 of 3 residents observed for care. A CNA continued to wipe a resident during perineal care after the resident complained of pain. A CNA did not wipe appropriately for one resident. (Resident B, Resident E)</p> <p>Findings include:</p> <p>1. During an observation on 1/31/24 at 9:50 A.M., Resident B indicated to CNA 2 while getting a bed bath to be careful in the perineal area because she was still tender. CNA 2 used fingers to spread labia and washed area gently with a soapy wet wash cloth from top to bottom. CNA 2 used a clean, wet wash cloth to rinse the area.</p> <p>On 1/30/24 at 11:00 A.M., Resident B's clinical records were reviewed. Diagnosis included, but were not limited to, morbid obesity, asthma, depression, spinal stenosis, lumbar region with neurogenic claudication and hypertension.</p> <p>The most current quarterly MDS (Minimum Data Set) Assessment, dated 11/3/23, indicated Resident B is cognitively intact and needs extensive assistance of 2 for bed mobility, transfers and toilet use.</p> <p>A current care plan for "Resident is incontinent of bladder and bowels, chronic problem related to diagnosis" included, but was not limited to, the following interventions: Pericare after every incontinent episode Staff to assist to toileting as needed</p>		F 0677	<p>F-677</p> <p>It is the policy of the facility to ensure that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Residents who reside in the facility have the potential to be affected by this finding.</p> <p>DON/Designee will monitor audit 10 random staff perform peri care on random shifts weekly x 4 weeks, then 5 random staff members weekly x 4 weeks, then 3 random staff members monthly x 4 months. If the facility is within compliance at the end of 6 months, then monitoring can be stopped.</p> <p>At an in-service held by the Director of Nursing/Designee on (2/27/24) for all nursing staff the following was reviewed:</p>		03/06/2024	

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	<p>Nurse's Notes included but were not limited to: 1/15/2024 at 10:51 P.M. Nursing Progress Note Note Text: "Res (sic) c/o [complained of] pain to vaginal area stating it first started when a wash rag was used to clean too aggressively; PRN [as needed] Norco administered; MD [Medical Doctor] updated."</p> <p>1/15/2024 11:00 P.M. Nursing Progress Note Note Text: "This nurse assess (sic) vaginal area; no bruising, redness or abrasions noted r/t [related to] c/o [complaint of] vaginal discomfort."</p> <p>1/16/2024 3:22 P.M. Physician Note: ..."Reason for evaluation : This is a follow-up note on the patient for management of pain with urination. . . resident reported pain to vaginal area on 1/15/24. . . stated that pain started when a wash rag was used to clean genital area too aggressively. . . staff reported there was no bruising/redness/abrasions on exam. . . resident complaining of dysuria today. . . orders given for UA [urinalysis] with C&amp;S [Culture and Sensitivity]. . . will monitor until results are available. No other complaints voiced by resident and/or staff today."</p> <p>During an interview on 1/31/24 at 8:54 A.M., Resident B indicated CNA 8 needed to be dismissed. She indicated that aide shoved a dry washcloth into her vaginal area and area was still sore. She indicated CNA 8 had been back in her room because she was the only one available but won't allow her to do care. She indicated the other aides were not rough.</p> <p>2. On 1/31/24 at 9:13 A.M., CNA 2 and CNA 4 were observed to provide incontinence care for Resident E. CNA 2 obtained a wet wipe, spread the resident's labia, and wiped inside and down the middle. Resident E indicated that it was</p>				<p>1. ADL and incontinent care</p> <p>2. Resident Rights</p> <p>3. donning and doffing gloves / hand hygiene</p> <p>4. peri care and for staff members to stop if the resident complains of discomfort</p> <p>Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated.</p> <p>At the monthly QAPI meeting, the monitoring of the DON/Designee be reviewed. 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 Action Plan will be monitored by the Administrator weekly until resolution.</p>		

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	<p>hurting. At that time, CNA 2 told the resident there was cream on her, and it needed to be removed. CNA 2 then wiped the area two more times, with the resident complaining each time. At that time, Resident E's labia was observed to be red.</p> <p>On 1/31/24 at 9:45 A.M., Resident E's clinical record was reviewed. Diagnosis included, but were not limited to, obesity and stress incontinence. The most recent quarterly and state optional MDS Assessment, dated 11/6/23, indicated a severe cognitive impairment and frequent incontinence of bladder. Resident E required extensive assistance of two staff with bed mobility and toileting.</p> <p>A current risk for infection care plan, dated 7/4/23, included, but was not limited to, the following intervention: Provide proper hygiene and infection control per facility policy, dated 7/4/23.</p> <p>On 1/31/24 at 3:20 P.M., CNA 21 indicated if a resident complained of pain or discomfort during incontinence care, the staff should stop immediately and notify the nurse.</p> <p>On 1/31/24 at 11:20 A.M., a current non-dated Incontinence Care policy was provided and indicated "Gently separate labia and wash area using downward strokes from pubic area to rectal area"</p> <p>On 2/1/24 at 10:18 A.M., a current non-dated Resident Rights policy was provided and indicated "Residents have the right to a dignified existence and to communicate with individuals and representatives of choice ... The facility must care for them in a manner and environment that</p>						

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F 0687 SS=E Bldg. 00	<p>enhances or promotes their quality of life ... The facility will treat them with dignity and respect in full recognition of their individuality"</p> <p>This citation relates to Complaint IN00427111.</p> <p>3.1-38(a)(2)</p> <p>483.25(b)(2)(i)(ii) Foot Care §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. Based on observation, interview and record review, the facility failed to provide proper treatment and care to maintain mobility and good foot health for 5 of 5 residents reviewed for foot care. Four residents had long, thick toe nails curling over the end of their toes. One resident had long nails and ingrown toenails. (Resident B, Resident C, Resident D, Resident E, Resident F)</p> <p>Findings include:</p> <p>1. During an observation on 1/31/24 at 9:50 A.M., Resident B was lying in bed getting a bed bath. She indicated to CNA 2 to be careful when she washed her right foot because her right great toe was sore. She indicated she had been trying to see the podiatrist for 3 months but was told due to</p>			F 0687	<p>F-687</p> <p>It is the policy of the facility to ensure that residents receive proper treatment and care to maintain mobility and good foot health.</p> <p>Residents who reside in the facility have the potential to be affected by this finding.</p>		03/06/2024

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	<p>a glitch in her insurance, the podiatrist would not see her. She indicated her nails need trimmed and both of her great toes were ingrown. CNA 2 agreed with the resident that her toenails needed trimmed. All of the nails on both feet stuck above the end of toes.</p> <p>On 1/30/24 at 11:00 A.M., Resident B's clinical records were reviewed. Diagnosis included, but were not limited to, morbid obesity, asthma, depression, spinal stenosis, lumbar region with neurogenic claudication and hypertension.</p> <p>The most current quarterly MDS (Minimum Data Set) Assessment, dated 11/3/23, indicated Resident B is cognitively intact and needs extensive assistance of 2 for bed mobility, transfers and toilet use.</p> <p>Physician orders included, but were not limited to, "Resident may be seen by podiatrist," dated 7/21/23.</p> <p>On 11/17/2023 at 10:34 A.M., a Social Service Note indicated "resident declined to be added to on site eye care, on site hearing care, and onsite dental care but approved being added to on site podiatry."</p> <p>The clinical record lacked any care plans related to foot care.</p> <p>The clinical record lacked any podiatry visits.</p> <p>The clinical record lacked any notes related to foot care.</p> <p>During an interview on 1/31/24 at 11:18 A.M., Social Services indicated Resident B had not seen podiatry. When asked if there was a problem with</p>				<p>A facility wide weep was completed on 2/29/24 to assess all resident finger and toenails. Any changes or corrections were addressed and changed as indicated.</p> <p>DON/Designee will monitor foot care for 5 residents weekly for a period of 4 weeks. The tool will then be used for 3 residents weekly for 4 weeks. Then weekly for 1 resident for 4 months. If the facility is within compliance at the end of 6 months, then monitoring can be stopped.</p> <p>At an in-service held by the Administrator/Designee on 2/27/24 for social services the following was reviewed:</p> <ol style="list-style-type: none"> <li>1. timely footcare</li> <li>2. completing consents for ancillary services and ensuring residents are on provider lists for visits.</li> </ol> <p>At an in-service held by the Director of Nursing /Designee on</p>		

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	<p>her insurance, she indicated she would have to check on that.</p> <p>During an interview on 1/31/24 at 3:13 P.M., Social Services indicated the Resident B's Medicaid was inactive at this time.</p> <p>During an interview on 2/1/24 at 10:38 A.M., the Administrator indicated the facility did not deny services for ancillary services for anybody ...will look at Resident B, but she would have to private pay and with Medicare B podiatry should bill that, will call them and tell them that ...nobody would ever tell them that it was an insurance problem.</p> <p>During an interview on 2/1/24 at 11:26 A.M., the Administrator indicated she talked to podiatrist, podiatrist had no idea if she accepted Medicare B but thought she did.</p> <p>2. During an observation on 1/31/24 at 3:16 P.M., Resident C was lying in bed. CNA 6 put on gloves and removed blankets from his feet and took the sock off of his right foot. Right great toenail was very thick, and the rest of the toenails were long and starting to curl over the end of his toes. Resident C indicated he had never seen podiatry since he had been in facility because he was told insurance won't pay for it. Indicated his left great toe is worse than right and hurts. CNA 6 removed sock from left foot, left great toe nail dark in color and very thick, the rest of the nails were long and starting to curl over the toes.</p> <p>On 1/30/24 at 1:23 P.M., Resident C's clinical record was reviewed. Diagnosis included, but were not limited to, chronic kidney disease, acute kidney failure, diabetes mellitus type II with hyperglycemia, depression and anxiety disorder.</p>				<p>2/27/24 for all licensed staff the following was reviewed.</p> <p>Foot care</p> <p>Communication regarding residents needing to be added to podiatry visit list.</p> <p>Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated.</p> <p>At the monthly QAPI meeting, the monitoring of the DON/Designee be reviewed. 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 Action Plan will be monitored by the Administrator weekly until resolution.</p>		

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	<p>The most current quarterly MDS Assessment, dated 11/4/23, indicated Resident C was cognitively intact and required extensive assistance of 2 for bed mobility, transfer and toilet use.</p> <p>Physician orders included, but were not limited to, "Resident may be seen by podiatrist," dated 10/27/23.</p> <p>The clinical record lacked any care plans related to foot care.</p> <p>The clinical record lacked any podiatry visits.</p> <p>The clinical record lacked any notes related to foot care.</p> <p>During an interview on 2/1/24 at 11:26 A.M., the Administrator indicated she talked to podiatrist, and podiatrist said she came every 61 days and it was never the same day-concern was Resident C might be at dialysis ...Administrator unsure if Resident C was diabetic. 3. During an observation on 1/31/24 on 1:59 P.M., Resident D was observed in bed. His family member removed his sock and his toenails were curled over every toe. At that time, he indicated he would like his nails trimmed. When his family member replaced his sock, his toenail cut her finger and it began to bleed.</p> <p>On 1/31/24 at 8:48 A.M., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, hypertension, depression, and diabetes mellitus.</p> <p>The most recent quarterly MDS Assessment, dated 11/6/2023, indicated Resident D was cognitively intact and did not reject care.</p> <p>Physician orders included, but were not limited to,</p>						

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	<p>"Resident may be seen by podiatrist," dated 11/25/2022.</p> <p>The clinical record lacked any care plans related to foot care.</p> <p>The clinical record lacked any podiatry visits.</p> <p>The clinical record lacked any notes related to foot care.</p> <p>4. During an observation on 1/31/24 at 3:00 P.M., Resident F was observed in bed. At that time, CNA 10 removed his shoes and socks, and his toenails were long on both feet. CNA 10 indicated she was unaware that his toenails were that long and that they needed to be trimmed. She indicated if a CNA noticed long toenails, they would tell the nurse and the nurse could trim them or have the resident placed on the list to be seen by the podiatrist.</p> <p>On 1/31/24 at 3:11 P.M., Resident F's clinical record was reviewed. The most recent quarterly MDS Assessment, dated 12/16/23 indicated Resident F had severe cognitive impairment and did not reject care. Diagnoses included, but were not limited to, Alzheimer's disease and hypertension.</p> <p>Physician orders included, but were not limited to, "Resident may be seen by podiatrist," dated 9/23/2022.</p> <p>The clinical record lacked any care plans related to foot care.</p> <p>The clinical record lacked any podiatry visits.</p> <p>Progress notes included, but were not limited to,</p>						

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	<p>"12/3/2023 09:51 (9:51 A.M.)...res [resident] took shower and requested toenails be trimmed; this nurse trimmed toenails." The clinical record lacked any notes related to foot care after 12/3/23.</p> <p>During an interview on 1/31/24 at 2:05 P.M., Licensed Practical Nurse (LPN) 12 indicated the CNA's would let the nurses know if a resident's nails were long and they would trim them. If a resident utilized hospice services, then hospice would trim the nails. If a resident had diabetes mellitus, then the nurse or podiatry would trim those resident's nails.</p> <p>5. On 1/31/24 at 9:13 A.M., CNA 2 and CNA 4 were observed to provide incontinence care for Resident E. At that time, Resident E's toenails were observed to be thick, long, yellow, and crusty.</p> <p>On 1/31/24 at 9:45 A.M., Resident E's clinical record was reviewed. Diagnosis included, but were not limited to, dementia, type 2 diabetes, and gout.</p> <p>The most recent quarterly and state optional MDS Assessment, dated 11/6/23, indicated a severe cognitive impairment, no rejection or refusals of care, and was hospice while a resident. Resident E required extensive assistance of two staff with bed mobility and toileting, limited assistance of one staff with eating, and was totally dependent of two staff with transfers.</p> <p>Current physician orders included, but were not limited to, the following: Resident may be seen by podiatrist, dated 5/4/23.</p> <p>Heart to heart hospice to evaluate and treat , dated 7/6/23.</p>						

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	<p>Resident E had a current care plan for alteration in grooming and hygiene secondary to poor self-care, dated 5/6/23.</p> <p>A skin assessment form, dated 1/31/24, did not include any information about Resident E's feet or toenails.</p> <p>Progress notes lacked information related to podiatry visits or nail care.</p> <p>Hospice notes included, but were not limited to, the following: Aide care plan report, dated 1/1/24 through 2/29/24, indicated nail care to be done at every visit, clean and file, notify case manager if needs cut.</p> <p>On 1/31/24 at 1:30 P.M., the DON (Director of Nursing) provided a list of residents that had been seen by podiatry. The most recent visit, dated 1/12/24, indicated Resident E had been seen.</p> <p>Copies of all podiatry visit notes were requested, but none received for date of service 1/12/24.</p> <p>On 1/31/24 at 9:31 A.M., LPN 12 indicated Resident E was on hospice, and was not sure if ancillary services such as podiatry were stopped when a residents entered hospice, or if hospice took care of their podiatry needs. She indicated Resident E's toenails were "pretty gnarly" and probably needed a podiatry visit. She indicated she would put in a request for podiatry to see the resident as her toenails were so thick, it would take a special tool to cut them. At that time, LPN 12 did not indicate that Resident E refused any type of care.</p> <p>On 1/31/24 at 10:40 A.M., the DON indicated</p>						

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	<p>ancillary services did not automatically stop when a resident was admitted to hospice, and it was up to the hospice service whether that service was covered or not. She indicated podiatry came to the facility every other month.</p> <p>On 1/31/24 at 10:46 A.M., the SSD (Social Services Director) indicated the podiatrist would send her a list of all residents to be seen at their upcoming visits, and the facility could delete or add residents as needed. She indicated residents would be added based on observations and nursing assessments, but that no one had mentioned anything to her about Resident E needing podiatry services.</p> <p>On 1/31/24 at 11:22 A.M., the Executive Director (ED) from Resident E's hospice service indicated via phone their staff had seen Resident E on 1/26/24 and 1/30/24, and had notes from both visits explaining that toenail care and trimming were offered and denied by the resident. She indicated that information had not been given to the facility yet, and she was getting ready to send it to them.</p> <p>During an interview on 1/31/24 3:27 P.M., the Administrator indicated all resident's are able to see podiatry, but some resident's do not want to pay for the service. At that time, she indicated staff should not trim resident's nails.</p> <p>On 1/31/24 at 2:25 P.M., MDS 14 provided a current, undated CNA job description that indicated, "...Role Responsibilities - Personal Nursing Care:...6. Assists residents with nail care (i.e., clipping, trimming, and cleaning the finger/toenails, not including diabetic residents)..." A current, undated Licensed Practical Nurse job description indicated, "...Role Responsibilities -</p>						

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	<p>Nursing Care:...9. Makes periodic checks to ensure that certified nursing assistants are properly administering prescribed treatments..." A current, undated Registered Nurse job description indicated, "...ESSENTIAL DUTIES/ RESPONSIBILITIES:...12. Supervises nurse assistants/ nurse aides in performing duties by checking their work to be sure assignments have been completed..."</p> <p>On 1/31/24 at 2:37 P.M., the podiatrist indicated via phone she remembered Resident E being seen last year and she had been combative. She indicated that would not be a reason to not attempt to see the resident again. However, on the most recent visit on 1/12/24, the Administrator from the facility had requested that Resident E not be seen due to her being on hospice despite the resident being on the list of residents to be seen that day. She further indicated she remembered having staff go with her in the room with Resident E due to behaviors, and the facility should have had documentation of that.</p> <p>During an interview on 1/31/24 at 3:47 P.M., the Administrator indicated she had to correct herself. CNA's and nurses can file and trim nails any resident's nails unless the resident had diabetes mellitus.</p> <p>On 2/1/24 at 10:18 A.M., the DON indicated there was not a podiatry or foot care policy, but that the facility used the ancillary service agreement as a policy for podiatry services. At that time, the service agreement, signed by the Administrator on 5/2/23, indicated "Whereas the Facility desires to secure health services for its residents and has determined that it is in the best interest of its residents to be enrolled in the Providers health care service program(s) indicated below ...</p>						

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F 0880 SS=D Bldg. 00	<p>Podiatry Services"</p> <p>3.1-47(a)(7)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should</p>						

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	<p>be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed for 3 of 3 residents during observation of perineal care and a bed</p>			F 0880	F-880		03/06/2024

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	<p>bath. Staff failed to wash hands or sanitize and gloves were not changed between dirty and clean tasks during peri care. (Resident B, Resident D, Resident E)</p> <p>Findings include:</p> <p>1. On 1/31/24 at 9:13 A.M., CNA 2 and CNA 4 were observed to provide incontinence care for Resident E. CNA 2 washed hands with a four second lather, and CNA 4 washed hands with a nine second lather. Both aides pulled the blanket down off the resident, and both put on gloves. CNA 4 asked CNA 2 to raise the bed, and CNA 2 indicated "I just put my gloves on, yeah", then touched the bed controller with gloved hands to raise the bed. Without changing gloves, CNA 2 pulled wipes out of a package, and one fell onto the resident's foot. CNA 2 took the wipe and placed that one plus two others on the clean brief that was lying by the resident's head. CNA 2 then used all three wipes, one at a time, to clean the front of the resident's perineal area. After cleaning the resident, CNA 2 placed a clean, dry brief under the resident before removing her gloves, washing her hands with a three second lather, and putting on new gloves. After care was complete, CNA 2 washed hands with a five second lather, and CNA 4 washed hands with a 10 second lather.</p> <p>On 1/31/24 at 3:20 P.M., CNA 21 indicated hands should be washed prior to providing care, and after removing gloves with a 20-30 second lather with soap. CNA 21 indicated gloves should be changed during care in between dirty and clean tasks, or after touching objects.</p> <p>2. During an observation on 1/31/24 at 9:00 A.M., incontinence care was performed on Resident D</p>				<p>It is the policy of the facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Including but not limited to proper hand hygiene.</p> <p>Residents who reside in the facility have the potential to be affected by this finding.</p> <p>DON/Designee will hand washing/hand hygiene for 10 staff members weekly for a period of 4 weeks. The tool will then be used for 5 staff members weekly for 4 weeks. Then weekly for 1 staff member for 4 months. If the facility is within compliance at the end of 6 months, then monitoring can be stopped.</p> <p>At an in-service held by the Administrator/Designee on 2/27/24 for all staff the following was reviewed:</p>		

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	<p>by CNA 2 and CNA 4. CNA 2 completed a 5 second lather to wash hands and obtained gloves. CNA 2 cleaned the resident and removed the dirty brief and removed both gloves. At that time, CNA 2 stated, "I know we are supposed to rewash hands, but" and failed to wash hands or sanitize before she obtained new gloves and placed the clean brief under the resident. 3. During observation on 1/31/24 at 9:50 A.M., CNA 2 and CNA 4 gave Resident B a bed bath. CNA 4 washed her hands in the bathroom with a 10 second lather. CNA 2 washed her hands with a 10 second lather. After setting up supplies and filling wash basins with warm water, CNA 2 washed her hands in the bathroom for a total of 10 seconds before putting on gloves. CNA 4 washed her hands for a total of 8 seconds before putting on gloves. CNA 4 took the bed remote with gloved hands and raised the bed and lowered the head of the bed. She did not change her gloves. CNA 2 asked CNA 4 to go get more towels and washcloths. While waiting for CNA 4 to return, CNA 2 stood by the bed talking to the resident and put her gloved left hand on the bed rail. She did not change gloves before continuing the bed bath. When CNA 4 returned with supplies, she washed her hands for a total of 10 seconds before putting on clean gloves. After washing perineal area, CNA 2 removed gloves and washed hands for a total of 8 seconds before putting on clean gloves. After applying protective cream to perineal areas front and back, CNA 2 removed gloves and washed hands a total of 6 seconds before putting on clean gloves.. CNA 4 removed gloves and washed hands a total of 10 seconds. She removed a cup from a drawer to rinse resident's hair before putting on clean gloves. After washing resident's hair, CNA 4 removed gown and gloves and washed hands a total of 10 seconds. She left the room to go get more towels.</p>				<p>handwashing / hand hygiene</p> <p>infection control</p> <p>donning and doffing gloves</p> <p>ADL / peri care</p> <p>Any staff who fail to comply with the points of the in-service will be further educated and or progressively disciplined as indicated.</p> <p>At the monthly QAPI meeting, the monitoring of the DON/Designee be reviewed. 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 Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>F921– It is the intent of the facility to ensure a comfortable environment for residents, staff and the public to meet set standards.</p>		

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	<p>CNA 2 removed gloves and washed hands a total of 5 seconds before putting on clean gloves. She applied lotion under each breast and deodorant under each arm. She removed her gloves but did not wash her hands. She took socks out of the drawer and clothes out of the closet. CNA 4 returned with towels and briefs, washed hands for a total of 10 seconds before putting on gloves. CNA 2 put on gloves and emptied the wash basins in the bathroom, dried them and put resident's bath supplies back into basins. CNA 2 removed bag of linens from the wheelchair, removed gloves and washed hands for a total of 5 seconds before putting on gloves. Both aids dressed the resident and using the lift got resident up in wheelchair.</p> <p>On 1/31/24 at 1:30 P.M., a current non-dated Hand Hygiene policy was provided and indicated "Apply generous amount of soap to hands and run hands together vigorously for at least 20 seconds ..."</p> <p>On 1/31/24 at 1:30 P.M., a current Gloves Non-Sterile policy, dated 4/12/23, was provided and indicated "If for any reason there is a need to remove the gloves and reapply new gloves, Hand Hygiene must occur between the removal of the used pair of gloves and the application of the new pair of gloves."</p> <p>3.1-18(b) 3.1-18(l)</p>				<p>CORRECTIVE ACTIONS TAKEN:</p> <p>On <u>2/28/2024</u> the Housekeeping Supervisor completed the deep cleans on the following rooms: Room 311, 309, 307, 301, 306, 303, 302, 110, 115, 117, 131 to ensure no sticky residue is left on the floors and will monitor and clean rooms daily per the Environmental Care Manual Policy &amp; Procedures to meet set standards. The Administrator verified the work on <u>2/28/2024</u>.</p> <p>On <u>3/1/2024</u> the facilities Ecolab Representative came in replaced the dispenser. This was done to ensure floors are no longer sticky to meet set standards. The Administrator verified the work on <u>3/1/2024</u>.</p> <p>ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>All residents and all staff and visitors have the potential to be affected but none were.</p> <p>MEASURES TO PREVENT REOCCURRENCE:</p> <p>On <u>2/7/2024</u> the Administrator in-serviced the Housekeeping Supervisor/All Housekeeping Staff/designee on the requirement to ensure a comfortable environment for residents, staff</p>		

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			<p>and the public and to ensure floors are cleaned and not sticky to meet set standards.</p> <p>Housekeeping Supervisor/designee will ensure to maintain a comfortable environment for residents, staff and the public including floor care to ensure they are cleaned and not sticky as a part of the facility's Environmental Care Manual Policies and Procedures and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Housekeeping Supervisor/designee will review with the Administrator the inspection results.</p> <p>The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Environmental Care Manual Policies and Procedures documentation that is in place.</p> <p>MONITORING CORRECTIVE ACTION:</p> <p>ADM/Designee will monitor floors for being "sticky" five times a week x 4 weeks, then 3 times a week x 4 weeks, then once a week x 4 months. If the facility is within compliance at the end of 6 months, then monitoring can be stopped.</p>		

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F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure a comfortable environment for residents, staff and the public. Resident room floors were sticky in 11 of 29 rooms observed. (Room 311, Room 309, Room 307, Room 301, Room 306, Room 303, Room 302, Room 110, Room 115, Room 117, Room 131)</p> <p>Findings include:  On 1/30/24 at 10:50 A.M., resident council meeting</p>	F 0921	<p>At the monthly QAPI meeting, the monitoring of the Admin/Designee be reviewed. 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 Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 3/6/2024__.</p> <p>F921– It is the intent of the facility to ensure a comfortable environment for residents, staff and the public to meet set standards.</p> <p>CORRECTIVE ACTIONS TAKEN:  On __2/28/2024__ the Housekeeping Supervisor completed the deep cleans on the</p>	03/06/2024	

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	<p>minutes were reviewed. On 8/2/23, a note indicated "floors sticky after mopping"</p> <p>On 2/1/24 from 10:00 A.M. through 10:24 A.M., the following rooms were observed with sticky floors:</p> <p>Room 311 Room 309 Room 307 Room 301 Room 306 Room 303 Room 302 Room 110 Room 115 Room 117 Room 131</p> <p>On 1/31/24 at 9:00 A.M., the Housekeeping Supervisor indicated the floors were sometimes sticky after cleaning, and could be due to the reaction of the chemicals used and the wax on the floors. She indicated heat and humidity also induced stickiness. She indicated the goal was to strip and wax all of the floors, as the tile was the original tile, but a lot of times, the old wax would not come up.</p> <p>On 1/31/24 at 9:31 A.M., Licensed Practical Nurse (LPN) 12 indicated the floors were frequently sticky and was worse in the colder months. LPN 12 indicated the floors had always been sticky.</p> <p>On 1/31/24 at 11:03 A.M., the Activities Assistant indicated the floors on the locked unit were mainly sticky on the tile floors in the resident's rooms, and not so much on the vinyl flooring in the hallway or dining area.</p> <p>On 2/1/24 at 9:22 A.M., the Activities Director</p>				<p>following rooms: Room 311, 309, 307, 301, 306, 303, 302, 110, 115, 117, 131 to ensure no sticky residue is left on the floors and will monitor and clean rooms daily per the Environmental Care Manual Policy &amp; Procedures to meet set standards. The Administrator verified the work on _____ 2/28/2024_____.</p> <p>On _3/1/2024_ the facilities Ecolab Representative came in replaced the dispenser. This was done to ensure floors are no longer sticky to meet set standards. The Administrator verified the work on _3/1/2024_.</p> <p>ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>All residents and all staff and visitors have the potential to be affected but none were.</p> <p>MEASURES TO PREVENT REOCCURRENCE:</p> <p>On _2/7/2024_ the Administrator in-serviced the Housekeeping Supervisor/All Housekeeping Staff/designee on the requirement to ensure a comfortable environment for residents, staff and the public and to ensure floors are cleaned and not sticky to meet set standards.</p> <p>Housekeeping</p>		

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

PRINTED: 03/06/2024

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 02/01/2024	
NAME OF PROVIDER OR SUPPLIER  WATERS OF HUNTINGBURG, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1712 LELAND DR HUNTINGBURG, IN 47542			
(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			
	<p>indicated she had filled out a resident council form for the resident council complaints of sticky floors, and also talked to housekeeping. She indicated the Administrator told her the floors were sticky due to a chemical in the cleaner and it was not an issue. She indicated she relayed to the resident council that the floors were not an issue.</p> <p>On 2/1/24 at 9:47 A.M., the Activities Director indicated she had spoken with the resident council president and she was able to recall that they were told the floors were sticky because of the chemicals, so they were stripping the floors.</p> <p>On 2/1/24 at 10:12 A.M., Resident G indicated the floor in his room was sticky.</p> <p>On 2/1/24 at 10:26 A.M., the Administrator and Maintenance Supervisor indicated the facility had been meeting on the phone with regional staff to update on the floor progress. The Administrator indicated there was no actual plan in writing to fix the floors and no estimated completion date, but the goal was to have vinyl flooring in all areas. She indicated the facility staff (herself, the Maintenance Supervisor, and Housekeeping Supervisor) were the ones laying the floor, and they worked on it every week. She indicated the company had not told them to do it, but new flooring had been done in some rooms thus far. The Maintenance Supervisor indicated it was slow progress due to the work load for the rest of the building and daily maintenance needs.</p> <p>On 2/1/24 at 10:18 A.M., a current non-dated Hard Floor Care policy was provided and indicated it was the responsibility of the housekeeping staff, housekeeping supervisor, floor technician, or maintenance staff to "replace worn floor finish for easier maintenance, increased beauty and added</p>		<p>Supervisor/designee will ensure to maintain a comfortable environment for residents, staff and the public including floor care to ensure they are cleaned and not sticky as a part of the facility's Environmental Care Manual Policies and Procedures and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Housekeeping Supervisor/designee will review with the Administrator the inspection results.</p> <p>The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Environmental Care Manual Policies and Procedures documentation that is in place.</p> <p>MONITORING CORRECTIVE ACTION:</p> <p>ADM/Designee will monitor floors for being "sticky" five times a week x 4 weeks, then 3 times a week x 4 weeks, then once a week x 4 months. If the facility is within compliance at the end of 6 months, then monitoring can be stopped.</p> <p>At the monthly QAPI meeting, the monitoring of the Admin/Designee be reviewed. Any concerns will have been corrected as found. Any</p>				

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	protection"  This citation relates to Complaint IN00422428.  3.1-19(f)				patterns will be identified. If necessary, an Action Plan will be written by the committee. Any written Action Plan will be monitored by the Administrator weekly until resolution.   This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 3/6/2024__.		