

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155494	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 07/26/2018
NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE		STREET ADDRESS, CITY, STATE, ZIP COD 1350 N TODD DR SCOTTSBURG, IN 47170		
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00261985.</p> <p>Complaint IN00261985 - Substantiated. Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Survey date: July 26, 2018</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicare: 6 Medicaid: 55 Other: 7 Total: 68</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on July 30, 2018.</p>	F 0000	<p>Preparation and or execution of this plan of correction in general, or this corrective action in particular, 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.</p> <p>Facility's date of alleged compliance is August 25th, 2018.</p> <p>We respectfully request Desk Review.</p>	
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or</p>			

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

TITLE

(X6) DATE

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 disclosed 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>chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review, the facility failed to ensure misappropriation of resident property did not occur for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/26/18 at 11:22 a.m. Diagnosis included, but was not limited to, osteoarthritis.</p> <p>The incident report, dated 5/9/18, indicated LPN (Licensed Practical Nurse) 7 notified the Director of Nursing that Resident B was missing a card of Hydrocodone (narcotic pain medication) 7.5 milligrams. Interviews were conducted and drug screens completed on all nurses who worked that particular unit. LPN 5 tested positive, was suspended pending investigation, and after the investigation was completed, the nurse was terminated.</p> <p>The drug screen for LPN 5, dated 5/10/18, indicated positive results for opioids (narcotic medication).</p> <p>During an interview, on 7/26/18 at 11:25 a.m., the DON (Director of Nursing) indicated, to ensure drug diversion does not occur, two staff members sign upon receipt of narcotics from the pharmacy and with each shift change, the narcotics and narcotic cards are counted.</p> <p>During an interview, on 7/26/18 at 11:36 a.m., the Assistant Director of Nursing (ADON) indicated the narcotic count sheets are reconciled at the beginning and end of each shift. When staff receive narcotics from pharmacy, the total number</p>	F 0602	<p>Waters of Scottsburg Complaint Survey 7/26/18 POC</p> <p>F-602</p> <p>It is the policy of the facility to ensure that misappropriation of resident property does not occur, to include misappropriation of any medications. The missing medication was replaced at the cost of the facility. Resident B did not experience any unaddressed pain nor any personal cost related to this missing medication. As stated prior, the facility took responsibility for the reimbursement cost.</p> <p>Residents who receive controlled substances had the potential to have been affected by this finding.</p> <p>Upon realization of the missing med situation, an in-depth investigation was launched. This included following the protocol as defined in the facility's Drug Diversion policy, which includes interviews, drug testing, reporting to appropriate agencies (to include the local authorities), and immediate suspension of the nurse. Additionally, a full audit of the medication carts, medication sheets as well as the verification of the accurate supply of controlled substances was</p>	08/24/2018

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	<p>of cards are added to the count. When the last pill was administered from a narcotic card and that card was pulled, it was deducted from the count.</p> <p>During an interview, on 7/26/18 at 2:55 p.m., the DON indicated she was notified that Resident B was missing one card of narcotics with 29 pills as well as the narcotic count sheets for those narcotics. It took about two hours for us to realize the narcotics had been diverted. Drug tests were run on all the nurses that worked on the unit and the results for LPN 5 were positive for opioids and PCP. In January 2018, she was made aware of pending litigation on LPN 5's nursing license. When questioned about the litigation, LPN 5 said she had worked an off shift and documented the wrong time that a narcotic was administered. We tried to keep a close eye on her since she worked the locked unit and audits of the narcotic card sheets were done three times a week by the ADON. In mid April, 2018, the ADON left her position and there was not enough hours in the day to complete the audits. From mid April 2018 up until the drug diversion in May, there were no audits completed on the narcotic card sheets. The facility did not investigate what the litigation was when they were informed of it, which included falsification of narcotic documentation at another facility.</p> <p>On 7/26/18 at 10:50 a.m., the DON provided a current copy of the document titled "Abuse" dated 9/22/11. It included, but was not limited to, "Guideline...It is the intent of this facility to maintain an environment free of abuse...The resident has the right to be free from...misappropriation of their property...Residents will not be subjected to such events by anyone..."</p>		<p>conducted. No further findings were revealed. The nurse involved in the investigation no longer works at the facility.</p> <p>Going forward, any nursing staff employee who has outstanding, unresolved litigation having to do with narcotic medication administration will not be allowed to pass medications or have access to any med cart keys until the litigation is resolved in such a way as to allow for this job responsibility to be performed based on the findings and recommendations of the nursing licensing authorities.</p> <p>The DON/ADON will monitor the shift to shift counts done on each med cart before and after each shift 3 days weekly until a period of 4 consecutive weeks of zero negative findings is achieved. Afterwards, the DON/ADON will do this same monitoring weekly for a period of not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur ongoing.</p> <p>The nursing staff who administer medications was in-serviced on 8-8-18 by the DON/Designee on the following:</p> <p>a) Administration of controlled substances/documentation/shift to shift counting</p>	

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	<p>This Federal tag relates to Complaint IN00261985</p> <p>3.1-28(a)</p>		<p>b) What to do if a count is "off" —to whom is this reported?/ when?</p> <p>c) Drug Diversion Policy—Review of the policy</p> <p>d) Questions/Answers</p> <p>Any staff who fail to comply with the results of the in-service will be further educated and/or progressively disciplined as indicated.</p> <p>At the monthly QA meetings the results of the monitoring will be reviewed. Any concerns will have been addressed as found, however, any patterns will be identified. If needed, an Action Plan will be written by the committee. Any written Action Plan will be monitored weekly by the Administrator until resolution.</p>	