

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Waters of Huntington Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Grant St Huntington, IN 46750	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32663</p> <p>Based on record review and interview, the facility failed to provide weekly skin assessments for a resident identified at risk for skin breakdown according to their plan of care for 1 of 3 residents assessed for pressure injury. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 10/4/24 at 7:47 a.m. Diagnoses included depression, dementia, anxiety, hypothyroidism, delusions, hypertension, insomnia, and hypoglycemia.</p> <p>Review of the clinical record indicated Resident D had not received a skin assessment since 3/10/24.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, dated 7/3/24, indicated the resident was at risk for pressure ulcers, required a wheelchair; required partial to moderate assistance for transfers and repositioning.</p> <p>A current care plan, dated 11/10/23, indicated the resident was at risk for skin breakdown due to incontinence, requiring help with bed mobility and toileting hygiene. Interventions included, but were not limited to skin assessments at least weekly by a nurse, dated 11/10/23.</p> <p>During an interview on 10/4/24 at 9:23 a.m., the Assistant Director of Nursing and the MDS Coordinator both indicated Resident D should of had weekly skin assessments as part of standard care and facility policy.</p> <p>A recent policy, dated 5/28/23, titled Guidelines for Skin Observation/Assessment (Shower/Baths) was provided by the ADON on 10/4/24 at 9:46 a.m. The policy indicated the following:</p> <p>Procedure:</p> <p>3.) Nurses will do skin assessments at least weekly (or as indicated). Oftentimes, this can be done more efficiently and to the benefit of the resident if skin assessments done during the shower/bath time.</p> <p>This citation relates to Complaints IN00443645 and IN00442048.</p> <p>(continued on next page)</p>

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Waters of Huntington Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Grant St Huntington, IN 46750	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.1-40 (a)(2)</p>