

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Waters of Huntingburg, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1712 Leland Dr Huntingburg, IN 47542	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on interview, and record review, the facility failed to monitor a resident's behaviors, as needed psychotropic medications were given beyond 14 days without a rationale to continue, orders were not followed, for 1 of 3 residents reviewed for behaviors. (Resident B)</p> <p>Findings include:</p> <p>On [DATE] at 11:34 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, unspecified dementia, unspecified severity, with other behavioral disturbance, vascular dementia, unspecified severity, with other behavioral disturbance, depression, unspecified insomnia, unsteadiness on feet, other abnormalities of gait and mobility, cerebrovascular disease. A significant change MDS (Minimum Date Set) assessment, dated [DATE], indicated Resident B's cognition was severely impaired, physical behavioral symptoms directed towards others ,d+[DATE] days, verbal behavioral symptoms directed towards others ,d+[DATE] days, wandering ,d+[DATE] days. Resident B's initial admission to the facility was [DATE], expired at the facility on [DATE].</p> <p>Care plans were reviewed and included but were not limited to:</p> <p>[Resident B] requires psychotropic medications to help manage and alleviate: Psychosis) ie., delusions, hallucinations, altered thought process, loss of contact with reality), depression behavior with depressive features, initiated [DATE]. Interventions included, but were not limited to: carry out medication management regimen as prescribed, notify MD/NP as needed.</p> <p>(Resident B name) presents with moderate to extreme anxiety related to: Alzheimer's disease or related dementia, initiated [DATE].</p> <p>(Resident B name) has been demonstrating behavioral symptoms such as wandering/getting up unassisted, impulsivity, yelling, swinging at staff, related to a diagnosis of Alzheimer's disease of other dementia causing debilitating cognitive loss, date initiated [DATE]. Interventions included, but were not limited to: use behavior management techniques to promote & shape the desired behavior such as: look pro-actively at the behavior. Identify causal factors & work to reduce, minimize and/or treat the causal factors. This stresses prevention.</p> <p>Resident B was sent out of the facility for acute care evaluation for behaviors on [DATE]- [DATE], [DATE]- [DATE], [DATE]- [DATE].</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
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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Physicians orders and the EMAR (Electronic Medication Administration Record) were reviewed for February, March, April, May, [DATE], and included but were not limited to the following:</p> <p>send to ER (emergency room) for eval and tx (treat) one time for hostile, aggressive for 1 day, start date [DATE].</p> <p>trazodone (antidepressant) HCl oral tablet 100 mg give one tablet by mouth at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, vascular dementia, unspecified severity, with other behavioral disturbance, start [DATE], d/c [DATE].</p> <p>trazodone HCl oral tablet 100 mg at bedtime for depression; insomnia, start date [DATE], d/c [DATE], start [DATE], d/c [DATE].</p> <p>zoloft oral tablet (antidepressant) 50 mg (sertraline HCl) give 50 mg by mouth one time a day related to depression, unspecified, start date [DATE], d/c [DATE], start date [DATE], d/c [DATE], start date [DATE], d/c [DATE].</p> <p>compound ABHR gel (Ativan 1 mg, Benadryl 12.5 mg, Haldol 5 mg, Reglan 5 mg) gel apply to back of neck topically two times a day for anxiety, start date [DATE], d/c [DATE].</p> <p>ABH gel compound ml (1 mg lorazepam, 12.5 diphenhydramine, 2 mg haloperidol) apply to neck topically every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, apply 1 ML (milliliter) to neck, start date [DATE], d/c [DATE].</p> <p>Geodone oral capsule 20 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, (give with 80 mg) total 100 mg, start date [DATE], d/c [DATE].</p> <p>Geodone oral capsule 80 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, (give with 20 mg) total 100 mg, start date [DATE], d/c [DATE].</p> <p>Geodon oral capsule 20 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance. Vascular dementia, unspecified severity, with other behavioral disturbance, (give with 80 mg) total 100 mg , start date [DATE], d/c [DATE].</p> <p>Geodone oral capsule 80 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance, (give with 20 mg) total 100 mg, start date [DATE], d/c [DATE].</p> <p>Geodone oral capsule 40 mg (ziprasidone HCl) (antipsychotic) give 1 capsule by mouth every morning and at bedtime for behaviors, start date [DATE], d/c [DATE].</p> <p>haloperidol oral tablet 5 mg give 5 mg by mouth in the morning for anxiety, start [DATE], d/c [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PRN (as needed) medications were given on ,d+[DATE] & ,d+[DATE] for behaviors. Behavior monitoring on the April EMAR was marked n or NA on ,d+[DATE], ,d+[DATE] was marked n or 0 for each shift.</p> <p>PRN medications for behaviors/anxiety were given on ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE]. Behavior monitoring on the May EMAR was marked the following:</p> <p>,d+[DATE]- 8- eff</p> <p>,d+[DATE]- n or NA</p> <p>,d+[DATE]- n or NA, night shift left blank</p> <p>,d+[DATE]- NA</p> <p>,d+[DATE]- NA, nigh shift left blank</p> <p>,d+[DATE]-n or NA , nigh shift 1236, 8</p> <p>,d+[DATE]- NA, night shift left blank</p> <p>,d+[DATE]- NA or n</p> <p>,d+[DATE] - NA or left blank</p> <p>the following days had blank spots</p> <p>,d+[DATE]- night shift</p> <p>,d+[DATE]- night shift</p> <p>,d+[DATE]- night shift</p> <p>PRN medications were given on ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE] for anxiety. Behavior monitoring on the June EMAR was marked the following:</p> <p>,d+[DATE]- Y, 0, ,d+[DATE]</p> <p>,d+[DATE]- n or NA</p> <p>,d+[DATE]- n or NA</p> <p>,d+[DATE]- n, NA, 0, night shift left blank</p> <p>,d+[DATE]- NA, night shift left blank</p> <p>the following days had blank spots</p> <p>(continued on next page)</p>		

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