

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 12/18/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38770</p> <p>Based on interview and record review, the facility failed to ensure accurate documentation of resident records for 3 of 3 records reviewed. Staff members that initialed they were completing assessments were not on the schedule as worked at the time of the assessments. (Resident B, Resident C, Resident D)</p> <p>Findings include:</p> <p>1. On 12/17/24 at 9:30 A.M., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, dementia, anxiety, depression, and psychotic disorder.</p> <p>The most recent Annual MDS (Minimum Data Set) Assessment, dated 11/18/24, indicated a severe cognitive impairment, partial or moderate assist required with toileting, and supervision or touching assist with all other ADLs (activities of daily living).</p> <p>A progress note, dated 11/30/24 at 6:43 A.M. indicated Resident B had experienced an unwitnessed fall in the dining room.</p> <p>A neurological (neuro) evaluation flow sheet, dated 11/30/24, indicated neuro checks were completed from 11/30/24 at 5:00 A.M. through 12/3/24 during the 7:00 A.M. to 3:00 P.M. day shift. The form lacked initials to indicate what staff member completed each check. All entries on the form were completed with the same handwriting.</p> <p>2. On 12/17/24 at 10:14 A.M., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and depression.</p> <p>The most recent Admission MDS Assessment, dated 11/19/24, indicated a severe cognitive impairment, and supervision or touching assistance with all ADLs.</p> <p>A progress note, dated 11/16/24 at 2:44 A.M. indicated Resident C had experienced an unwitnessed fall in his room at 2:00 A.M. that morning.</p> <p>A neurological evaluation flow sheet, dated 11/16/24, indicated neuro checks were completed from 11/16/24 at 2:00 A.M. through 11/19/24 at 5:45 A.M.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Assistant Director of Nursing (ADON) had initialed she had completed the following neuro checks:</p> <p>11/16/24 at 2:00 A.M.</p> <p>11/16/24 at 2:15 A.M.</p> <p>11/16/24 at 2:30 A.M.</p> <p>11/16/24 at 2:45 A.M.</p> <p>11/16/24 at 3:15 A.M.</p> <p>11/16/24 at 3:45 A.M.</p> <p>11/16/24 at 4:45 A.M.</p> <p>The MDS Coordinator had initialed she had completed the following neuro checks:</p> <p>11/16/24 at 9:45 P.M.</p> <p>11/17/24 at 9:45 P.M.</p> <p>11/18/24 at 9:45 P.M.</p> <p>On 12/17/24 at 2:30 P.M., the Administrator provided the schedules as worked for nursing staff from November 2024 through December 2024. The schedules indicated the ADON had not worked on 11/16/24. The schedule lacked information for the MDS Coordinator. The Administrator indicated at that time that the MDS Coordinator had just started, and was not on the schedule and had been using employee timesheet correction forms to record her time.</p> <p>Employee timesheet correction forms indicated the MDS Coordinator had left at 4:00 P.M. on 11/16/24, 11/17/24, and 11/18/24.</p> <p>3. On 12/17/24 at 10:32 A.M., Resident D's clinical record was reviewed. Diagnoses included, but were not limited to, dementia, anxiety, and psychotic disorder.</p> <p>The most recent Quarterly MDS Assessment, dated 12/4/24, indicated a severe cognitive impairment, and substantial or maximum assistance with all ADLs.</p> <p>A progress note, dated 11/22/24 at 6:01 P.M., indicated Resident D had experienced an unwitnessed fall.</p> <p>A neurological evaluation flow sheet, dated 11/22/24, indicated neuro checks were completed from 11/22/24 at 4:00 P.M. through 11/25/24 at 9:45 P.M.</p> <p>The Assistant Director of Nursing (ADON) had initialed she had completed the following neuro checks:</p> <p>(continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/22/24 at 8:45 P.M.</p> <p>11/22/24 at 9:45 P.M.</p> <p>11/23/24 at 9:45 P.M.</p> <p>11/24/24 at 5:45 A.M.</p> <p>The MDS Coordinator had initialed she had completed the following neuro checks:</p> <p>11/25/24 at 5:45 A.M.</p> <p>11/25/24 at 9:45 P.M.</p> <p>On 12/17/24 at 2:30 P.M., the Administrator provided the schedules as worked for nursing staff from November 2024 through December 2024. The schedules indicated the ADON had not worked on 11/22/24, had left at 2:00 P.M. on 11/23/24, and had started a shift at 3:00 P.M. on 11/24/24.</p> <p>A timesheet for the MDS Coordinator indicated she clocked in on 11/25/24 at 8:18 A.M. and clocked out at 4:24 P.M.</p> <p>During an interview with the ADON and MDS Coordinator on 12/18/24 at 11:46 A.M., the MDS Coordinator indicated since they lived close to the facility, they would pop in before and after their scheduled shifts to check on residents and staff. She indicated that could be the reason for initialing for neuro checks outside of scheduled shifts. The ADON indicated at times, the Qualified Medication Aide (QMA) would get vitals on the scheduled neuro check times, and because they did not fill in the forms, would save that information and give to her to fill in the forms when she was there. They both indicated at that time they were unable to provide documentation that they were in the building at the time of the neuro checks for Resident C and Resident D.</p> <p>On 12/18/24 at 11:25 A.M., the Administrator indicated they did not have a current policy for accurate documentation, but provided a Nurse Job Description at that time that indicated Performs administrative duties such as completing medical forms, reports, evaluations, studies, charting . Signs and dates all entries made in the resident's medical record.</p> <p>This citation relates to Complaint IN00448316.</p> <p>3.1-50(a)</p>		