| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155223 | A. Building<br>B. Wing | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waters of Covington, The | 1600 E Liberty St<br>Covington, IN 47932 |

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) |
|---|---|
| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide safe and appropriate respiratory care for a resident when needed.<br><br>48226<br><br>Based on observation and interview, the facility failed to ensure respiratory equipment was cleaned, dated, and stored appropriately and residents had respiratory treatment orders for 8 of 8 Residents reviewed for respiratory care (Residents C, D, E, F, G, H, J, and K).<br><br>Findings include:<br><br>On 8/29/24 at 9:45 a.m., during initial observation of the facility. The following was observed. Resident J's oxygen was being administered at 2 L (liters) per nasal cannula (NC) (a thin flexible tube device to provide supplemental oxygen therapy to people who have lower oxygen levels). The oxygen tubing was dated 5/29/24. There was no dated oxygen equipment storage bag in the room.<br><br>On 8/29/24 at 9:46 a.m., Resident K's, oxygen was being administered at 2 L per NC. There was no date on the oxygen tubing. An empty humidity bottle was attached to the oxygen delivery concentrator (a medical device that separates nitrogen from the air around you so you can breathe up to 95% pure oxygen. It converts ambient room air to a higher concentration of level of oxygen) was dated 2/7/24. There was no dated oxygen equipment storage bag in the room.<br><br>On 8/29/24 at 9:47 a.m., Resident H's oxygen was being administered at 3 L per NC. The oxygen equipment storage bag was dated 4/2/24. The nebulizer treatment administration set was unbagged and sitting on top of nebulizer machine (an electrically powered machine that turns liquid medication into a mist so that it can be breathed directly into the lungs through a face mask or mouthpiece).<br><br>On 8/29/24 at 9:49 a.m., Resident C had an undated oxygen equipment storage bag lying on the oxygen concentrator. Nebulizer equipment (typically consist of a main nebulization unit, a reservoir for holding the liquid for nebulization, and a mouthpiece through which drug aerosol is inhaled) was stored in an undated bag. The oxygen tubing was not dated.<br><br>On 8/29/24 at 9:50 a.m., Resident D had oxygen tubing unbagged and lying on the floor. The medical record indicated there was no order for oxygen administration.<br><br>On 8/29/24 at 9:52a.m., Resident E had undated oxygen tubing lying on the floor unbagged. The nebulizer equipment was lying on the bedside table. There was no dated oxygen equipment storage bag in the room.<br><br>(continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155223 | A. Building<br>B. Wing | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waters of Covington, The | 1600 E Liberty St<br>Covington, IN 47932 |

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) |
|---|---|
| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 8/29/24 at 9:53 a.m., Resident F had oxygen being administered continually by NC. The humidity water bottle (a refillable bottle that adds moisture to oxygen to prevent the upper airway from drying out) was dated 8/29/24. There was no date on the oxygen tubing. There was no dated oxygen equipment storage bag in the room. The medical record indicated there was no order for oxygen administration.<br><br>On 8/29/24 at 9:55 a.m., Resident G had an oxygen equipment storage bag dated 8/21/24. The nebulizer equipment storage bag was dated 8/7/24. The medical record indicated there was no order for oxygen administration.<br><br>On 8/30/24 at 1:20 p.m., during general observation Resident E's nebulizer treatment equipment was not bagged. There was no dated nebulizer equipment storage bag in the room.<br><br>On 8/30/24 at 1:26 p.m., during an interview Qualified Medication Aide (QMA) 6 acknowledge all the oxygen tubing and nebulizer equipment should be dated and bagged. The employee indicated all oxygen equipment was changed weekly.<br><br>On 8/30/24 at 1:55 p.m., during an interview with the Assistant Director of Nursing (ADON) she indicated oxygen tubing was changed weekly. She indicated the staff dated all tubing, the storage bag, and water bottles when they were changed. She indicated the nebulizer treatment and oxygen equipment must be in a dated bag when not in use.<br><br>On 8/30/2024 at 3:18 p.m., the Regional Nurse Consultant provided an undated document titled, Oxygen Administration, and indicated it was the policy currently being used by the facility. The policy indicated, .4. Tubing, humidifier bottles and filters will be changed, cleaned and maintained no less than weekly and PRN. Each will be labeled with date, time and initialed by staff completing this service to equipment<br><br>This citation relates to Complaint IN00440676.<br><br>3.1-47(a)(4)<br><br>3.1-47(a)(5)<br><br>3.1-47(a)(6) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155223 | A. Building<br>B. Wing | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waters of Covington, The | 1600 E Liberty St<br>Covington, IN 47932 |

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) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48226<br><br>Based on record review and interview the facility failed to obtain ordered medication for administration for 1 of 3 residents reviewed for medication administration (Resident AA).<br><br>Findings include:<br><br>On 8/30/24 at 5:00 p.m., the medical record of Resident AA was reviewed. The resident was admitted to the facility on [DATE]. Diagnosis included, but were not limited to, type 2 diabetes mellitus (a disease that occurs when your blood glucose, also called blood sugar is too high), hypertension (high blood pressure), and congestive heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs).<br><br>Physician orders included, but were not limited to, Sitagliptin-metformin HCL (Janumet) 50-500 mg (milligram) 1 tablet two times daily for diabetes.<br><br>A Minimum Data Set (MDS) assessment, dated 8/8/24, indicated the resident was cognitively intact.<br><br>A care plan, dated 2/6/23, indicated the resident was at risk for hypoglycemia (low blood sugar) and or hyperglycemia (high blood sugar) related to diagnosis of diabetes mellitus. Interventions included, but were not limited to, administer medications as ordered by Medical Doctor (MD), dated 2/6/2023.<br><br>The Medication Administration Record (MAR) for June indicated on 6/29/24 and 6/30/24 the resident did not receive metformin HCL two times per day as ordered. The medical record lacked documentation of physician notification of missed dose.<br><br>The MAR for July indicated on 7/1/24 and 7/2/24 the resident did not receive metformin HCL two times per day as ordered. On 7/3/24 the medication was not administered for the morning dose. The medical record lacked documentation of physician notification of missed doses.<br><br>On 8/29/24 at 5:10 p.m., during an interview Licensed Practical Nurse (LPN) 11 indicated if a medication was not available, they would obtain it from the emergency drug Cubex machine (a smart cabinet and software system that helps manage pharmacy supplies and controlled substances). If it were not available there, they would order the medication from the backup pharmacy.<br><br>On 9/3/24 at 9:30 a.m., during an interview Registered Nurse (RN) 10 indicated if a medication was not available, they would obtain it from the emergency drug kit (EDK). If it was not available in the EDK, they would order it from the pharmacy. If a dose was missed, they would notify the physician or the nurse practitioner.<br><br>On 9/3/24 at 10:00 a.m., during an interview the Director of Nursing (DON) indicated if a medication was not available, they would look in the EDK. If it was not there, they would call pharmacy for an immediate delivery. They were to notify the physician of the missed dose of medication.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155223 | A. Building<br>B. Wing | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waters of Covington, The | 1600 E Liberty St<br>Covington, IN 47932 |

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) |
|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 9/3/2024 at 10:12 a.m., the provided an undated document titled, Unavailable Medications Medication Shortages, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy . medication shortage during normal pharmacy hours .1. Facility nurse will call the pharmacy to determine the status of the order. If the medication has not been ordered, facility nurse will place the order/reorder for the next scheduled delivery. 2. If the next available delivery causes a delay or a missed dose, the nurse should obtain medication from the emergency medication supply. 3. If the medication is not available in emergency medication supply, the facility nurse should notify the pharmacy and attempt to arrange for an emergency delivery. 4. If the next scheduled dose has been missed the nurse will notify the physician of the missed dosed of medication<br><br>This citation relates to Complaint IN00441674.<br><br>3.1-25(a) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155223 | A. Building<br>B. Wing | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waters of Covington, The | 1600 E Liberty St<br>Covington, IN 47932 |

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) |
|---|---|
| F 0807<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.<br><br>34129<br><br>Based on observation, interview, and record review, the facility failed to ensure residents had alternative hydration choices available for 2 of 3 days of the survey. This had the potential to effect for 81 of 81 residents who received hydration from the kitchen.<br><br>Finding includes:<br><br>On 8/29/24 at 12:50 p.m., Certified Nursing Aide (CNA) 20 indicated the Dietary Manager (DM) had told the staff on the units that staff were no longer able to make the residents coffee on the units, because it needed to be temped prior to serving coffee to the residents. The residents liked to have coffee when they got up in the mornings and the kitchen did not serve drinks until 7 a.m. with the breakfast. The Dietary Director removed the coffee grounds from the units and indicated staff were not allowed to make coffee for the residents. The residents were really upset about not having the coffee. One of the residents wanted coffee earlier today and the Dietary Director told the resident no, because it was too close to coffee hour. Coffee hour began at 10 a.m. Staff passed out ice water every shift, but not coffee nor any other drinks. The units used to make coffee for the residents all the time and the residents could get it any time they wanted it.<br><br>During an observation of the units' pantries, on 8/29/24, no drinks were observed in the refrigerators and the pantries did not have coffee supplies.<br><br>During an interview with the DM, on 8/29/24 at 4:03 p.m., she indicated residents were served drinks and coffee, when the kitchen opened at 7 a.m. The Director of Nursing (DON) had taken the coffee out of the units' pantries due to the coffee not being temped. The DM indicated she had purchased individual containers of orange juice for the pantries to have available for residents, but the dietary staff had served the orange juice to the residents during the breakfast meals in the dining room.<br><br>On 8/30/24 at 3:25 p.m., the Regional Nurse Consultant (RN) 22 provided and identified an undated document as a current facility policy, titled Policy and Procedure Hydration Management. The policy indicated, .Purpose: To establish guidelines to ensure each resident receives sufficient fluid intake to maintain proper hydration in accordance with calculated needs .Policy: It is the policy of the facility to monitor the resident's fluid balance in accordance with assessed need or problems .1. The Dietary Manager or Registered Dietician (RD) will calculate fluid requirements for each resident admitted to the facility and will record fluid needs in the Nutritional Assessment .4. If not restricted, fluids will be offered at bedside and at the nurses' station .6. Fluids will be offered mid-morning, mid-afternoon, and at bedtime, in addition to mealtime and during medication administration .7. Staff will encourage fluid consumption during in room and other resident contacts unless contraindicated<br><br>This citation relates to Complaint IN00441804.<br><br>3.1-46(b) |