STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155233	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Batesville, The	958 E Hwy 46 Batesville, IN 47006

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 38239 Based on interview, observation, and record review, the facility failed to ensure a resident did not sustain a skin injury during therapy for 1 of 2 residents reviewed for skin wounds. (Resident B) Findings include: During an interview on 04/24/24 at 9:37 A.M., Resident B indicated he was in the facility related to issues with his back. He participated in physical therapy. A few weeks ago, he was in therapy and his back was burned while he was using the TENS (Transcutaneous Electrical Nerve Stimulation) machine (a device that used low-voltage electrical current to help with pain). The therapist wasn't sure what happened and said the machine malfunctioned. They took the patch off his back, and it had burned the first layer of his skin. The Wound NP (Nurse Practitioner) came in every week to assess and treat the wound. The burn was pretty painful. The wound treatment used to be daily, but now they only have to change it every three days. During an interview on 04/24/24 at 9:50 A.M., the DON (Director of Nursing) indicated the therapist was following the directions on the TENS unit. The resident was hooked up to the device and was doing some arm exercises. She thought the pad moved on the resident's skin with the resident's movement. During an interview on 04/24/24 at 1:23 P.M., the TDM (Therapy Department Manager) indicated he had used the TENS device five or six other times on the resident with no issues. He was familiar with the equipment; he wasn't sure what happened. There were four sticky pads that attached to the resident's skin in a criss cross fashion, with a lead wire attached to each pad. When using the machine, he would set the stimulation to an appropriate level and ask the resident to let him know when he felt the stimulation. He would adjust the level to as appropriate, so that it was high, but still comfortable. The machine ran for 15 minute cycles. The cycle was almost complete when the machine indicated check pads or something to that effect. Since the cycle was almost over, he just turned it off and went to remove the pad. When he saw the pad, it was not flat, but folded over on the resident's skin. The skin was burned where the pad was folded. The resident did not indicate he felt anything. The TDM indicated he had attached the sticky pads to the resident's back like he had done several times before. He did not think there was an issue with the machine, someone came out and inspected it once a year or so. He thought the device was fine, the pad was not on the resident properly. He put it on correctly, but it didn't stay that way. (continued on next page)

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
	155233	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Batesville, The	958 E Hwy 46 Batesville, IN 47006

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The most recent invoice for the annual safety inspection of the TENS device was provided by the DON on 04/25/24 at 9:00 A.M. The invoice indicated the device was inspected on 11/14/22 and passed inspection with no concerns. During an interview on 04/25/24 at 10:05 A.M., a representative from the device inspection company indicated when they inspected this type of device, they would check the voltage and the current, making sure levels were not too high or too low. They would make sure the leads weren't frayed. The device should be inspected annually. The facility lacked documentation the TENS device had been inspected since 11/14/22. The clinical record for Resident B was reviewed on 4/25/24 at 11:01 A.M. An Admission MDS (Minimum Data Set) assessment, dated 03/20/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, diabetes, arthritis, spinal stenosis, and intervertebral disc displacement. A Nursing Progress Note, dated 03/27/24 at 1:00 P.M., indicated the resident needed to be assessed. The resident was noted to have a burn on his lower back on the right side. A Skin and Wound note, dated 04/24/24 at 12:40 P.M., indicated the wound was a second degree burn on the resident's lower back that was improving. The resident reported he was wearing a TENS unit in therapy and was burned. The wound measured 3.5 cm (centimeters) x 2 cm x 0.1 cm. 75-99% of the tissue was granulation tissue (pink-red moist tissue that fills an open wound, when it starts to heal) and 25-49% of the tissue was slough (non-viable tissue that was usually moist). The wound was derided, and the wound treatment orders were changed. The resident's wound was observed with the DON on 04/25/24 at 11:09 A.M. The resident's call light was on. Upon entering the resident's room, he indicated the dressing had come off his wound. The soiled dressing was sitting on the over the bed table. A small amount of dried, bloody drainage was observed on the dressing. The resident's right lower back was observed. The wound was oval shaped, approximately 3 cm x 2 cm. The wound bed was dark pink granulation tissue. There were no signs infection. The resident indicated the wound hurt and requested pain medication. During an interview on 04/25/24 at 1:10 P.M., the TDM indicated you stay right there with a resident when using the TENS device. He didn't visually monitor the resident's skin the whole time when using the device, but he would probably look at residents' skin more often now. The current, undated facility policy, titled Low Voltage Electrical Stimulation (E-Stim) was provided by the DON on 04/25/24 at 11:40 A.M. The policy indicated, .treatments will be administered by designated personnel under the supervision and direction of a licensed therapist according to the manner directed in the therapy evaluation/plan of care .The resident is to be positioned on a treatment table/mat or chair and draped appropriately for treatment . 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155233	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Batesville, The	958 E Hwy 46 Batesville, IN 47006

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 38239 Based on interview and record review, the facility failed to ensure resident medication administration records accurately reflected the administration of narcotic pain medication for 4 of 6 residents reviewed for medication administration. (Residents B, D, G, and H). Findings include: 1. The clinical record for Resident B was reviewed on 4/25/24 at 11:01 A.M. An Admission MDS (Minimum Data Set) assessment, dated 03/20/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, arthritis, spinal stenosis, and intervertebral disc displacement. The resident's physician's orders included, but were not limited to, an open ended order, with a start date of 03/11/24, for Hydrocodone-Acetaminophen (narcotic pain medication) 5-325 mg (milligrams) every eight hours as needed for pain. The Controlled Drug Receipt/Record/Disposition Form for the Hydrocodone-Acetaminophen 5-325 mg medication indicated the medication was signed out as given on the following dates and times: - 03/16/24 at 6:00 A.M., - 03/16/24 at 2:00 P.M., - 03/17/24 at 6:00 A.M., and - 03/17/24 at 2:00 P.M. The March 2024 EMAR (Electronic Medication Administration Record) lacked documentation of the medication was administered on the above dates and times. 2. The clinical record for Resident D was reviewed on 4/25/24 at 11:20 A.M. An Admission MDS assessment, dated 02/23/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, heart failure and polyneuropathy. The resident's physician's orders included, but were not limited to, an open ended order, with a start date of 02/15/24, for Hydrocodone-Acetaminophen 7.5-325 mg every six hours as needed for pain. The Controlled Drug Receipt/Record/Disposition Form for the Hydrocodone-Acetaminophen 7.5-325 mg medication indicated the medication was signed out as given on the following dates and times: - 02/18/24 at 1:30 P.M., - 03/05/24 at 6:00 A.M., 12:00 P.M., and 4:30 P.M., - 03/08/24 at 11:00 P.M., - 03/11/24 at 6:00 A.M., 1:00 P.M., and 5:00 P.M., (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155233	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Batesville, The	958 E Hwy 46 Batesville, IN 47006

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 03/14/24 at 10:00 P.M., - 03/16/24 at 6:00 A.M., and - 03/17/24 at 8:00 A.M. The March 2024 EMAR lacked documentation of the medication was administered on the above dates and times. 3. The clinical record for Resident G was reviewed on 4/25/24 at 11:26 A.M. A Quarterly MDS assessment, dated 01/12/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes and kidney disease. The resident's physician's orders included, but were not limited to, an open ended order, with a start date of 02/26/24, for Tramadol (a narcotic pain medication), 50 mg every six hours as needed for pain. The Controlled Drug Receipt/Record/Disposition Form for the Tramadol 50 mg medication indicated the medication was signed out as given on the following dates and times: - 04/04/24 at 2:00 A.M., - 04/05/24 at 1:10 A.M., and - 04/12/24 at 9:00 A.M. The April 2024 EMAR lacked documentation of the medication was administered on the above dates and times. 4. The clinical record for Resident H was reviewed on 4/25/24 at 10:26 A.M. An Admission MDS assessment, dated 03/02/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, hip fracture, and seizure disorder. The resident's physician's orders included, but were not limited to, an open ended order, with a start date of 02/26/24, for Oxycodone (a narcotic pain medication) 10 mg every six hours as needed for pain. The Controlled Drug Receipt/Record/Disposition Form for the Oxycodone 10 mg medication indicated the medication was signed out as given on the following dates and times: - 02/15/24 at 6:00 P.M., - 02/16/24 at 12:00 A.M., 6:00 A.M., and 6:40 P.M., - 02/17/24 at 6:00 A.M., - 02/22/24 at 9:30 P.M., - 02/23/24 at 4:00 A.M., - 02/24/24 at 6:00 P.M., (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155233	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Batesville, The	958 E Hwy 46 Batesville, IN 47006

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 02/25/24 at 5:00 A.M., - 02/27/24 at 8:00 P.M., and - 03/02/24 at 8:00 P.M. The February and March 2024 EMARs lacked documentation of the medication was administered on the above dates and times. During an interview on 04/26/24 at 1:42 P.M., RN 2 indicated when a nurse administered a controlled medication it would be documented in the computer EMAR and on the paper controlled medication count sheets in the binder on the medication carts. The current facility policy, titled MEDICATION ADMINISTRATION, dated February 2017, was provided by the Director of Nursing on 04/26/24 at 10:28 A.M. The policy indicated, .administer all medications safely and appropriately .return to medication cart and document medication administration with initials in appropriate spaces on Medication Administration Record (MAR) . 3.1-50(a)(1) 3.1-50(a)(2) This citation relates to Complaint IN00431926.