

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Waters of Batesville, The		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>50498</p> <p>Based on record review and interview, the facility failed to follow the physician's orders for obtaining laboratory services for 1 of 3 resident's reviewed for laboratory testing. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 09/30/2024 at 9:23 A.M. An Admission MDS (Minimum Data Set) assessment, dated 09/11/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes, Gastroesophageal reflux disease (GERD), and End Stage Renal Disease (ESRD).</p> <p>A physician's order, dated 09/11/24, indicated the staff were to obtain a CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), and a BNP (B-type Natriuretic Peptide).</p> <p>During an interview with Resident B, on 09/30/24 at 3:27 P.M., she indicated a QMA (Qualified Medical Assistant) came into get her blood and was unsuccessful. She was told another nurse would come back and try, but nobody ever came back.</p> <p>During an interview with the Administrator, on 09/30/24 at 2:32 P.M., she indicated that she was unable to find a laboratory (lab) report for Resident B for 09/11/24. She believed the order was transcribed wrong and fell off the orders after 24 hours. The facility had no record of it being collected or the results of the tests.</p> <p>During an interview with LPN (Licensed Practical Nurse) 2, on 10/01/24 at 9:37 A.M., she indicated that when a physician ordered blood work on a resident the nursing staff would go and collect it the same day, and they would call the lab to come and pick it up. There was no reason an order should not have been collected.</p> <p>The current undated facility policy titled, Physician Orders - (Following Physician Orders), was provided by the Administrator on 10/01/24 at 9:50 A.M. The policy indicated, .It is the policy of the facility to follow the orders of the physician .</p> <p>The current undated facility policy titled, Lab Scheduling/Tracking, was provided by the Administrator on 10/01/24 at 9:50 A.M. The policy indicated, .It is the policy of the facility to ensure that laboratory tests ordered by the physician are systematically scheduled and tracked so that ordered lab work is obtained .</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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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation related to Complaint IN00443395 3.1-49(a)		