

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 11/12/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>50498</p> <p>Based on interview and record review, the facility failed to update a resident's plan of care related to behaviors for 1 of 5 residents reviewed for care plans. (Resident E)</p> <p>Findings include:</p> <p>A Facility Reported Incident, dated 10/23/24, indicated Resident E reported that him and another resident engaged in sexual touching in the common area.</p> <p>The clinical record for Resident E was reviewed on 11/12/24 at 10:55 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 08/13/24, indicated the resident was cognitively intact. The resident's diagnoses include, but were not limited to, multiple sclerosis and depression.</p> <p>A current care plan, with the start date of 08/06/24 and revised date of 08/22/24, indicated the resident may exhibit inappropriate behavior symptoms related to: sexually oriented, and profane or subjective remarks. The interventions included but were not limited to: dated 08/06/24, encourage resident to verbalize feelings; may refer resident to mental health services including consultations with Psychologist and psychotherapy services; validate resident's feelings and offer support and reassurance; dated 08/12/24, medication per order; dated 08/22/24, staff to monitor resident while in dining room and activities; and staff have been educated to watch for resident's whereabouts while in hall and re-direct him from female resident's rooms.</p> <p>A current care plan, with the start date of 08/06/24 and revised date of 8/22/24, indicated the resident had socially inappropriate behavior. The interventions included, but were not limited to: dated 08/06/24, educate the resident on what was and was not inappropriate; Psych eval as needed; validate the resident's feelings; dated 08/22/24, staff to monitor resident while in dining room and activities; and staff have been educated to watch resident's whereabouts while in hall and re-direct him from female resident's rooms.</p> <p>The care plans lacked any updated interventions related to the resident's behavior since 08/22/24.</p> <p>A progress note, dated 10/23/24 at 7:25 A.M., documented by RN 2 indicated Resident E informed a CNA that he had intimate contact with another resident (Resident F). Resident E was placed on 15-minute monitoring.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/12/24 at 10:10 A.M., Resident E indicated staff had told him to stay away from Resident F, but never told him why. The administrator eventually told him he needed to stay away from Resident F due to her mental disorder.</p> <p>A Quarterly MDS assessment, dated 09/23/24, indicated Resident F's cognition was intact. The resident's diagnoses include, but were not limited to; progressive neurological condition, aphasia (difficult to understand or express language due to damage to the brain's language center), multiple sclerosis, and manic depression.</p> <p>During a confidential interview from 11/11/2024 through 11/12/2024, Staff Member 3 indicated Resident E liked to hang out in the dining room. The resident liked to go into certain residents' rooms and hang out. He was inappropriate with females sometimes. Sometimes he would refuse to take his medications for the sexual behaviors. He normally targets one room. We had a stop sign across Resident F's door. All the workers know to check on them frequently. Resident E knew what he was doing, but Resident F did not understand when Resident E asked her to do certain things that it was inappropriate.</p> <p>During an interview on 11/12/24 at 11:51 A.M., the Social Service Director indicated that after a previous reportable when Resident E engaged in sexual behaviors with another resident, they implemented a stop sign across the female resident's door. Resident E was noncompliant to fell ow residents as he was redirected often. He had an order for a medication to decrease his sexual behaviors, but he refused to take it. She was unsure if any interventions were implemented from his most recent behavior due to being on personal leave. The Administrator and DON were covering her position while she was off work.</p> <p>During an interview on 11/12/24 at 1:49 P.M., the DON indicated after the incident was reported to her, they implemented 15-minute checks on Resident E which were discontinued the next day, but no other interventions were put in place after Resident E's most recent behavior.</p> <p>The current, undated, facility policy, titled Baseline Care Plan Assessment/Comprehensive Care Plans, was provided by the Administrator on 11/12/24 at 2:30 P.M. The policy indicated, .The facility may need to review the care plans more often based on changes in the resident's condition and/or newly developed health/psycho-social issues . review of the 24-Hour reports since the prior Morning/CQI meeting are reviewed and discussed .pertinent circumstances regarding the residents. They will then see that the care plans for these residents are revised and updated as necessary .</p> <p>3.1-37(a)</p>		