

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Waters of Georgetown, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 Sister Barbara Way Georgetown, IN 47122	

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>34231</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's (Resident B) plan of care was updated for 1 of 3 residents reviewed for care plans.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 4/15/24 at 2:30 p.m. The resident's diagnoses included, but were not limited to, dementia, depression and anxiety.</p> <p>On 4/15/24 at 11:30 a.m., during an observation the resident was observed resting in bed with her eyes closed. She was covered with 4 blankets and a sheet.</p> <p>The care plan, originally dated 6/17/22 with a revision on 1/29/24, indicated the resident had an actual skin impairment of a rash to the lower back. The interventions included, but were not limited to, for staff to assist the resident to turn and reposition every 2 hours, educate resident/family/caregivers of causative factors and measurements to prevent skin injury, provide good nutrition and hydration and complete treatments as ordered.</p> <p>The progress note, dated 2/19/24 at 12:54 a.m., indicated the resident had a rash to both sides of her lower back and the nurse practitioner would assess the resident in the morning.</p> <p>The progress note, dated 2/21/24 at 10:38 a.m., indicated the nurse practitioner assessed the resident's rash. The rash was a possible heat rash due to the resident being covered with 5 blankets and the room was extremely warm. Staff were to try and keep the room at 72 degrees.</p> <p>The progress note, dated 3/13/24 at 11:00 a.m., indicated the resident declined to remove her blankets and to get up out of bed.</p> <p>The care plan lacked documentation of a revision for the residents' refusal to remove her blankets.</p> <p>During an interview on 4/16/24 at 12:57 p.m., NP (Nurse Practitioner) 11 indicated she had seen the resident on 2/21/24 for a rash. The resident kept her room warm and had multiple blankets on her bed which caused her to perspire resulting in the heat rash on her lower back. The resident would not let the staff remove the blankets.</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>The policy titled Care Plans, Comprehensive Person-Centered dated December 2016, included, but was not limited to, Policy Statement .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the residents .needs is developed and implemented for each resident .The comprehensive, person-centered care plan will .Incorporate identified problem areas .Incorporate risk factors associated with identified problems</p> <p>This Citation relates to Complaint IN00431392</p> <p>3.1-35(d)(B)</p>		