| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155494 | A. BUILDING _____ B. WING _____ | R-C 07/22/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WATERS OF SCOTTSBURG, THE** | **1350 N TODD DR SCOTTSBURG, IN 47170** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {F 000} | INITIAL COMMENTS | {F 000} | | |

This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00353797 and IN00350692 completed on 5/25/21.

Complaint IN00353797 - Corrected.

Complaint IN00350692 - Corrected.

Survey date: July 22, 2021

Facility number: 000478
Provider number: 155494
AIM number: 100290430

Census Bed Type:
SNF/NF: 59
Total: 59

Census Payor Type:
Medicare: 9
Medicaid: 43
Other: 7
Total: 59

The Waters of Scottsburg was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00353797 and IN00350692.

Quality review completed on July 29, 2021.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE