

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/10/2023
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NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
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(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
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{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 1/17/23.</p> <p>This visit was inconjunction with a PSR to the Investigation of Complaints IN00396706, IN00398311 and IN00398340 completed on 1/5/23, and the PSR to the Investigation of Complaint IN00395821 completed on 12/7/2022.</p> <p>Complaint: IN00395821 - Corrected Complaint: IN00396706 - Corrected Complaint: IN00398311 - Corrected Complaint: IN00398340 - Corrected</p> <p>Survey dates: Febuary 9 and 10, 2023.</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Census Bed Type: SNF/NF: 61 Total: 61</p> <p>Census Payor Type: Medicare: 11 Medicaid: 33 Other: 17 Total: 61</p> <p>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 Recertification and State Licensure Survey.</p> <p>Quality review completed on February 14, 2023.</p>	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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