

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

PRINTED: 08/27/2021
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 C 08/20/2021
NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00360519, IN00360039 and IN00360092.</p> <p>Complaint IN00360519 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00360039 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00360092 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Survey dates: August 19 and 20, 2021</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Census Bed Type: SNF/NF: 60 Total: 60</p> <p>Census Payor Type: Medicare: 6 Medicaid: 43 Other: 11 Total: 60</p> <p>The Waters of Scottsburg was found to be in compliance with 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00360519, IN00360039, and IN00360092.</p> <p>Quality review completed on August 26, 2021.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.