

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

PRINTED: 02/25/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155274		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/23/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF ROCKPORT SKILLED NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP COD 815 W WASHINGTON ST ROCKPORT, IN 47635			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00451695 and IN00451740.</p> <p>Complaint IN00451695 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451740 - Federal/State deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: January 22 and 23, 2025</p> <p>Facility number: 000174 Provider number: 155274 AIM number: 100274810</p> <p>Census Bed Type: SNF/NF: 37 Total: 37</p> <p>Census Payor Type: Medicare: 4 Medicaid: 22 Other: 11 Total: 37</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 31, 2025.</p>			F 0000			
F 0804 SS=E Bldg. 00	<p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received food at safe and appetizing temperatures</p>			F 0804	<p>Plan of Correction: F804 Due by: February 16, 2025 It is the intent of this facility to</p>		02/14/2025

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

TITLE

(X6) DATE

Natalie Walker

HFA

02/13/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>for 1 of 1 meal trays tested for taste and temperature of food.</p> <p>Finding includes:</p> <p>During an observation on 1/23/25 at 7:19 A.M., staff was pushing the enclosed meal tray cart from the kitchen to the West Hall.</p> <p>During an observation on 1/23/25 at 7:31 A.M., staff was passing the last meal tray for the hall. At that time, a meal tray was obtained to test for the taste and temperatures of the food. The scrambled eggs tested 89.0 degrees Fahrenheit and felt cold. The bacon tested at 76.3 degrees Fahrenheit and felt cold.</p> <p>During an interview on 1/23/25 at 8:06 A.M., Resident H indicated the temperature and variety of food was an ongoing problem.</p> <p>During an interview on 1/23/25 at 8:12 A.M., Resident F indicated the breakfast served to them this morning was barely warm.</p> <p>During an interview on 1/23/25 at 8:19 A.M., Resident J indicated the food was going downhill from when they were first admitted. Meals were either cold, overdone, or raw in the middle.</p> <p>Resident grievances from November 1, 2024 to present were reviewed and indicated the following: On 11/4/24, two residents were upset about lunch served. Chicken was not cooked all the way.</p> <p>During an interview on 1/23/25 at 10:36 A.M., the Administrator indicated she would expect all meals to be served at correct temperatures.</p>				<p>ensure food is served at safe and appetizing temperatures.</p> <ul style="list-style-type: none"> ·what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: ·No residents were listed as being affected by this alleged deficient practice. ·how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: ·All residents have the potential to be affected by the cited practice, therefore, this plan of correction applies to all residents that reside in the facility. ·what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; ·The Administrator/Designee completed an in-service with the dietary staff on February 13, 2025. The in-service included food and drink that is palatable, attractive, and at a safe and appetizing temperature. Additionally, any staff that fails to comply with the points of this in-service will be further educated and/or disciplined as indicated. ·how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: ·The Dietary Manager or her 		

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	<p>On 1/23/25 at 11:40 A.M., a non dated current Food Temperature Policy was provided by the Administrator and indicated, "Hot Food: ... Hold at 135 degrees Fahrenheit or greater throughout the service process ... "</p> <p>This citation relates to complaint IN00451740.</p> <p>3.1-21(a)(2)</p>			<p>designee will conduct a daily tray temperature audit for trays on hallways for every meal 5 days weekly x 4 weeks, 3 days weekly x 4 weeks and once day weekly x 4 months.¿ If the facility is within 95% compliance at the end of 3 months, the monitoring will be stopped. At the monthly QAPI meeting, the monitoring will be reviewed.¿ Any concerns will have been corrected as found.¿ Any patterns will be identified.¿ If necessary, an Action Plan will be written by the committee.¿ Any written Action Plan will be monitored by the Administrator weekly until resolution.</p> <p>·by what date the systemic changes for each deficiency will be completed:</p> <p>·February 14, 2025.</p>			