STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155006	A. BUILDING 00 B. WING	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF WABASH SKILLED NURSING FACILITY EAST THE	1900 N ALBER ST WABASH, IN 46992

(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	This visit was for the Investigation of Complaints IN00452389 and IN00454338. Complaint IN00452389 - Federal/state deficiencies related to the allegations are cited at F880. Complaint IN00454338 - No deficiencies related to the allegations are cited. Survey dates: March 11 and 12, 2025 Facility number: 000006 Provider number: 155006 AIM number: 100290220 Census Bed Type: SNF/NF: 54 Total: 54 Census Payor Type: Medicare: 6 Medicaid: 34 Other: 14 Total: 54 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed March 19, 2025.	F 0000		
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control Based on observation and interview, the facility failed to maintain appropriate infection control practices during urinary catheter care for 1 of 1 residents reviewed for Enhanced Barrier	F 0880	F880 Infection prevention and control It is the policy of the building to	04/02/2025

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

Logan Vance | Administrator | 03/31/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Precautions. (Resident D) Findings include: Resident D's clinical record was reviewed on 3/11/25 at 2:10 p.m. Diagnoses included aftercare following joint replacement surgery, weakness, congestive heart failure, and chronic kidney disease. Current physician orders included, but were not limited to, catheter care every shift and ensure catheter drainage bag is below the waist and covered, change catheter as needed for leakage or dislodgement. Change catheter drainage bag at the time of catheter change. During a catheter care observation for Resident D, on 3/12/25 at 9:25 a.m., CNA 2 performed hand hygiene with soap and water before donning gloves. CNA 2 failed to don a gown before starting Resident D's catheter care. Resident D had EBP signage displayed on the door. During an interview, at the time of observation, CNA 2 indicated she failed to put on a gown before providing Resident D's catheter care. During an interview, on 3/12/25 at 10:40 a.m., the ADON indicated staff members were required to wear gown, gloves, goggles, and a mask before performing catheter care on residents who required Enhanced Barrier Precaution. Residents who required Enhanced Barrier Precaution had signage displayed on their doors. A copy of the facility's Enhanced Barrier Precaution sign was provided on 3/12/25 at 9:45 a.m., by the Administrator. The EBP sign indicated everyone must clean their hands before entering		ensure proper infection control practices are maintained while providing catheter care. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The DON/Designee assessed Resident D and no negative outcome related to the cited practice on 3/12/25. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? All residents have the potential to be affected by the cited practice, therefore, this plan of correction applies to all identified residents 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 DON/Designee educated staff on the policy “Enhanced Barrier Precautions” on 3/19/25. Additionally, any staff that fails to comply with the points of the in-service may be further educated and/or disciplined as indicated. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Director of Nursing or designee will observe 10 random	

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	and leaving the resident's room. Providers and staff must also wear gloves and gown for the following high contact resident care activities: Dressing, bathing/showering, transferring, changing linen, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, and wound care. A current facility policy, titled "Catheters", provided by the Administrator on 3/12/25 at 9:45 a.m., indicated the following: "...4. Insertion, ongoing care and catheter removal protocols that adhere to professional standards of practice and facility policy and procedure with adherence to infection prevention and control techniques...." This citation relates to Complaint IN00452389. 16.2-5-12(a)		staff members related to Enhanced Barrier Precautions and donning PPE weekly x 4 weeks, then 5 random staff members weekly x 4 weeks, the 3 random staff members monthly x 4 months. If the facility is within 95% compliance at the end of the 6 months; then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolve. By what date will the systemic changes for each deficiency be completed? _____04/02/25_____	