STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155183	A. BUILDING _____ B. WING _____	R-C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF MARTINSVILLE, THE	**2055 HERITAGE DR MARTINSVILLE, IN 46151**

(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 This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00449830, IN00449840, and IN00450088 completed on December 30, 2024. This visit was in conjunction with a PSR to the Investigation of Complaint IN00451389 completed on January 23, 2025. Complaint IN00449830 - Corrected. Complaint IN00449840 - Corrected. Complaint IN00450088 - Corrected. Complaint IN00451389 - Corrected. Survey date: February 20, 2025 Facility number: 000096 Provider number: 155183 AIM number: 100290890 Census Bed Type: SNF/NF: 54 Total: 54 Census Payor Type: Medicare: 3 Medicaid: 30 Other: 21 Total: 54 The Waters of Martinsville 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 IN00449830,	{F 000}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{F 000}	Continued From page 1 IN00449840, and IN00450088. Quality review completed February 24, 2025.	{F 000}		