STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155209	A. BUILDING 00 B. WING	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF CLIFTY FALLS, THE	950 CROSS AVE MADISON, IN 47250

(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		F 0000		

This visit was for the Investigation of Complaints IN00453903, IN00453967, and IN00451819.

Complaint IN00453903 - No deficiencies related to the allegations were cited.

Complaint IN00453967 - No deficiencies related to the allegations were cited

Complaint IN00451819 - Federal/State deficiency related to the allegation is cited at F550.

Unrelated findings cited.

Survey dates: February 23, 24 and 25, 2025.

Facility number: 000116
Provider number: 155209
AIM number: 100266330

Census Bed Type:
SNF/NF: 98
Total: 98

Census Payor Type:
Medicare: 5
Medicaid: 84
Other: 9
Total: 98

These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.

Quality review completed on February 27, 2025.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melinda Alcorn	Administrator	03/19/2025

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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F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights	F 0550	Per 2567, received past non-compliance, no POC required	02/25/2025

Based on interview, and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 3 residents reviewed. (Resident B)

Finding included:

A progress note, dated 01/22/25 at 3:30 P.M., indicated a Qualified Medical Assistant (QMA) reported that she witnessed another staff member tell Resident B, "you are a fat a**" and referred to the resident by calling her "[the name of a weight loss spokesperson]".

An Annual Minimum Data Set (MDS) assessment, dated 12/10/24, indicated Resident B was severely cognitively impaired. The resident's diagnoses included, but were not limited to, cerebral palsy, contracture, and adult failure to thrive.

During an interview, on 02/24/2025 at 10:24 AM, QMA 3 indicated Certified Nurse Aide (CNA) 4 called Resident B a "Fat a**" while they assisted her pulling up her pants. Then the CNA referred to the resident as "[the name of a weight loss spokesperson]" before laying her back down. The resident didn't really react due to her level of cognition. After care was provided, QMA 3 immediately notified management and CNA 4 was sent home and the CNA no longer worked at the facility.

The current facility policy titled "Dignity", was provided by the Administrator on 02/24/25 at 1:12 P.M., dated 08/09/23. The policy indicated, " ...1. Staff will be polite and respectful at all times- and

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	will be positive in their approach to residents ...3. Staff will not use any profanity or vulgar words in the presence of the resident and under no circumstances directed at the resident...". This deficient practice was corrected, on 01/23/25, prior to the start of the survey and was therefore Past Noncompliance. The facility implemented a systemic plan of all residents assessed, re-educated staff on dignity and respect, and implemented a monitory system. This citation relates to Complaint IN00451819. 3.1-3(t)			
F 0919 SS=E Bldg. 00	483.90(g)(1)(2) Resident Call System Based on observation, interview, and record review, the facility failed to provide functioning bathroom call lights for 4 of 6 residents reviewed for resident call system. (Residents D, E, F, and G) Findings include: 1.a.During an observation and interview, on 02/24/25 at 2:57 P.M., Resident D indicated her bathroom call light had been broken for two weeks. Earlier that morning she had to hit the call light by her bedside for her roommate who was in the bathroom and needed help getting off the toilet. An observation of the bathroom indicated there was an open electrical box with five wires hanging out loosely situated left of the residents' toilet. The wires had blue caps on the ends of each wire. There was no bell or alternative alert system in sight or within reach when the resident was in the bathroom.	F 0919	Preparation and/or execution of this plan of correction in general, or this corrective action an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 3/20/2025. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests desk review in lieu of a	03/20/2025

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	An Annual Minimum Data Set (MDS) assessment, dated 12/12/24, indicated Resident D was cognitively alert and oriented. The resident's diagnoses included, but were not limited to, anemia, arthritis, and heart failure. The resident required partial/moderate staff assistance with toileting; adjusting clothing before and after toilet use; and lower body dressing. The resident used a wheelchair for mobility. b. During an interview, on 02/24/25 at 3:00 P.M., Resident E indicated she had to wait in the bathroom for twenty minutes for help to get off the toilet, and back into her wheelchair. She was in luck that her roommate could hear her and hit the light in their room for her to get staff to come help. The bathroom was a shared bathroom with the room next door. Four residents used the shared bathroom. A Quarterly MDS assessment, dated 11/22/24, indicated Resident E was cognitively alert and oriented. The resident's diagnoses included, but were not limited to, orthostatic hypotension, End Stage Renal Disease, and diabetes. The resident required partial/moderate staff assistance with toileting; and adjusting clothing before and after toilet use. The resident required substantial/maximal staff assistance for lower body dressing. The resident used a wheelchair for mobility. c. During an interview, on 02/24/25 at 3:52 P.M., Resident F indicated the call light in their room and bathroom was broken and had been broken for about two weeks. The facility gave us one little bell to ring, and "I tried to use it, but nobody could hear us all the way down the hall". Usually, she had to go find someone to help her and her		post survey review on or after 3/20/2025. F919 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Maintenance Director/Designee provide Residents on the 100 were provided with bell, including Resident D, E, F and G on 2/24/2025. Nursing staff initiated checks for all residents on the 100 on 2/24/2025 On 2/26/2025, BA Solutions replaced the internal speaker on the 100 call light system to make them audible. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? Call lights in the facility were audited by Director and Administrator for illumination and audibility on 2/26/2025. 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 in-serviced the Maintenance Director on preventative maintenance on 02/25/2025. Additionally, any staff fails to comply with the points of this in-service will be further educated and/or disciplined. How will the corrective action be monitored to ensure the deficient practice will not i.e., what quality assurance	

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	roommate. Her roommate needed help getting on and off the toilet, but her roommate had been getting herself on and she would go find a staff member down the hallway to come help her get off. Resident F had previously used her call light for help when she felt wobbly or needed help changing, but now she had to go find help. A Quarterly MDS assessment, dated 11/21/24, indicated Resident F was cognitively alert and oriented. The resident's diagnoses included, but were not limited to, stroke, hypertension, and diabetes mellitus. The resident required substantial/maximal staff assistance with toileting; and adjusting clothing before and after toilet use. The resident required total staff assistance for lower body dressing. The resident used a wheelchair for mobility. During an interview, on 02/24/25 at 3:15 P.M., Certified Nurse Aide (CNA) 2 indicated maintenance was working on the call lights on the one hundred hallway. They would light up but didn't ring to the nurse's station. It had been going on for a few days. The bathroom light in Resident D's room was what started all the problems. Originally it was only an issue in just that bathroom, but when maintenance tried to fix it, the repair caused all the other rooms to stop sounding. d. A Quarterly MDS assessment, dated 1/18/25, indicated Resident G was cognitively alert and oriented. The resident's diagnoses included, but were not limited to, hypertension, anemia, renal insufficiency, anxiety, and depression. The resident required total staff assistance with toileting; adjusting clothing before and after toilet use; and lower body dressing. The resident used a wheelchair for mobility.		program will be put into place? The Maintenance Director will audit 20 random room/bathroom call lights for proper functioning weekly x 4 weeks, then 10 random room/bathroom call lights weekly weeks, then 3 random room/bathroom call lights monthly x 4 months. Any concerns noted will be immediately addressed and corrected. If the facility is within 95% compliance at the end of the 6 months, the monitoring will be stopped. Results of the monitoring will be reviewed at the monthly QAPI meetings. 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 resolved. By what date will the systemic changes for each deficiency be completed? 3/20/2025	

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	During an interview, on 02/24/25 at 3:20 P.M., the Maintenance Director indicated the bathroom call light went out in Resident D's bathroom four days ago. He attempted to fix the light with supplies available, but he was unable to. A custom part was ordered for the bathroom. Resident D and Resident E's room call light was working, but the bathroom call light was not. The adjacent room with the shared bathroom had Resident F and Resident G. Resident F and Resident G's call light in their room was not working. They have a bell in that room. All other call lights were working. During an observation, on 02/24/25 at 3:59 P.M., a resident in Room 110 triggered her bedside call light. The light turned on above her room door in the hallway, but no tone was heard. During an observation and interview, on 02/24/25 at 4:22 P.M., the Maintenance Director pressed the call light button in Room 110. He verified there was no sound from the call light being pressed and he was unaware of the problem. The current, undated, facility policy titled, "Loss of Call Light System" was provided by the Assistant Director of Nursing (ADON) on 02/25/25 at 1:33 P.M. The policy indicated, "...In the event of the failure of the overall facility call light system, an alternative resident monitoring system will be implemented ...1. All residents will be monitored by nursing staff at least every hour unless it has been determined that more frequent monitoring is necessary. If so 15-minute spot checks will be conducted. 2. Nursing staff is responsible for documenting hour or 15-minute spot checks..." 3.1-19(u)			

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