

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

PRINTED: 06/30/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155275		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/10/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF PRINCETON, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1020 W VINE ST PRINCETON, IN 47670			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00460996.</p> <p>Complaint IN00460996- Federal/state deficiencies related to the allegations are cited at F658.</p> <p>Survey dates: June 9, 10, 2025.</p> <p>Facility number: 000175 Provider number: 155275 AIM number: 100274440</p> <p>Census Bed Type: SNF/NF: Total: 60</p> <p>Census Payor Type: Medicare: 8 Medicaid: 44 Other: 8 Total: 60</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 12, 2025.</p>			F 0000	We would like to formerly request a desk review.		
F 0658 SS=D Bldg. 00	<p>483.21(b)(3)(i) Services Provided Meet Professional Standards</p> <p>Based on observation, interview, and record review, the facility failed to ensure physician orders were followed for 1 of 3 residents reviewed for wounds. Wound treatments were not signed as completed on the Electronic Medical Administration Record (EMAR). Resident B</p>			F 0658	<p>F 658: Services Meet Professional Standards</p> <p>It is the intent of this facility to ensure the physician orders are followed and that wound treatments are singed as completed on the EMAR.</p>		06/25/2025

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

TITLE

(X6) DATE

Katherine Seibel

HFA

06/20/2025

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 disclosed 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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	<p>Finding includes:</p> <p>On 6/9/25 8:47 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, cerebral infarction due to thrombosis of left middle cerebral artery, hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, type 2 diabetes mellitus, dysphagia, aphasia following cerebral infarction, altered mental status, acquired absence of other right toe, unspecified protein-calorie malnutrition, hyperlipidemia, hypertension, peripheral vascular disease, occlusion and stenosis of carotid artery.</p> <p>An admission Minimum Data Set (MDS) assessment dated 3/7/25, indicated Resident B's cognition was severely impaired, impairment one side upper and lower, toileting partial/moderate assist, (helper does less than half the effort) roll left to right partial/moderate assist, height 66 inches, weight 126. Resident B admitted to the facility on 2/28/25.</p> <p>Care plans were reviewed and included but were to limited to:</p> <p>Wound is present- Abscess, Right 3rd toe, date initiated 3/23/25. Interventions included but were not limited to: Skin assessments weekly and prn (as needed), TX (treatment) as ordered, pressure reducing mattress/cushion in chair, initiated 3/23/25, resolved 5/7/25.</p> <p>Wound is present -Abscess, Right 2nd toe, initiated 3/23/25. Interventions included but were not limited to: Skin assessments weekly and prn, Tx as ordered, pressure reducing mattress/cushion in chair, initiated 3/23/25 resolved 5/7/25.</p>				<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The DON/Designee assessed Resident B on 6-10-2025 and no negative outcome related to the cited practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All residents that reside in the facility have the potential to be affected by the cited practice, therefore, this plan of correction applied to all residents that reside in the facility.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The DON or Designee completed education on 6-25-2025 with nursing staff on following physician orders and signing the EMAR for residents with treatment orders. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place.</p> <p>The DON/Designee will complete</p>		

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	<p>Wound is present- Arterial ulcer, right lateral foot, initiated 4/24/25. Interventions included but were not limited to: Enc (encourage) resident to leave dressings on, F/U with surgeon/MD as needed, Pillow boot as ordered, pressure reducing mattress/cushion in chair, Tx as ordered, skin assessments weekly and prn, initiated 4/24/25.</p> <p>Wound is present- Left second toe, arterial ulcer, initiated 5/7/25. Interventions included but were not limited to: Skin assessments weekly and prn, Encourage to keep dressings on, pillow boot as ordered, pressure reducing mattress/cushion in chair, update MD as needed, initiated 5/7/25.</p> <p>Removes dressings and boot from foot, initiated 5/20/25. Interventions included but were not limited to: enc to keep boot on, Enc to keep dressings on, pillow boot as ordered, Tx as ordered, initiated 5/20/25.</p> <p>Surgical wound -Right foot Amputation of 2nd and 3rd toes, initiated 4/24/25.</p> <p>Wound is present- Abscess, right great toe, initiated 3/23/25, resolved.</p> <p>Potential for alterations in skin integrity due to PVD (peripheral vascular disease), initiated 3/3/25.</p> <p>At risk for skin break down due to decreased mobility, initiated 3/3/25.</p> <p>The resident displays behavioral symptoms related to: restlessness, agitation. This is evidenced by resistive to care, flailing limbs over the side of the bed; hitting feet on the air conditioner wall unit, on foot board of bed. His resistive care is also evidenced by refusing to wear heel boots and/or kicking them off after</p>				<p>an audit the EMAR/ETAR for nurses signing treatments 5 times a week x 4 weeks, then 3 times a week x 4 weeks, then once a week 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 resolved.</p> <p>By what date the systemic changes for each deficient will be completed.</p> <p>Date:6-25-2025</p>		

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	<p>being put on, initiated 4/25/25. Interventions included but were not limited to: Give psycho-active medications as ordered. Record behavioral symptoms (e.g; verbal/physical aggression, inappropriate behavior), side effects (e.g; tardive dyskinesia, anticholinergic effects, initiated 4/25/25.</p> <p>Physicians orders and the Electronic Medication Administration Record (EMAR) were reviewed for March- June 2025 and included, but were not limited to:</p> <p>Place gauze in between big toe and 2nd digit, and 2nd digit and third digit of rt foot then paint areas with Betadine daily,one time a day for treatment, order date 3/23/25, d/c date 4/3/25.</p> <p>The Electronic Medication Administration Record (EMAR) was not signed as done on 3/26/25.</p> <p>Clean abscess to 3rd toe with wound cleanser apply medihoney secure with rolled gauze change daily every day shift for abscess, order date 3/28/25, d/c on 4/4/25.</p> <p>The EMAR was not signed as done on 4/4/25.</p> <p>Clean 2nd toe with wound cleanser apply medihoney secure with rolled gauze change daily day shift foot treatment, order date 3/28/25, d/c date 4/4/25.</p> <p>The EMAR was not signed as done on 4/4/25.</p> <p>Clean R great toe with wound cleanser apply medihoney secure with rolled gauze change daily every day shift for abscess, order date 3/28/25, d/c date 4/4/25.</p>				

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	<p>The EMAR was not signed as done on 4/4/25.</p> <p>Left foot: Betadine to area on 2nd toe. Place layered gauze between toes for padding. Pillow boot at all times every day shift for treatment, order date 5/6/25, d/c date 6/6/25.</p> <p>The EMAR was not signed as done on 5/10, 5/11, 5/24, 5/25, 5/30.</p> <p>Right foot: Apply Betadine to lateral foot wound. Cover lightly with Kerlix. No compression. Pillow boot on at all times. No dressing required to amputation site, every day shift for treatment, order date 5/6/25, d/c 5/30/25.</p> <p>The EMAR was not signed as done on 5/10, 5/11, 5/24, 5/25,5/30.</p> <p>Left foot: Betadine to area on 2nd toe daily. Place layered gauze between toes for padding and secure with rolled gauze. Pillow boot at all times every day shift for treatment, order date 6/6/25.</p> <p>The EMAR was not signed as done on 6/7.</p> <p>Left foot: Betadine to area on 2nd toe. Place layered gauze between toes for padding. Pillow boot at all times, order date 5/6/25, d/c 6/6.</p> <p>The EMAR was not signed as done on 6/4.</p> <p>Right lateral foot: Apply Betadine to lateral foot wound daily and leave open to air. Pillow boot on at all times. No dressing required to amputation site, every day shift for treatment, order date 5/30/25.</p> <p>The EMAR was not signed as done on 6/2, 6/6, 6/7.</p>						

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	<p>On 6/10/25 at 3:05 p.m., The DON provided the current policy for guidelines for physician orders with a date of 6/18/23. The policy included, but was not limited to: It is the policy of the facility to follow the orders of the physician....4) All physician orders received pertaining to the resident will be implemented and followed throughout the course of the resident's stay in the facility as the orders are received.</p> <p>This citation relates to Complaint IN00460996.</p> <p>3.1-50(a)(2)</p>						