

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

PRINTED: 05/21/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155280</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/16/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WATERS OF DILLSBORO-ROSS MANOR, THE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>12803 LENOVER ST</b> <b>DILLSBORO, IN 47018</b>			
(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	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation Complaints IN00457440, IN00457734, IN00458051.</p> <p>Complaint IN00457440 - Federal/State deficiency related to the allegations is cited at F550.</p> <p>Complaint IN00457734 - Federal/State deficiency related to the allegations is cited at F550</p> <p>Complaint IN00458051 - No deficiencies related to the allegations were cited.</p> <p>Survey date: May 16, 2025</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 6 Medicaid: 56 Other: 7 Total: 69</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 19, 2025.</p>			F 000			
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence,</p>			F 550			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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 550	<p>Continued From page 1</p> <p>self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 550			

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F 550	<p>Continued From page 2</p> <p>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 D)</p> <p>Finding included:</p> <p>A Progress note, dated 04/13/25 at 5:58 P.M., indicated Resident D was hitting, pinching, and spitting at staff during care. The resident was wanting to be left alone. The resident was cleaned up and the call light was given to the resident.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 3/5/25, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, non-Alzheimer's dementia, anxiety, and depression.</p> <p>The current Care Plan, dated 4/25/22, indicated Resident D was declining. The resident had episodes of declining resident care, medications, treatments, and refused showers. The interventions included, but were not limited to the following:</p> <ul style="list-style-type: none"> <li>- If resident continues to decline have another staff member approach.</li> <li>- if resident declines, make resident safe and leave; and reapproach in five minutes.</li> </ul> <p>During an interview, on 05/16/25 at 2:06 P.M., Certified Nurse Aide (CNA) 2 indicated Resident D was resistive and combative. CNA 2 and CNA 3 continued to provide care to the resident.</p> <p>During an interview, on 05/16/25 at 2:23 P.M.,</p>	F 550	Past noncompliance: no plan of correction required.		

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F 550	<p>Continued From page 3</p> <p>CNA 3 indicated she went in to check on Resident D and asked CNA 2 for help. Resident D was being resistive to care by hitting, pinching, and spitting. CNA 3 and CNA 2 continued to provide care to the resident.</p> <p>Staff failed to allow an upset and combative resident time to calm down prior to providing care.</p> <p>During an interview on 05/16/25 at 3:20 P.M., CNA 5 indicated if a resident was resistive to care you should make sure they are safe, walk away, approach them later, or have another staff member approach them.</p> <p>The current facility policy titled "GUIDELINES FOR OBSERVING AND IMPLEMENTING - RESIDENT RIGHTS", was provided by the Corporate Clinical Support on 05/16/25 at 3:42 P.M., dated 07/12/23. The policy indicated, "7) It is important that staff be aware of the RESIDENT RIGHTS to include but not limited to: A dignified existence - resident being treated with dignity in all situations... Residents are to have their well-being and self-esteem, and self-worth enhanced during all care and services interactions...1. Staff will treat each resident with respect and dignity...3. Staff will not use any profanity or vulgar words in the presence of the resident and under no circumstances directed at the resident...".</p> <p>This deficient practice was corrected, on 04/14/25, 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.</p>	F 550			

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F 550	Continued From page 4  This citation relates to Complaints IN00457440 and IN00457734.  3.1-3(t)	F 550			