

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>155770</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>05/15/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WATERS OF GEORGETOWN, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1002 SISTER BARBARA WAY</b> <b>GEORGETOWN, IN 47122</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 PSR (Post Survey Revisit) for Nursing Home Complaint IN00456149 completed on 3/27/25.</p> <p>This visit was in conjunction with the Investigation of Nursing Home Complaints IN00458378 and IN00459207.</p> <p>Complaint IN00456149 - Corrected.</p> <p>Complaint IN00458378 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00459207 - Federal/State deficiency related to the allegations is cited at F842.</p> <p>Survey dates: May 13, 14 and 15, 2025</p> <p>Facility number: 011509 Provider number: 155770 AIM number: 200909280</p> <p>Census Bed Type: SNF/NF: 63 Residential: 8 Total: 71</p> <p>Census Payor Type: Medicare: 7 Medicaid: 44 Other: 12 Total: 63</p> <p>The Waters of Georgetown 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 Complaint IN00456149.</p>	{F 000}			

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 000}	Continued From page 1  Quality review completed on May 20, 2025.	{F 000}			