| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155304 | A. BUILDING _____ B. WING _____ | C 09/14/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WATERS OF NEW CASTLE, THE** | **1000 N 16TH ST NEW CASTLE, IN 47362** |

| (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<br><br>This visit was for the Investigation of Complaint IN00390161. This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 8/24/22 and a PSR to the Investigation of Complaint IN00387621 completed on 8/24/22.<br><br>Complaint IN00390161 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Survey dates: September 14, 2022<br><br>Facility number: 000201<br>Provider number: 155304<br>AIM number: 100267910<br><br>Census Bed Type:<br>SNF/NF: 56<br>Total: 56<br><br>Census Payor Type:<br>Medicare: 13<br>Medicaid: 36<br>Other: 7<br>Total: 56<br><br>Waters Of New Castle was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regards to the Investigation of Complaint IN00390161.<br><br>Quality review completed on September 20, 2022 | F 000 | | |

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