

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Waters of Wabash Skilled Nursing Facility East The		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 N Alber St Wabash, IN 46992	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49411</p> <p>Based on observation, interview, and record review, the facility failed to provide palatable food to 23 residents in the main dining room during meal service.</p> <p>Findings include:</p> <p>During an interview, on 3/20/24 at 10:34 a.m., Resident 19 indicated the meat was dry and it took a while for everyone to be served.</p> <p>During an interview, on 3/20/24 at 10:48 a.m., Resident 12 indicated the meat was hard at times and the food was usually cold when she ate in her room.</p> <p>During a meal observation, on 3/20/24 at 12:18 p.m., CNA 6 was unable to cut a resident's brisket with a butter knife. She retrieved a different knife from the kitchen to cut the meat.</p> <p>During a meal observation, on 3/20/24 at 12:19 p.m., CNA 6 had difficulty cutting a piece of brisket for another resident.</p> <p>During an observation, on 3/20/24 at 12:21 p.m., Resident 16 carried her plate to the kitchen window and requested a salad as she indicated her food was inedible.</p> <p>During an interview, on 3/20/24 at 12:33 p.m., Resident 16 indicated the food was always terrible and usually inedible. She was unable to eat the meat, so she requested a chef salad. The salad consisted of eggs and lettuce.</p> <p>A test tray was obtained on 3/20/24 at 12:44 p.m. The brisket was dark brown in appearance. It cut easily and was flavorful, but dry. The green beans were mushy and lacked flavor.</p> <p>During an interview, on 3/20/24 at 1:05 p.m., CNA 16 indicated the food was terrible, and she had to retrieve a sharper knife to cut the brisket.</p> <p>Review of the facility grievance binder was completed on 3/20/24 at 2:15 p.m. and indicated the following:</p> <p>Resident 47 filed a grievance on 2/14/24 stating the meat was always cold. The response did not address concerns about cold meat.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 16 filed a grievance on 12/19/23 stating the meat was dry, the baked potato was hard, and the pasta was clumpy. The response included the option of having gravy with the meat and starting to cook the meat in broth.</p> <p>During an interview, on 3/21/24 at 1:12 p.m., the Regional Nurse Consultant indicated it was difficult to provide perfectly cooked food daily.</p> <p>A policy on general preparation and cooking practices was provided on 3/21/24 at 1:30 p.m. by the Administrator. Review of the policy indicated the policy did not address meat preparation or serving palatable food.</p> <p>3.1-21(a)(2)</p> <p>This citation relates to Complaint IN00427042.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49411</p> <p>Based on observation and interview, the facility failed to maintain infection control practices while serving food to 23 residents in the main dining room, in accordance with facility policy for meal service.</p> <p>Findings include:</p> <p>During a meal observation, on 3/20/24 at 12:18 p.m., CNA 5 pulled bread from the plastic wrapper with her bare hands on two separate occasions. Both residents had eaten the bread that was touched during the meal observation.</p> <p>During an interview, on 3/20/24 at 12:35 p.m., CNA 5 indicated she removed bread from the wrapper with her bare hands when she should have used a glove.</p> <p>A current undated facility policy titled Policy and Procedure Meal Service, provided by the Administrator on 3/21/24 at 1:45 p.m., indicated the following.there is no bare hand contact with ready to eat foods</p> <p>3.1-21(i)(3)</p> <p>This citation relates to Complaint IN00427042.</p>		