

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 03/12/2025
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 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 appropriate infection control practices during urinary catheter care for 1 of 1 residents reviewed for Enhanced Barrier Precautions. (Resident D)</p> <p>Findings include:</p> <p>Resident D's clinical record was reviewed on 3/11/25 at 2:10 p.m. Diagnoses included aftercare following joint replacement surgery, weakness, congestive heart failure, and chronic kidney disease.</p> <p>Current physician orders included, but were not limited to, catheter care every shift and ensure catheter drainage bag is below the waist and covered, change catheter as needed for leakage or dislodgement. Change catheter drainage bag at the time of catheter change.</p> <p>During a catheter care observation for Resident D, on 3/12/25 at 9:25 a.m., CNA 2 performed hand hygiene with soap and water before donning gloves. CNA 2 failed to don a gown before starting Resident D's catheter care. Resident D had EBP signage displayed on the door.</p> <p>During an interview, at the time of observation, CNA 2 indicated she failed to put on a gown before providing Resident D's catheter care.</p> <p>During an interview, on 3/12/25 at 10:40 a.m., the ADON indicated staff members were required to wear gown, gloves, goggles, and a mask before performing catheter care on residents who required Enhanced Barrier Precaution. Residents who required Enhanced Barrier Precaution had signage displayed on their doors.</p> <p>A copy of the facility's Enhanced Barrier Precaution sign was provided on 3/12/25 at 9:45 a.m., by the Administrator. The EBP sign indicated everyone must clean their hands before entering and leaving the resident's room. Providers and staff must also wear gloves and gown for the following high contact resident care activities: Dressing, bathing/showering, transferring, changing linen, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy, and wound care.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current facility policy, titled Catheters, provided by the Administrator on 3/12/25 at 9:45 a.m., indicated the following: .4. Insertion, ongoing care and catheter removal protocols that adhere to professional standards of practice and facility policy and procedure with adherence to infection prevention and control techniques</p> <p>This citation relates to Complaint IN00452389.</p> <p>16.2-5-12(a)</p>