

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Waters of Martinsville, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2055 Heritage Dr Martinsville, IN 46151	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>36912</p> <p>Based on interview and record review, the facility failed to notify the resident's representative of a significant change in the resident's physical status for 1 of 3 residents reviewed for notification of changes. (Resident B)</p> <p>Findings include:</p> <p>On 1/22/25 at 1:20 p.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, atherosclerotic heart disease and dementia.</p> <p>A nursing progress note, dated 9/5/24 at 10:43 p.m., indicated a pressure ulcer was newly discovered on the resident's coccyx, and a telephone call was placed in an attempt to contact the resident's family representative. Contact was not made with the representative.</p> <p>No further attempts to contact the resident's family representative were documented regarding the discovery of the wound.</p> <p>A wound assessment report, dated 9/11/24, indicated the resident had an unstageable pressure ulcer on the coccyx measuring 5 cm (centimeters) long and 2 cm wide. The wound was acquired during the resident's stay at the facility and discovered on 9/5/24.</p> <p>During an interview on 1/23/25 at 10:30 a.m., the resident's representative indicated she had not been contacted by the facility regarding the 9/5/24 discovery of a pressure ulcer on the resident's coccyx. During a visit with the resident on 9/14/24, a staff member mentioned the wound on the resident's coccyx. This was the first she was notified of the wound. Communication from the facility was inconsistent during the resident's stay at the facility.</p> <p>During an interview on 1/23/25 at 10:50 a.m., the Director of Nursing indicated residents' family and representatives were contacted via telephone regarding change of conditions. If the family member or representative did not answer the phone, a message was left requesting a return call. No further follow-up calls were made unless the resident was being transferred to the hospital.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/23/25 at 11:10 a.m., the facility Administrator indicated if there was a change in condition of a resident, a family member or representative was called. If the family member or representative was not reached and had not returned the call by the end of that shift, staff should have attempted a follow-up call.</p> <p>On 1/23/25 at 10:10 a.m., the facility Administrator provided the Change in Resident's Condition or Status policy, undated, and indicated this was the policy used by the facility. A review of the policy indicated the nurse would notify the resident's representative within 24 hours when there was a significant change in the resident's physical status.</p> <p>This citation relates to Complaint IN00451389.</p> <p>3.1-5(a)(2)</p>		