

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 06/30/2025
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review the facility failed to ensure an effective pest control program was in place when ants were observed inside a residents dresser drawer for 1 of 1 random observations. (Resident B)</p> <p>Findings include:</p> <p>On 6/30/25 at 12:19 p.m., observed seven ants crawling on the outside of a dresser drawer. The dresser drawer had been opened approximately 3 inches. Observed five ants crawling inside the dresser drawer. At that time, Resident B indicated the ants were in her room all the time. The ants had been found in Resident B's bed in the past.</p> <p>The clinical record for Resident B was reviewed on 6/30/25 at 12:34 p.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disorder, personality disorder, and major depressive disorder.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/18/25, indicated Resident B was cognitively intact.</p> <p>On 6/30/25 at 12:44 p.m., the Administrator provided a copy of an undated facility policy, titled Pest Control Policy, and indicated this was the current policy used by the facility. A review of the policy indicated the policy is to ensure a pest free environment within the facility.</p> <p>This citation relates to Complaint IN00462508.</p> <p>3.1-19(f)(4)</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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