

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/20/2025
NAME OF PROVIDER OR SUPPLIER Waters of Clifty Falls, The		STREET ADDRESS, CITY, STATE, ZIP CODE 950 Cross Ave Madison, IN 47250	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to ensure staff treated a resident with respect and dignity for 1 of 3 residents reviewed for resident rights. (Resident C) Findings include: The clinical record for Resident C was reviewed on 10/20/2025 at 10:10 A.M. An admission Minimum Data Set (MDS) assessment, dated 8/22/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, heart failure, depression, and hypertension. During an interview, on 10/20/2025 9:28 A.M., Resident C indicated that Certified Nursing Assistant (CNA) 2 said a lot of hurtful things. She made comments to her that nobody at the facility liked her, and she was a difficult resident to take care of and roll over. She reported it to management, and the CNA no longer takes care of her. A Resident Interview Document, dated 10/8/2025, indicated Registered Nurse (RN) 5 interviewed Resident C. The Resident was upset that CNA 2 told her she was hard to roll, and that other staff members talked about her. CNA 2 apologized to her later, but the Resident still felt ridiculed and embarrassed. CNA 2 also stated, There is three types of people in this facility. Those that take care of themselves, those that need a little help, and like Resident C that can't do anything on their own. During an interview, on 10/20/2025 at 11:14 A.M., CNA 3 indicated that she was in the room with CNA 2 made comments to Resident C. CNA 2 told the resident she was a difficult resident to care for. During an interview, on 10/20/2025 at 11:38 A.M., CNA 4 indicated that she and another staff member were providing Resident C with care when CNA 2 walked into the residents room. The resident made a remark that she was easy to care for, and CNA 2 told her she was one of the most difficult people at the facility to care for. When CNA 3 and CNA 4 exited the room CNA 2 stayed behind in the residents room. When the resident turned her call light on to be assisted with post assistance hygiene CNA 2 was no longer in the room, and Resident C no longer wanted to get out of bed. The current undated facility policy titled, Your Rights and Protections as a Nursing Home Resident, was provided by the Administrator on 10/20/2025 at 2:50 P.M. The policy indicated, .You have the right to be treated with dignity and respect . This citation relates to Intake 2638439. 3.1-3(t)</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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