

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 04/08/2026
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure wound treatments were administered appropriately for 1 of 3 residents reviewed for treatment and services related to wound care. (Resident B) Findings include: During an observation and interview, on 04/07/2026 at 8:57 A.M., Resident B indicated he had a dressing on his right hip, and it had been about a week since anyone had changed it. A tan square bandage was observed on Resident B's right hip with the date and time of 03/31 at 8:53 A.M. with initials smuged and unidentifiable. During an interview, on 04/07/2026 at 9:03 A.M., RN 2 indicated whenever a dressing change is completed the dressing is timed, dated, and initialed. Resident B's dressing change was to be completed daily. If a dressing was dated 03/31 she would assume the dressing had not been completed since that date. She confirmed Resident B's dressing on his right hip should be changed daily with the current physician order. During an observation and interview, on 04/07/2026 at 9:08 A.M., the Assistant Director of Nursing (ADON) indicated the bandage should have been changed before now. The bandage was removed by the ADON. The resident's wound was observed to be a pen cap sized round opening with a scab covering the top. The bandage covering had a dried brown substance on it the size of a quarter. The clinical record for Resident B was reviewed on 04/07/2026 at 9:50 A.M. An admission Minimum Data Set (MDS) assessment, dated 02/24/2026, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, rhabdomyolysis (a serious, potentially fatal syndrome resulting from damaged skeletal muscle breaking down and releasing contents like myoglobin into the bloodstream, which causes kidney damage) and muscle weakness. A Progress Note, dated 03/06/2026 at 11:11 A.M., indicated Resident B had an open area on the front of his right hip. Upon assessment the resident had a 1.2 centimeter (cm) by 1 cm by 0.2 cm open wound area. A current physician's order, dated 03/07/2026 at 6:00 A.M., indicated the resident's right front hip was to be cleaned daily and Medi-honey (wound treatment to promote healing and reduces inflammation) to be applied with a dressing. The current facility policy, dated 10/9/2023, titled, S-W-A-T Program (Skin-Weight-Assessment-Team Program), was provided by the Director of Nursing (DON) on 04/08/2026 at 1:18 P.M. The policy indicated, .Ensure that trained nurses are performing treatments. This citation relates to Intake 2968233. 410 IAC (Indiana Administrative Code) 3.1-40(a)(2)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review, observation, and interview, the facility failed to ensure accurate documentation was completed related to residents wound treatments for 1 of 3 residents reviewed for accuracy of records. (Resident B) Findings include: The clinical record for Resident B was reviewed on 04/07/2026 at 9:50 A.M. An admission Minimum Data Set (MDS) assessment, dated 02/24/2026, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, rhabdomyolysis (a serious, potentially fatal syndrome resulting from damaged skeletal muscle breaking down and releasing contents like myoglobin into the bloodstream, which causes kidney damage) and muscle weakness. A Progress Note, dated 03/06/2026 at 11:11 A.M., indicated Resident B had an open area to the front of his right hip. Upon assessment, a 1.2 centimeter (cm) by 1 cm by 0.2 cm open area was noted. A current physician's order, dated 03/07/2026 at 6:00 A.M., indicated the resident's right front hip was to be cleaned daily and a wound treatment of Medi-honey (used to treat wounds, promotes healing and reduces inflammation) with a dressing. The April 2026 Electronic Medication Administration Record (EMAR) indicated the following dates were documented as completed for Resident B's right hip wound dressing: April 1, April 2, April 3, April 4, April 5, and April 6. During an observation and interview, on 04/07/2026 at 8:57 A.M., Resident B indicated he had a dressing on his right hip, and it had been about a week since anyone had changed it. A tan square bandage was observed on Resident B's right hip with the date and time of 03/31 at 8:53 A.M. and unidentifiable initials. During an interview, on 04/07/2026 at 9:03 A.M., RN 2 indicated whenever a dressing change was completed the dressing was timed, dated, and initialed. If a dressing was dated 03/31, she would assume the dressing had not been completed since that date. She confirmed Resident B's dressing on his right hip should have been changed daily with the current physician order. During an observation, on 04/07/2026 at 9:08 A.M., the bandage on Resident B was dated 03/31 and was removed by the Assistant Director of Nursing (ADON). The resident's right hip wound was observed to have a pen cap sized round opening with a scab covering the top. The bandage covering had a dried brown substance on it the size of a quarter. The DON indicated there was no specific policy related to accuracy of documentation. The current facility policy, dated 10/9/23, titled, S-W-A-T Program (Skin-Weight-Assessment-Team Program), was provided by the Director of Nursing (DON) on 04/08/2026 at 1:18 P.M. The policy indicated, .Ensure that trained nurses are performing treatments. This citation relates to Intake 2968233. 410 IAC (Indiana Administrative Code) 3.1-50(a)(2)</p>		