STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155209	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Clifty Falls, The	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident (Resident C) received Indwelling catheter care every shift and failed to ensure Indwelling catheter care was in place (Resident D and Resident E) for 3 of 4 residents reviewed for catheter care. Findings include:1. The clinical record for Resident C was reviewed on 6/13/26 at 12:30 p.m. The resident's diagnosis included, but was not limited to, neurogenic bladder (nerve damage interrupts the communication between the brain and the bladder).The physician's order, dated 6/14/23, indicated the resident's indwelling catheter care was to be provided daily on day shift.The clinical record lacked documentation of the resident's indwelling catheter care every shift.During an interview, on 5/14/26 at 12:49 p.m., the Interim Director of Nursing indicated indwelling catheter care should be completed, at a minimum, every shift.On 5/14/26 at 1:36 p.m., the Regional Director of Operations provided a current copy of the document titled Guidelines for Indwelling Foley Catheter Care dated 10/16/24. It included, but was not limited to, Purpose.The main purpose of proper indwelling foley catheter care is to prevent catheter associated urinary tract infections. Trained clinical staff.will conduct indwelling foley catheter care. 2. The clinical record for Resident D was reviewed on 5/13/26 at 11:30 a.m. The resident's diagnosis included, but was not limited to, urinary retention (the inability to completely empty the bladder).The hospital Discharge summary, dated [DATE], indicated the resident's indwelling catheter was placed and the resident would discharge back to the facility with the indwelling catheter.The nurse's note, dated 4/20/26 at 2:49 a.m., indicated Resident D had an indwelling catheter in place.The skilled note, dated 4/23/26 at 2:36 a.m., indicated the resident's indwelling catheter had been removed on day shift. The resident had no urine output for 8 hours and an indwelling catheter was re-inserted.The clinical record lacked documentation of the indwelling catheter care provided to the resident from 4/18/26 through 4/24/26. 3. The clinical record for Resident E was reviewed on 5/13/26 at 2:33 p.m. The resident's diagnosis included, but was not limited to, neuromuscular dysfunction of the bladder (when brain, spinal cord, or nerve damage disrupts the signal's required to store and empty urine).During an observation, on 5/13/26 at 11:50 a.m., the resident was observed with an indwelling catheter.The March 2026 and April 2026 treatment administration record lacked documentation of catheter care provided to the resident. This Citation relates to Intake 2999684410 IAC (Indiana Authorization Code) 16.2-3.1-41(2)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident's (Resident D) readmission assessment accurately reflected an Indwelling catheter for 1 of 3 residents reviewed for medical records. Findings include:The clinical record for Resident D was reviewed on 5/13/26 at 11:30 a.m. The resident's diagnosis included, but was not limited to, urinary retention (the inability to completely empty the bladder).The hospital Discharge summary, dated [DATE], indicated an indwelling catheter was placed and the resident discharged back to the facility with the indwelling catheter.The nurse's note, dated 4/20/26 at 2:49 a.m., indicated Resident D had an indwelling catheter in place.The skilled note, dated 4/23/26 at 2:36 a.m., indicated the resident's indwelling catheter had been removed on day shift. The resident had no urine output for 8 hours and an indwelling catheter was re-inserted.The admission/readmission assessment, dated 4/18/26 at 6:50 p.m., indicated Resident D lacked documentation of an indwelling catheter on admission.During an interview, on 5/14/26 10:30 a.m., the Regional Director of Operations indicated the resident did have an indwelling catheter when admitted on [DATE].On 5/14/26 at 3:30 p.m., the Regional Director of Operations provided a current copy of the document titled Guidelines for Assessments dated 4/14/23. It included, but was not limited to, Policy.It is the policy of this facility to ensure that assessments of the residents take place timely.and are accurate.This Citation relates to Intake 2999684410 IAC (Indiana Authorization Code) 16.2-3.1-50(a)(2)