

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Waters of Huntingburg, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1712 Leland Dr Huntingburg, IN 47542	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record reiew, the facility failed to ensure required resident admission assessments were completed timely for 1of 3 resident records reviewed. admission assesments were not completed within the first 14 days following admission. (Resident C)Finding includes:During record review on 3/19/26 at 11:20 A.M., Resident C's admission Minimum Data Set (MDS) assessment dated [DATE] was incomplete. Resident C was admitted to the facility on [DATE].During an interview on 3/20/26 at 1:35 P.M., the Director of Nursing (DON) indicated Resident C's admission assessment should have been completed. On 3/20/26 at 10:37 A.M., RN 4 supplied a facility policy titled, Guedelines for Assessments, dated 5/29/24. The policy included, Policy: It is the policy of the facility to ensure that assessments of the residents take place timely, athe the appropriate time and are accurate . admission (Comprehensive) . MDS Completion Date . No Later Than . 14th calendar day of the resident's admission .This citation relates to intakes 2803022 and 2799537.410 IAC (Indiana Administrative Code) 16.2-3.1-31(d)(1)</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a base-line care plan was developed for a newly admitted resident within 48 hours of admission for 1 of 3 newly admitted residents with pressure ulcers. A resident's baseline care plan was not created. (Resident C) Finding includes: During record review on 3/19/26 at 11:20 A.M., Resident C's diagnoses included but were not limited to, paraplegia, chronic pain, and anxiety. Resident C was admitted to the facility on [DATE]. Resident C had no baseline care plan in place. During an interview on 3/20/26 at 1:35 P.M., the Director of Nursing (DON) indicated Resident C's initial baseline care plan should have been completed. On 3/20/26 at 1:08 P.M., RN 4 supplied a facility policy titled, Baseline Care Plan Assessment / Comprehensive Care Plans, dated 3/23/21. This policy included, It is the policy of the facility to ensure that every resident has a Baseline Care Plan completed and implemented within 48 hours of Admission. The Baseline Care Plan is intended to promote continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events that are most likely to occur right after admission; and to ensure the resident and representative, if applicable, are informed of the initial plan of delivery of care and services by receiving a written summary of the Baseline Care Plan. This citation relates to intakes 2803022 and 2799537.410 IAC (Indiana Administrative Code) 16.2-3.1-30(a)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interview and record review, the facility failed to ensure adequate pharmaceutical services were available to provide physician prescribed routine medications to 2 of 3 residents reviewed for pharmacy services. Residents did not receive physician prescribed routine medications timely following admission to the facility due to the medications not being available. (Resident B, Resident C) Findings include: 1. During an interview on 3/20/26 at 9:00 A.M., Resident B indicated that she had not received all of her prescribed medications since admitting to the facility. During record review on 3/20/26 at 11:20 A.M., Resident B's diagnoses included but were not limited to anxiety, bipolar disorder, and panic disorder. Resident B's physician orders included, but were not limited to, methadone hydrochloride (used for chronic pain) hcl10 milligrams (mg) one tablet in the morning (started 3/15/26 and discontinued 3/17/26), methadone hcl 10 mg three tablets in the morning, (started 3/18/26), Lyrica (used for anxiety) 150 mg one capsule three times a day (started 3/14/26). Resident B's March 2026 Medication Administration Record (MAR) indicated the resident did not receive the prescribed medications due to the medications being unavailable on the following dates: Methadone hcl 10 mg one tablet in the morning - 3/15/26 and 3/17/26 Methadone hcl 10 mg three tablets in the morning - 3/18/26 and 3/19/26 Lyrica 150 mg one capsule three times a day - 3/18/26 (did not receive morning, noon, or night dose) and 3/19/26 (did not receive morning, noon, or night dose) Resident B's nurse's progress notes included but were not limited to: 3/19/26 at 9:22 A.M. - Nurse called pharmacy on medications Lyrica (150 mg) and methadone hcl (10 mg). Pharmacy stated they need prescriptions. 2. During an interview on 3/20/26 at 9:15 A.M., Resident C indicated following his admission to the facility, he went nearly a full day without any routine medications. During record review on 3/19/26 at 11:20 A.M., Resident C's diagnoses included but were not limited to, paraplegia, chronic pain, and anxiety. Resident C's physician orders included, but were not limited to buspirone hcl (used for anxiety) 5 mg two times a day (started 2/26/26) and Lyrica (used for chronic pain and anxiety) 150 mg three times a day (started 2/26/26). Resident C's February 2026 MAR indicated the resident did not receive the prescribed medications due to the medications being unavailable on the following dates: Buspirone hcl 5mg three times daily - 2/26/26 (evening dose) and 2/27/26 (morning dose) Lyrica 150 mg three times a day - 2/26/26 (night dose) and 2/27/26 (morning, noon, or night dose) During an interview on 3/20/26 at 1:35 P.M., the Director of Nursing (DON) indicated if resident's admit to the facility later in the day and physician orders are not sent to pharmacy before the evening of admission, the resident may not get their medications until the following evening. If resident medications are not available, staff should retrieve medications from the emergency drug kit (EDK), if available. On 3/20/26 at 1:08 P.M., RN 4 supplied a facility policy titled, Pharmacy Services, dated 03/2023. The policy included, .pharmacy agrees to perform the following pharmaceutical services, in addition to others that may be stipulated in the agreement: .Accurately dispensing prescriptions based on authorized prescriber orders . Providing routine and timely pharmacy service 7 days per week and emergency pharmacy service 24 hours per day, seven days per week .This citation relates to intake 2799537.410 IAC (Indiana Administrative Code) 16.2-3.1-25(a)</p>		