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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155262 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>02/13/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waters of Sullivan Nursing Facility, The |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>505 W Wolfe St<br>Sullivan, IN 47882 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>Based on record review and interview, the facility failed to administer insulin as ordered by the physician and failed to receive physician orders to hold insulin for low blood sugars for 1 of 3 residents reviewed for quality of care (Resident B). Findings include: The clinical record for Resident B was completed on 2/13/26 at 10:09 a.m. Diagnoses included diabetes mellitus type II. A current signed physician's order for the resident included: Lispro Insulin (to treat diabetes mellitus), inject 25 units subcutaneously with meals for diabetes. The order was dated 12/4/25. The order provided by the physician lacked parameters for holding ordered doses of insulin. The electronic Medication Administration Record (eMAR) indicated the following:a. The 7:30 a.m. dose of insulin was held on 1/18/26 for a blood sugar (BS) of 46; on 1/25/26 for a BS of 90; and on 1/28/26 for a BS of 116. b. The 11:30 a.m. dose of insulin was held on 12/8/25 for a (BS) of 76; on 12/9/25 for a BS of 80; on 12/21/25 for a BS of 77; on 12/22/25 for a BS of 69; on 12/31/25 for a BS of 78; on 1/2/26 for a BS of 59; on 1/16/26 for a BS of 72; on 1/17/26 for a BS of 54; 1/20/26 for a BS of 60; on 1/23/26 for a BS of 72; c. The 5:30 p.m. dose of insulin was held on 1/25/26 for a BS of 105. d. The clinical record lacked documentation of a blood sugar value, progress note, indication of resident being absent from the facility or indication of administration of insulin on the following dates and times: on 1/12/26 at 5:30 p.m.; on 1/19/26 at 11:30 a.m.; The clinical record lacked documentation of notification to the physician regarding the held insulin doses. During an interview on 1/13/26 at 3:02 p.m., QMA 4 indicated she obtained blood sugars for the nurses prior to insulin administration. Resident B's value was 77 on 1/21/26 at 11:30 a.m. The nurse indicated to put a note in the eMAR that the insulin was held due to the BS value of 77. During an interview on 1/13/26 at 3:05 p.m., the Director of Nursing (DON) indicated the physician had not provided parameters on when to hold an insulin injection based on the blood sugar value. The hospital discharge records had not included parameters to hold mealtime insulin and the facility's physician had not added any. The nursing staff should contact the physician regarding holding medications. Review of the current facility policy, undated, titled, Administering Medications, provided by the Director of Nursing on 2/13/26 at 2:58 p.m., included the following: Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation .8. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for a resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's Attending Physician or the facility's Medical Director to discuss the concerns. This citation relates to Intake 2742096. 3.1-37(a) |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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