

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2026
NAME OF PROVIDER OR SUPPLIER Waters of Sullivan Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 505 W Wolfe St 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the likes and dislikes of meal choices were indicated on the resident's record for 1 of 1 residents reviewed for meal food preferences (Resident B). Findings include: On 4/24/26 at 10:25 a.m. during an interview, Resident B indicated he did not like oatmeal and he continued to receive it on his tray. He indicated he had told the staff not to send it several times. On 4/24/26 at 2:00 p.m., reviewed the medical record of Resident B. The resident was admitted to the facility on [DATE]. Diagnoses included but were not limited to diabetes (a disease that occurs when your blood glucose, also called blood sugar, is too high), heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), and hypertension (high blood pressure). A physician order, dated 2/20/26, indicated a diet order of consistent carbs diet, regular texture. Review of the resident's care plan indicated no specific food preferences were indicated by the resident. A 5 day Minimum Data Set (MDS) assessment, dated 2/26/26, indicated the resident was cognitively intact. Review of a nutrition assessment, dated 2/22/26, indicated food preferences were on the tray card (a daily menu provided to the resident to record food selections). No additional information was recorded on the assessment record. On 4/24/26 at 2:13 p.m., during an interview the Director of Nursing (DON) indicated food preferences were recorded on the resident's nutritional assessments. On 2/24/26 at 2:17 p.m., during an interview the DON and Dietary Manager (DM) both indicated the resident had not told either of them of any food preferences. The DM indicated the residents were provided a daily menu and were asked to indicate what they wanted each day. The DM indicated she was not the person assigned to complete the nutritional assessments for the residents, but she would include likes and dislikes if the resident informed her of them. On 2/24/26 at 2:30 p.m., the DM provided a copy of the daily menu for 4/24/26 that was provided to the resident. She indicated likes and dislikes would be recorded at the bottom of the menu selection. The document lacked indications of likes or dislikes. On 4/24/26 at 2:50 p.m., the DON provided a document, titled, Clinical Nutrition documentation, dated 4/2017, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy. The resident has the right to make their own food choices as it relates to their individual differences, cultural and ethnic preferences. This citation relates to Intake 2807671. 410 Indiana Administrative Code (IAC) 1.3-21(a)(4)</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure facial hair was covered with beard restraints in the kitchen area for 6 of 6 observations of the kitchen; the facility failed to ensure food met the minimal holding temperature for 1 of 1 test trays reviewed; and the facility failed to ensure the hall tray food delivery carts were maintained clean and free of dried debris for 2 or 2 food carts reviewed. These concerns had the potential to affect 47 of 48 residents who eat food served from the kitchen. Findings include:1. During the initial kitchen observation with the Dietary Manager, on 4/24/26 at 8:58 a.m., Dietary Aide 4 was observed with facial hair and no beard restraint in place. He was observed to enter the food preparation area on three different occasions to collect items to run through the dish machine. At the same time, the Dietary Manager indicated she understood the need to have beards and hair restraints in place when in the kitchen.</p> <p>During a random observation of the kitchen area, on 4/24/26 at 10:15 a.m., Dietary Aide 4 was observed standing in the food preparation area. His beard restraint was pulled down below his mouth, not completely covering his beard and with no coverage of his mustache.</p> <p>During a random observation, on 4/24/26 at 11:33 a.m., Dietary Aide 4 was observed in the kitchen food preparation area, prior to the lunch meal being served. His beard restraint was pulled down below his mouth, not completely covering his beard and with no coverage of his mustache.</p> <p>During a random observation, on 4/24/26 at 11:40 a.m., Dietary Aide 4 was observed in the kitchen food preparation area, standing directly over the steam table loading trays into the hall tray carts. His beard restraint was pulled down below his mouth, not completely covering his beard and with no coverage of his mustache.</p> <p>During the lunch meal observation, on 4/24/26 at 11:50 a.m., Dietary Aide 4 was observed entering the kitchen area with the hall tray cart. His beard restraint was pulled down below his mouth, not completely covering his beard and with no coverage of his mustache.</p> <p>During a random kitchen observation, on 4/24/26 at 12:40 p.m., Dietary Aide 9 was observed in the kitchen food preparation area serving trays. His beard restraint did not cover his entire beard. His long sideburns were exposed while standing over open plates of food.</p> <p>During an interview, on 4/24/26 at 2:04 p.m., Resident G indicated the facility didn't normally use the heated tray carts. Usually, just service carts with the meal trays stacked on top of each other. In the past, he had watched a male kitchen staff with a beard not wearing a beard cover. He had seen the same staff work with raw food and cooked food without changing gloves and had also watched him drop a grilled cheese on the floor, and look around to see if anyone was watching, pick it up, and put it back on the steam table. The new kitchen manager did seem to be concerned about the residents instead of focusing on corporate priorities. However, it seemed that any of the kitchen staff that cared about the residents' food, didn't end up staying very long.</p> <p>Resident G's record was reviewed on 4/24/26 at 2:18 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 4/12/26, indicated the resident had no cognitive deficit and indicated not documented behaviors.</p> <p>On 4/24/26 at 9:33 a.m., the Administrator provided an undated document, titled, Food Safety and (continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Sanitation, and indicated it was the policy currently being used by the facility. The policy indicated, .Procedure.Hair restraints will be worn at all times. Beards should be well-trimmed and covered with an appropriate hair restraint.</p> <p>2. During an interview on 4/24/26 at 10:05 a.m., the Administrator indicated the dietary staff were contracted employees and were not her staff. She was aware of the kitchen having issues but since they were contracted employees she didn't have authority over them.</p> <p>During an interview on 4/24/26 at 10:28 a.m., Resident C indicated the food was not good at the facility. She indicated that the food was dry, had no seasoning, and often overcooked. The scrambled eggs were overcooked and had a rubber like texture to them. Resident C indicated she had given up on ordering eggs for breakfast. She ate her meals in the dining room and even in the dining room the food was often cold.</p> <p>A significant change in status Minimum Data Set (MDS) assessment, dated 4/7/26 indicated Resident C was cognitively intact.</p> <p>During an interview on 4/24/26 at 10:33 a.m., Resident D indicated the food was of poor quality at the facility and was usually only lukewarm. The resident indicated she normally ate in her room and received a hall tray. She had received a breakfast tray recently and the bacon was rare and the eggs were odd looking and were rubbery. It was often hard for her to eat meat because it was tough, the cake was dry, and waffles were hard. She no longer ordered waffles for breakfast.</p> <p>A quarterly MDS assessment, dated 3/2/26 indicated Resident D was cognitively intact.</p> <p>During an interview on 4/24/26 at 11:59 a.m., Resident E indicated that he normally ate in his room and the food was sometimes cold when his tray was served.</p> <p>An admission MDS assessment, dated 4/9/26 indicated Resident E was cognitively intact.</p> <p>During an interview on 4/24/26 at 12:25 p.m., Resident F indicated that he normally ate in his room and the food was usually cold by the time he got his tray.</p> <p>An admission MDS assessment, dated 4/13/26, indicated Resident F was cognitively intact.</p> <p>A test tray was obtained on 4/24/26 at 12:47 p.m., the food temps were as follows (per facility thermometer):</p> <ul style="list-style-type: none"> a. A piece of baked chicken 112 degrees Fahrenheit (F) b. Mashed potatoes with gravy 119 degrees F c. Mixed vegetables 105 degrees F <p>During an interview, on 4/24/26 at 12:49 p.m., the Dietary Manager indicated the food was not at the correct holding temperature. She thought the holding temperature for the chicken should have been at least 140 degrees, the mashed potatoes should have been 160 degrees, and the vegetables should have been 145 degrees. The Dietary Manager indicated she had only worked at the facility for about 3 weeks and was still working on her certification. She was aware there had been complaints about (continued on next page)</p>		

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