

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Waters of Castleton Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 8400 Clearvista Pl Indianapolis, IN 46256	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review the facility failed to protect a resident's right to be free from physical abuse by another resident for 2 of 3 residents reviewed for abuse. A resident punched another resident repeatedly. (Resident B, Resident C) Finding includes: During an interview on 4/21/26 at 2:38 p.m., RN 1 indicated she worked, on 3/18/26, when Resident B had been sitting in the common area and all of the sudden, RN 1 heard someone yell. When she looked over, RN 1 saw Resident C standing over Resident B and punching Resident B in the head with a closed fist multiple times. Resident B was sent to the hospital because he had been punched in the head. The police came and took Resident C to be seen by psychiatric services. The clinical record for Resident B was reviewed on 4/20/26 at 10:07 a.m. The diagnoses included, but were not limited to, down syndrome, pseudobulbar affect, and muscle weakness. An annual Minimum Data Set (MDS) assessment, dated 1/5/26, indicated Resident B was severely cognitively impaired. A progress note, dated 3/18/26 at 9:39 p.m., indicated Resident B was seated in the common area when Resident C approached and punched Resident B on the forehead. Resident B had a raised knot noted to the forehead. Resident B was sent to the hospital for further evaluation. The clinical record for Resident C was reviewed on 4/20/26 at 10:51 a.m. The diagnoses included, but were not limited to, anxiety disorder, schizophrenia, and antisocial personality disorder. A quarterly MDS assessment, dated 3/18/26, indicated Resident C was severely cognitively impaired. A care plan, dated 12/1/25, indicated Resident B had a history of conflicts and altercations with other residents including verbal and physical aggression. Interventions included, but were not limited to, keep Resident C in line of sight and do not enter Resident C's personal space when he is agitated. A progress note, dated 3/18/26 at 5:55 p.m., indicated Resident C punched Resident B in the face and back of the head multiple times. On 4/20/26 at 10:14 a.m., the Administrator provided an undated copy of a facility policy, titled Abuse Prevention Policy, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to prevent physical abuse. This citation relates to Intake 2973951410 IAC (Indiana Administrative Code) 16.2-3.1-27(a)(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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>Based on interview and record review, the facility failed to protect a resident's right to be free from misappropriation of property for 1 of 3 residents reviewed for misappropriation of property. A resident's controlled narcotic pain medication was signed out while the resident was in the hospital. (Resident D) Finding includes: During an interview on 4/21/26 at 9:01 a.m., the Director of Nursing (DON) indicated, on 3/22/26, he had been made aware that there were three tablets of Resident D's oxycodone/acetaminophen (narcotic pain medication) 10-325 mg (milligrams) missing from the cart. A staff member initialed that a tablet was removed on 3/18/26, and two tablets had been removed on 3/19/26. At the time those tablets were removed, Resident D was at the hospital. The facility was unable to identify to whom the initials belonged. The clinical record for Resident D was reviewed on 4/20/26 at 11:14 a.m. The diagnoses included, but were not limited to, heart failure, morbid obesity, and adjustment disorder. A physician's order, initiated on 2/1/26, indicated give one oxycodone/acetaminophen 10-325 mg orally every six hours as needed for pain. A Controlled Drug Record, dated 2/27/26, indicated Resident D had 30 tablets of oxycodone/acetaminophen 10-325 mg. On 3/18/26, one tablet was removed which left 18 tablets in the medication cart. Then, on 3/19/26, two tablets were removed from the medication cart. A progress note, dated 3/25/26 at 3:04 p.m., indicated the Director of Nursing (DON) contacted the pharmacy to refill three tablets of Resident D's oxycodone/acetaminophen 10-325 mg. The pharmacy was unable to refill medication until the resident had been readmitted. During an interview on 4/22/26 at 10:47 a.m., Qualified Medication Aide (QMA) 1 indicated, on 3/22/26, when reconciling the narcotic counts, a discrepancy had been noted. Three of Resident D's oxycodone/acetaminophen 10-325 mg had been signed out when he was not in the facility. When QMA 1 last worked, there were 18 of Resident D's oxycodone/acetaminophen 10-325mg tablets in the cart. One tablet was signed out on 3/8/26, then two tablets were signed out on 3/19/26. Resident D had been at the hospital since approximately 3/9/26 and had not been readmitted. On 4/20/26 at 10:14 a.m., the Administrator provided an undated copy of a facility policy, titled Abuse Prevention Policy, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility to prevent misappropriation of property. This citation relates to Intake 2974658.410 IAC (Indiana Administrative Code) 16.2-3.1-28(a)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on interview and record review, the facility failed to ensure sufficient nursing staff to provide administer medications for 15 of 28 residents reviewed who received medication from the second-floor west hall medication cart. (Resident E, Resident F, Resident G, Resident H, Resident K, Resident M, Resident N, Resident P, Resident R, Resident S, Resident V, Resident W, Resident X, Resident Y, Resident Z) Findings include: During an interview on 4/21/26 at 9:12 a.m., Resident E indicated he didn't have a nurse this past Sunday, on 4/19/26, during the day shift. Resident E did not get his day shift medications. During an interview on 4/21/26 at 2:49 p.m., the Director of Nursing (DON) indicated on 4/19/26, a nurse called off of work and the other nurse that worked that unit did not administer medications to all the residents that were to receive medication from the second floor west hall medication cart. During an interview on 4/22/26 at 10:28 a.m., Licensed Practical Nurse (LPN) 1 indicated, on 4/19/26 at approximately 9:00 a.m., she called the DON because a nurse called off work and she could not give medications to all the residents on the unit. 1. The clinical record for Resident E was reviewed on 4/22/26 at 8:48 a.m. The diagnoses included, but were not limited to, phantom limb syndrome, obesity, and depression. The current physician's orders included, but were not limited to: - Amlodipine (medication used to treat high blood pressure) 10 milligrams (mg) administer one tablet orally once daily, initiated 3/6/26.- Hydrochlorothiazide (medication used to treat fluid retention) 25 mg administer one tablet orally once daily, initiated 1/30/26.- Lisinopril (medication used to treat hypertension) 40 mg administer one tablet orally once daily, initiated 3/28/26.- Spironolactone (medication used to treat hypertension) 25 mg administer half (12.5 mg) tablet orally daily, initiated 4/9/26.- Acetaminophen (medication used to treat pain) 500 mg administer two tablets orally twice daily, initiated 1/29/26.- Naproxen (medication used to treat pain/swelling) 500 mg administer one tablet orally for pain, take with breakfast and evening meals, initiated 1/29/26. - Nortriptyline (medication used to treat depression) 25 mg administer once capsule orally twice daily, initiated 1/29/26.- Pantoprazole (medication used to treat acid reflux) 20 mg administer one tablet orally twice daily, initiated 3/9/26.- Buspirone (medication used to treat anxiety) 5 mg administer one tablet orally three times daily, initiated 4/16/26 and discontinued 4/20/26. - Oxycodone (controlled medication used to treat pain) 5 mg administer once tablet orally three times daily, initiated 3/1/26. - Pregabalin (medication used to treat nerve pain) 75 mg administer one capsule orally every 8 hours, initiated 3/4/26. The Medication Administration Record (MAR), dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated, on 4/19/26, Resident E did not receive the following medications on day shift: Amlodipine 10 mg tablet; Hydrochlorothiazide 25 mg tablet; Lisinopril 40 mg tablet; Spironolactone 12.5 mg tablet; Acetaminophen 500 mg tablets; Naproxen 500 mg tablet; Nortriptyline 25 mg tablet; Pantoprazole 20 mg tablet; Buspirone 5 mg tablet; Oxycodone 5 mg tablet; Pregabalin 75 mg capsule. 2. The clinical record for Resident F was reviewed on 4/22/26 at 8:53 a.m. The diagnoses included, but were not limited to, bipolar disorder, anxiety disorder, and asthma. The current physician's orders included, but were not limited to:- Amlodipine 10 mg administer one tablet orally once daily, initiated 10/18/25.- Ascorbic acid (oral supplement) 500 mg administer one tablet orally once daily, initiated 10/18/25.- Aspirin (medication used to prevent blood clots) 81 mg administer one tablet orally once daily, initiated 10/21/26. - Latanoprost (eye drop used to treat eye pressure) 0.005% instill one drop in each eye once daily, initiated 10/18/25.- Lisinopril 40 mg administer one tablet orally daily, initiated 4/9/26.- Montelukast (medication used to treat airway swelling/inflammation) 10 mg administer one tablet orally daily, initiated 10/21/25.- Omeprazole (medication used to treat acid reflux) 20 mg administer one tablet orally once daily, initiated 10/18/25.- Multivitamin (oral supplement) administer one tablet orally once daily, initiated 10/18/25. - Trintellix (medication used to treat major depression) 5 mg administer one tablet orally once daily, initiated 4/17/26. - Buspirone 5 mg administer two tablets orally twice daily, initiated 11/20/25.- Ferrous sulfate (oral supplement) (continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>325 mg administer one tablet orally once daily, initiated 10/18/25. - Oxcarbazepine (medication used to treat seizures/mental illness) 150 mg administer three tablets orally twice daily, initiated 4/2/26.- Pregabalin 75 mg administer one capsule orally twice daily, initiated 10/18/25.- Sennosides (medication used to treat constipation) 8.6 mg administer two capsules orally twice daily, initiated 10/18/25.- Cyclobenzaprine (medication used to treat muscle pain) 10 mg administer one tablet orally three times daily, initiated 4/18/26.- Administer Lidoderm patch (medicated patch used to treat pain) 5% apply to the right hip every 24 hours for pain. Remove the previous patch. Initiated 2/14/26.The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated, on 4/19/26, Resident F did not receive the following medications on day shift: Amlodipine 10 mg tablet; Ascorbic acid 500 mg tablet; Aspirin 81 mg tablet; Cholecalciferol 50,000 units capsule; Latanoprost 0.005% eye drop; Lisinopril 40 mg tablet; Montelukast 10 mg tablet; Omeprazole 20 mg tablet; Multivitamin tablet; Trintellix 5 mg tablet; Buspirone 5 mg tablet; Ferrous sulfate 325 mg tablet; Oxcarbazepine 150 mg tablet; Pregabalin 75 mg capsule; Sennosides 8.6 mg capsules; Cyclobenzaprine 10 mg tablet; Lidoderm 5% patch.3. The clinical record for Resident G was reviewed on 4/22/26 at 11:02 a.m. The diagnoses included, but were not limited to, borderline personality disorder, anxiety disorder, and cerebral infarct.The current physician's orders included, but were not limited to:- Allopurinol (medication used to treat gout) 300 mg tablet administer one tablet orally once daily, initiated 2/26/26- Aspirin 81 mg administer one tablet orally daily, initiated 2/26/26.- Deutetrabenazine (medication used to treat uncontrolled movements) 36 mg tablet administer one tablet orally once daily, initiated 3/24/26.- Escitalopram (medication used to treat depression) 15 mg tablet administer one tablet orally once daily, initiated 3/27/26.- Lisinopril 10 mg tablet administer one tablet orally once daily, initiated 2/26/26.- Montelukast 10 mg tablet administer one tablet orally once daily, initiated 2/26/26.- Divalproex (medication used to treat seizures/mental illness) 250 mg tablet administer one tablet orally twice daily, initiated 3/26/26.- Eliquis (medication used to treat blood clots) 5 mg tablet administer one tablet orally twice daily, initiated 2/25/26.- Hydroxyzine (medication used to treat anxiety) 25 mg tablet administer one tablet orally twice daily, initiated 4/16/26.- Oxcarbazepine 300 mg tablet administer one tablet orally twice daily, initiated 3/5/26. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident G did not receive the following medications on day shift: Allopurinol 300 mg tablet; Aspirin 81 mg tablet; Deutetrabenazine 36 mg tablet; Escitalopram 15 mg tablet; Lisinopril 10 mg tablet; Montelukast 10 mg tablet; Divalproex 250 mg tablet; Eliquis 5 mg tablet; Hydroxyzine 25 mg tablet; Oxcarbazepine 300 mg tablet. 4. The clinical record for Resident H was reviewed on 4/22/26 at 11:17 a.m. The diagnoses included, but were not limited to, neuropathy, panic disorder, and chronic obstructive pulmonary disorder.The current physician's order included, but were not limited to:- Benzonatate (medication used to treat cough) 100 mg capsule administer one capsule orally three times daily, initiated 3/24/26.- Gabapentin (medication used to treat nerve pain) 800 mg tablet administer one tablet orally three times daily, initiated 2/23/26.- Acetaminophen 500 mg tablet administer two tablets orally three times daily, initiated 10/18/24. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident H did not receive the afternoon dose of the following medications: Benzonatate 100 mg capsule; Gabapentin 800 mg tablet; Acetaminophen 500 mg tablets.5. The clinical record for Resident K was reviewed on 4/22/26 at 11:40 a.m. The diagnoses included, but were not limited to, dementia, heart failure, and atrial fibrillation.The current physician's orders included, but were not limited to:- Fluoxetine (medication used to treat depression) 20 mg tablet administer one tablet orally once daily, initiated 2/9/23.- Metoprolol succinate (long acting medication used to treat hypertension) 25 mg tablet administer one tablet orally once daily, initiated 5/26/23. - Pantoprazole 20 mg tablet administer one tablet orally once daily, initiated 1/10/24.- Apixaban (medication used to prevent blood clots) 2.5 mg tablet administer one tablet orally once twice daily, initiated 3/28/20. - Acetaminophen 500 mg tablet administer two tablets orally twice daily, initiated 11/18/21. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident K did not (continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>receive the following medications on day shift: Fluoxetine 20 mg tablet; Metoprolol succinate 25 mg tablet; Pantoprazole 20 mg tablet; Apixaban 2.5 mg tablet; Acetaminophen 500 mg tablet.6. The clinical record for Resident M was reviewed on 4/22/26 at 11:50 a.m. The diagnoses included, but were not limited to, diabetes, liver cancer, and atrial fibrillation.The current physician's orders included, but were not limited to:- Folic acid (daily supplement) tablet administer one tablet orally daily, initiated 2/18/26. - Amlodipine 5 mg tablet administer one tablet orally once daily, initiated 2/18/26.- Amiodarone (medication used for the heart) 200 mg tablet administer one tablet orally once daily, initiated 2/24/26. - Pantoprazole 40 mg tablet administer one tablet orally once daily, initiated 2/24/26.- Apixaban 5 mg tablet administer one tablet orally twice daily, initiated 2/17/26.- Metformin (medication used to treat diabetes) 750 mg tablet administer one tablet orally twice daily, initiated 2/18/26.The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident M did not receive the following medications on day shift: Folic acid tablet; Amlodipine 5 mg tablet; Amiodarone 200 mg tablet; Pantoprazole 40 mg tablet; Apixaban 5 mg tablet; Metformin 750mg tablet.7. The clinical record for Resident N was reviewed on 4/22/26 at 12:00 p.m. The diagnoses included, but were not limited to, heart failure, low back pain, and atrial fibrillation.The current physician's orders included, but were not limited to:- Aspirin 81 mg tablet administer one tablet orally once daily, initiated 11/5/25.- Cholecalciferol (daily supplement) 50 micrograms (mcg) tablet administer one tablet orally once daily, initiated 10/30/25.- Empagliflozin (medication used to treat diabetes) 10 mg tablet administer one tablet orally once daily, initiated 11/5/25.- Levothyroxine (medication used to treat hypothyroidism) 100 mcg tablet administer one tablet orally once daily for, initiated 2/26/26.- Metoprolol succinate 100 mg tablet administer one tablet orally once daily, initiated 4/9/26. - Toremide (medication used to treat fluid retention) 10 mg tablet administer one tablet orally once daily, initiated 10/30/25.- Acetaminophen 500 mg tablet administer two tablets orally twice daily, initiated 10/30/25.The MAR, dated 4/1/26 at 12:00 a.m.until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident N did not receive the following medications on day shift: Aspirin 81 mg tablet; Cholecalciferol 50 mcg tablet; Empagliflozin 10 mg tablet; Levothyroxine 100 mcg tablet; Metoprolol succinate 100 mg tablet; Toremide 10 mg tablet; Acetaminophen 500 mg tablet.8. The clinical record for Resident P was reviewed on 4/22/26 at 12:09 p.m. The diagnoses included, but were not limited to, hypertension, ataxia, and contracture of elbow.The current physician's orders included, but were not limited to:- Aspirin 81 mg tablet administer one tablet orally once daily, initiated 12/20/19.- Cholecalciferol 50 mcg capsule administer one capsule orally once daily, initiated 12/20/19. - Citalopram (medication used to treat depression) 10 mg administer half tablet (5mg) orally once daily, initiated 3/27/26.- Clopidogrel (medication used to prevent blood clots) 75 mg tablet administer one tablet orally once daily, initiated 12/20/19. - Ferrous sulfate 325 mg tablet administer one tablet orally once daily, initiated 3/10/26.- Florastor (probiotic supplement) 250 mg capsule administer one capsule orally once daily, initiated 3/4/26.- Lisinopril 40 mg tablet administer one tablet orally once daily, initiated 10/17/24.- Amlodipine 10 mg tablet administer one tablet orally once daily, initiated 10/17/24.- Acetaminophen 325 mg tablet administer two tablets orally three times daily, initiated 12/29/25. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident P did not receive the following medications on day shift: Aspirin 81mg tablet; Cholecalciferol 50 mcg capsule; Citalopram 10 mg tablet; Clopidogrel 75mg tablet; Ferrous sulfate 325 mg tablet; Florastor 250 mg capsule; Lisinopril 40 mg tablet; Amlodipine 10 mg tablet; Acetaminophen 325 mg tablets.9. The clinical record for Resident R was reviewed on 4/22/26 at 12:25 p.m. The diagnoses include, but were not limited to, delusional disorder, aortic aneurysm, and muscle weakness.The current physician's orders included, but were not limited to:- Bupropion (medication used to treat depression) 75 mg tablet administer three tablets orally once daily, initiated 3/27/26.- Furosemide (medication used to treat fluid retention) 20 mg tablet administer one tablet orally once daily, initiated 9/16/25.- Potassium chloride (supplement) 10 milliequivalent (mEq) tablet administer two tablets orally once daily, initiated 9/29/25.- Pimavanserin (medication used to treat</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>hallucinations and delusions) 34 mg capsule administer one capsule orally once daily, initiated 2/27/26.- Acetaminophen 650 mg tablet administer one tablet orally twice daily, initiated 9/15/25. - Apixaban 5 mg tablet administer one tablet orally twice daily, initiated 12/8/25. - Pantoprazole 40 mg tablet administer one tablet orally twice daily, initiated 9/27/25.- Carbidopa-levodopa 25-100 mg tablet administer half tablet orally three times daily, initiated 9/15/25. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident R did not receive the following medications on day shift: Bupropion 75 mg tablet; Furosemide 20 mg tablet; Potassium chloride 10 mEq tablet; Pimavanserin 34 mg capsule; Acetaminophen 650 mg tablet; Apixaban 5 mg tablet; Pantoprazole 40 mg tablet; Carbidopa-levodopa 25-100mg tablet.10. The clinical record for Resident S was reviewed on 4/22/26 at 12:55 p.m. The diagnoses included, but were not limited to, mood disorder, muscle weakness, and cognitive communication deficit.The current physician's orders included, but were not limited to:- Lisinopril 20 mg tablet administer one tablet orally once daily, initiated 10/16/25.- Loratadine (medication used to treat allergies) 10 mg tablet administer one tablet orally once daily, initiated 10/16/25. - Sertraline (medication used to treat depression) 25 mg tablet administer one tablet orally once daily, initiated 4/17/26.- Tiotropium bromide (a medication used to treat chronic obstructive pulmonary disorder) 18 mcg capsule inhale one application orally once daily, initiated 10/16/25.- Divalproex 125 mg tablet administer one tablet orally twice daily, initiated 1/29/26.- Divalproex 250 mg tablet administer one tablet twice daily, initiated 12/17/25. - Olanzapine (medication used to treat mental illness) 10 mg tablet administer 7.5 mg orally twice daily, initiated 4/8/26. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident S did not receive the following medications on day shift: Lisinopril 20 mg tablet; Loratadine 10 mg tablet; Sertraline 25 mg tablet; Tiotropium bromide 18 mcg capsule; Divalproex 125 mg tablet; Divalproex 250mg tablet; Olanzapine 10 mg tablet.11. The clinical record for Resident V was reviewed on 4/22/26 at 1:30 p.m. The diagnoses included, but were not limited to, paraplegia, scoliosis, and personality disorder.The current physician's orders included, but were not limited to:- Aspirin 81 mg tablet administer one tablet orally once daily, initiated 2/20/26.- Polyethylene glycol (a medication used to treat constipation) 17 grams (gm) administer 17 gm orally once daily for, initiated 2/8/26.- Multivitamin tablet administer one tablet orally once daily, initiated 2/8/26.- Sennosides 8.6 mg tablet administer one tablet orally once daily, initiated 2/8/26.- Metoprolol tartrate (fast acting medication for hypertension) 50 mg tablet administer one tablet orally twice daily, initiated 2/8/26.The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident V did not receive the following medications on day shift: Aspirin 81 mg tablet; Polyethylene glycol 17 gm; Multivitamin tablet; Sennosides 8.6 mg tablet; Metoprolol tartrate 50 mg tablet.12. The clinical record for Resident W was reviewed on 4/22/26 at 1:40 p.m. The diagnoses included, but were not limited to, muscle weakness, depression, and quadriplegia.The current physician's orders included, but were not limited to:- Amaryl (medication used to treat diabetes) 2 mg tablet administer one tablet orally once daily, initiated 3/18/26.- Empagliflozin (medication used to treat diabetes) 10 mg tablet administer one tablet orally once daily, initiated 3/19/26.- Metoprolol succinate 25 mg tablet administer one tablet orally once daily, initiated 4/9/26.- Tamsulosin (medication used to treat difficulty urinating) 0.4 mg capsule administer two capsules orally once daily, initiated 3/19/26. - Cyanocobalamin (daily supplement) tablet administer one tablet orally once daily, initiated 3/19/26.- Apixaban 5 mg tablet administer one tablet orally twice daily, initiated 3/18/26.- Bupropion 150 mg tablet administer one tablet orally twice daily, initiated 3/18/26The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident W did not receive the following medications on day shift: Amaryl 2 mg tablet; Empagliflozin 10 mg tablet; Metoprolol succinate 25 mg tablet; Tamsulosin 0.4 mg capsule; Cyanocobalamin tablet; Apixaban 5 mg tablet; Bupropion 150 mg tablet.13. The clinical record for Resident X was reviewed on 4/22/26 at 1:46 p.m. The diagnoses included, but were not limited to, autistic disorder, down syndrome, and depression.The current physician's orders included, but were not limited to:- Cholecalciferol 400 unit capsule administer once capsule orally once daily, initiated (continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2/24/26. - Cyanocobalamin 250 mcg tablet administer one tablet orally once daily, initiated 2/25/26- Levothyroxine 50 mcg tablet administer one tablet orally once daily, initiated 2/25/26. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident X did not receive the following medications on day shift: Cholecalciferol 400 unit capsule; Cyanocobalamin 250 mcg tablet; Levothyroxine 50 mcg tablet. 14. The clinical record for Resident Y was reviewed on 4/22/26 at 1:55 p.m. The diagnoses included, but were not limited to, delusional disorder, muscle weakness, and anxiety disorder. The current physician's orders included, but were not limited to:- Aspirin 81 mg tablet administer one tablet orally once daily, initiated 10/26/23. - Multivitamin tablet administer one tablet orally once daily, initiated 2/16/24.- Clopidogrel 75 mg tablet administer one tablet orally once daily, initiated 10/26/23. - Hydroxyzine (medication used to treat anxiety) 50 mg tablet administer one tablet orally once daily, initiated 10/30/25. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident Y did not receive the following medications on day shift: Aspirin 81 mg tablet; Multivitamin tablet; Clopidogrel 75 mg tablet; Hydroxyzine 50 mg tablet. 15. The clinical record for Resident Z was reviewed on 4/22/26 at 2:06 p.m. The diagnoses include, but were not limited to, syncope and collapse, fatty liver, and retention of urine. The current physician's orders included, but were not limited to:- Amlodipine 10 mg tablet administer one tablet orally once daily, initiated 4/4/26. - Aspirin 81 mg tablet administer one tablet orally once daily, initiated 4/4/26.- Cyanocobalamin 500 mcg tablet administer one tablet orally once daily, initiated 4/4/26. - Sennosides-docusate 8.6/50 mg tablet administer one tablet orally twice daily, initiated 4/4/26. The MAR, dated 4/1/26 at 12:00 a.m. until 4/22/26 at 12:00 p.m., indicated on 4/19/26, Resident Z did not receive the following medications on day shift: Amlodipine 10 mg tablet; Aspirin 81 mg tablet; Cyanocobalamin 500 mcg tablet; Sennosides-docusate 8.6/50 mg tablet. On 4/22/26 at 5:00 p.m., the facility was unable to provide a policy regarding sufficient nurse staffing by end of survey. This citation relates to Intake 2980834410 IAC (Indiana Administrative Code) 16.2-3.1-17(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Waters of Castleton Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 8400 Clearvista Pl Indianapolis, IN 46256	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 implement procedures that assured the accurate accounting of controlled substance medications for 1 of 3 medication carts reviewed for controlled medication records. (West Hall second floor medication cart) Findings include: On 4/21/26 at 9:15 a.m., the change of shift-controlled medication count sheet, dated 4/1/26 through 4/21/26, for the second-floor west hall medication cart was reviewed. A review of the sheet indicated:- On 4/1/26 on first shift, the total items in cart box and the on-coming nurse signature box were left blank.- On 4/1/26 on second shift, the off-going nurse signature box was left blank, total items in cart box was left blank, and on-coming nurse box was left blank.- On 4/1/26 on third shift, the off-going nurse signature box was left blank and the total items in cart box was left blank.- On 4/2/26 on second and third shifts, the total items in cart box was left blank.- On 4/3/26 on first shift, the total items in cart box was left blank.- On 4/7/26 on first and third shifts, the total items in cart box was left blank.- On 4/8/26 on first and second shifts, the total items in the cart box was left blank.- On 4/9/26 on third shift, the total items in cart box and the on-coming nurse signature box were left blank.- On 4/10/26 on first shift, the off-going nurse signature box and the total items in cart box were left blank.- On 4/12/26 on third shift, the total items in cart box was left blank.- On 4/13/26 on third shift, the total items in cart box was left blank.- On 4/14/26 on all shifts, the total items in cart box was left blank.- On 4/15/26 on first and second shifts, the total items in cart box was left blank.- On 4/15/26 on third shift, the off-going nurse signature box was left blank.- On 4/16/26 on all shifts, the total items in cart box was left blank.- On 4/17/26 on all shifts, the total items in cart box was left blank.- On 4/17/26 on third shift, the on-coming nurse signature box was left blank.- On 4/18/26 on first shift, the off-going nurse signature box and the total items in cart box were left blank.- On 4/18/26 on second shift, the off-going nurse signature box and the total items in cart box were left blank.- On 4/18/26 on second and third shifts, the total items in cart box was left blank.- On 4/19/26 on second and third shifts, the total items in cart box was left blank.- On 4/20/26 on all shifts, the total items in cart box was left blank.- On 4/21/26 on second and third shifts, the total items in cart box was left blank. During an interview on 4/21/26 at 9:17 a.m., the Assistant Director of Nursing (ADON) indicated the controlled medication count sheet should have been filled in completely at every shift change. The off going nurse should have signed in the off going nurse signature box, should have filled in the number of medication packets added box if any were delivered, filled in the number of medication cards removed box if any medication packets were removed for any reason, and filled in the total items box. Then, once the medications were reconciled the on-coming nurse should have signed the on-coming nurse signature box. On 4/22/26 at 1:00 p.m., the Regional Nurse provided a copy of a facility policy, titled Controlled Substances, dated 7/2024, and indicated this was the current policy used by the facility. A review of the policy indicated both nurses will sign all controlled substances will be counted each shift or whenever there is an exchange of keys. The two nurses will inspect the medication packets, count the number of packets in the cart, document on the shift change controlled substance count sheet, and each sign the appropriate boxes on the shift change controlled substances count sheet acknowledging that the actual count of controlled substances and count sheets match. This citation relates to Intake 2974658.410 IAC (Indiana Administrative Code) 16.2-3.1-25(e)(2)</p>		