

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155274	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rockport Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 815 W Washington St Rockport, IN 47635	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>46416</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received food at safe and appetizing temperatures for 1 of 1 meal trays tested for taste and temperature of food.</p> <p>Finding includes:</p> <p>During an observation on 1/23/25 at 7:19 A.M., staff was pushing the enclosed meal tray cart from the kitchen to the [NAME] Hall.</p> <p>During an observation on 1/23/25 at 7:31 A.M., staff was passing the last meal tray for the hall. At that time, a meal tray was obtained to test for the taste and temperatures of the food. The scrambled eggs tested 89.0 degrees Fahrenheit and felt cold. The bacon tested at 76.3 degrees Fahrenheit and felt cold.</p> <p>During an interview on 1/23/25 at 8:06 A.M., Resident H indicated the temperature and variety of food was an ongoing problem.</p> <p>During an interview on 1/23/25 at 8:12 A.M., Resident F indicated the breakfast served to them this morning was barely warm.</p> <p>During an interview on 1/23/25 at 8:19 A.M., Resident J indicated the food was going downhill from when they were first admitted . Meals were either cold, overdone, or raw in the middle.</p> <p>Resident grievances from November 1, 2024 to present were reviewed and indicated the following:</p> <p>On 11/4/24, two residents were upset about lunch served. Chicken was not cooked all the way.</p> <p>During an interview on 1/23/25 at 10:36 A.M., the Administrator indicated she would expect all meals to be served at correct temperatures.</p> <p>On 1/23/25 at 11:40 A.M., a non dated current Food Temperature Policy was provided by the Administrator and indicated, Hot Food: . Hold at 135 degrees Fahrenheit or greater throughout the service process .</p> <p>This citation relates to complaint IN00451740.</p> <p>(continued on next page)</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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