

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Waters of Princeton, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 W Vine St Princeton, IN 47670	

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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on interview and record review, the facility failed to ensure physician orders were followed for 1 of 3 residents reviewed for medications. A resident's blood pressure parameters were not followed for giving a medication. (Resident B)</p> <p>Finding includes:</p> <p>On [DATE] at 9:26 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, intellectual disabilities, generalized epilepsy, hypotension.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated [DATE] indicated Resident B's cognition was moderately impaired. Resident B expired in the facility on [DATE].</p> <p>Care plans were reviewed and no care plan related to hypotension was developed.</p> <p>Physicians orders for March and [DATE] included, but were not limited to:</p> <p>[DATE]: Midodrine HCl (hydrochloride) (antihypotensive agent) oral tablet 5 mg (milligram) give 1 tablet by mouth every 8 hours for bp (blood pressure) hold if bp above ,d+[DATE], order date [DATE].</p> <p>[DATE]: Midodrine HCl oral tablet 5 mg give 1 tablet by mouth every 8 hours for bp hold if bp above , d+[DATE], order date [DATE].</p> <p>Midodrine HCl oral tablet 5 mg give 1 tablet by mouth three times a day for bp hold if bp above ,d+[DATE], order date [DATE].</p> <p>The [DATE] EMAR (Electronic Medication Administration Record) was reviewed and included, but was not limited to the following:</p> <p>Midodrine HCl oral tablet give 1 tablet via PEG-Tube every 8 hours for bp hold if bp above ,d+[DATE], start date [DATE], discontinued date [DATE].</p> <p>The following dates and times were given out of blood pressure parameters:</p> <p>0600 (6:00 a.m.)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Waters of Princeton, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 W Vine St Princeton, IN 47670	

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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>,d+[DATE]- bp ,d+[DATE]</p> <p>The [DATE] EMAR (Electronic Medication Administration Record) was reviewed and included, but was not limited to the following:</p> <p>Midodrine HCl oral tablet 5 mg give 1 tablet by mouth every 8 hours for bp hold if bp above ,d+[DATE], start date [DATE], discontinue date [DATE].</p> <p>The following dates and times were given out of blood pressure parameters:</p> <p>0600 (6:00 a.m.)</p> <p>,d+[DATE]-bp ,d+[DATE]</p> <p>1400 (2:00 p.m.)</p> <p>,d+[DATE]- bp ,d+[DATE]</p> <p>2200 (10:00 p.m.)</p> <p>,d+[DATE]- bp ,d+[DATE]</p> <p>,d+[DATE]- bp ,d+[DATE]</p> <p>,d+[DATE]- bp ,d+[DATE]</p> <p>Midodrine HCl oral tablet 5 mg give 1 tablet by mouth three times a day for bp hold if bp above ,d+[DATE], start date [DATE], discontinue date [DATE].</p> <p>0900 (9:00 a.m.)</p> <p>,d+[DATE]- signed as given, no bp documented</p> <p>1300 (1:00 p.m.)</p> <p>,d+[DATE]- signed as given, no bp documented</p> <p>1800 (6:00 p.m.)</p> <p>,d+[DATE]- signed as given, no bp documented</p> <p>On [DATE] at 9:40 a.m., RN 1 indicated if a medication has blood pressure parameters, she put the medication in a separate cup, takes a blood pressure, and if out of the parameters holds the medication, it is normally on the MAR (Medication Administration Record) if the medicine was held.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER Waters of Princeton, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 W Vine St Princeton, IN 47670	
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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:10 p.m., the DON provided the current policy on following physician orders, the policy was undated. The policy included, but was not limited to: It is the policy of the facility to follow the orders of the physician .The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission .</p> <p>This citation relates to Complaint IN00431180.</p> <p>3XXX,d+[DATE](g)(1)</p>		