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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155275 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>07/02/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waters of Princeton, The |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1020 W Vine St<br>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.

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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)  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48147</b></p> <p>Based on interview and record review, the facility failed to develop care plans for 1 of 3 residents reviewed for wounds. A care plan was not developed after a resident returned from the hospital with a new diagnosis and new medication order. (Resident M)</p> <p>Finding includes:</p> <p>On 7/2/24 at 10:19 A.M., Resident M's clinical record was reviewed. Diagnosis included, but was not limited to, cellulitis of the right lower limb, dated 5/22/24.</p> <p>The most current Admission MDS (Minimum Data Set) Assessment, dated 4/24/24, indicated Resident M had moderate cognitive impairment, required partial to moderate assistance (staff does less than half) for sit to stand transfers and toileting, was at risk for pressure ulcers, and had no ulcers, wounds, or skin issues.</p> <p>The facility census indicated Resident M was discharged to the hospital on 5/20/24 and returned to the facility on [DATE].</p> <p>Hospital discharge papers, dated 5/22/24, indicated Resident M was discharged to the facility with a new diagnosis of cellulitis of right lower extremity and had new orders for clindamycin (an antibiotic) 300 mg (milligrams) by mouth three times a day for 7 days.</p> <p>The clinical record lacked a care plan for the new diagnosis of cellulitis and the newly prescribed antibiotic.</p> <p>On 7/2/24 at 3:35 P.M., the MDS Coordinator indicated a new diagnosis or medication got added to the care plan upon admission or re-admission to the facility.</p> <p>On 7/2/24 at 3:55 P.M., the Administrator provided a current Baseline Care Plan Assessment/Comprehensive Care Plans policy, revised 3/23/21, that indicated The MDS/Care Plan Coordinator and/or ancillary MDS staff will attend the Morning/CQI [continuous quality improvement] meetings where in-depth review of the 24 Hour Report(s) since the prior Morning/CQI meeting are reviewed and discussed as well as new or changed orders, new admissions, readmissions, falls and other pertinent circumstances regarding the residents. They will then see that the care plans for these residents are revised and updated as necessary.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>This citation relates to Complaint IN00436931</p> <p>3.1-35(a)</p>   |  |  |