STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155275	A. Building B. Wing	01/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Princeton, The	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733 Based on observation, interview and record review, the facility failed to notify the physician and resident representative of a change in condition for 1 of 3 residents reviewed for skin/wounds. A treatment order was not obtained for a pressure injury, a resident representative was not notified of a pressure wound or facial bruising. (Resident B) Findings include: On 1/10/25 at 8:56 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, personality disorder, diabetes mellitus, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, muscle weakness, unsteadiness on feet. A quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated Resident B's cognition was severely impaired. Care plans included, but were not limited to: Wound is present - L (left) buttock, stage 2, date initiated 1/10/25. Interventions included, but were not limited to: Tx (treatment) as ordered, date initiate 1/10/25. January 2025 physician orders were reviewed and included but were not limited to: Lt. (left) buttock open area: cleanse with wound cleanser, apply skin prep, cover with hydrocolloid every t-t-sa (Tuesday, Thursday, Saturday), order date 1/10/25. Progress notes were reviewed and included, but were not limited to: 12/23/24 at 7:24 a.m., Resident has an open area Right side middle starting to red and starting to open, skin prepped and reported to ADON (Assistant Director Of Nursing). 12/23/24 9:31 a.m., Resident spot on the bottom 1x1 in size it is on the left middle of his(sic) buttocks. (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/24/24 2:56 a.m., continues on zpack for cough, no cough or adventitious lung sounds noted this shift, resident c/o (complained of) pain to coccyx, prn (as needed) Tylenol given, resident refused to roll onto side to alleviate pressure from coccyx, will continue to attempt pressure offloading and monitor resident status 1/1/25 at 10:34 p.m., Noted to have bruises around eyes from unknown cause/origin. Appeared to have caused by her eyeglasses. Resident denies pain to areas. 1/2/25 at 2:52 p.m., Res observed to have bruising to bilateral eyes from glasses. Res was picking something up and hit her bedside table and glasses were on and hit her nose bridge. [name of physician] gave order for X-ray to face. X-ray ordered. 1/3/25 at 2:38 p.m., X-ray results sent to NP Niece aware. On 1/10/25 at 10:00 a.m., Resident B was observed sitting in the dining room. Resident B was observed to have bruising around the eye area. On 1/10/25 at 10:36 a.m., the Assistant Director Of Nursing (ADON) indicated she was not aware of an open area to Resident B's buttock, she did not remember a nurse telling her about it, but may have been notified of area, she was going to investigate it. On 1/13/25 at 9:00 a.m., a progress noted dated 1/10/25 at 1:09 p.m. was reviewed: .8 x .8x(sic) .1, superficial area on lt buttock with thin brown scab covering area. Denies and (sic) pain or tenderness to area and said , I'm alright. No drainage or odor present. Area cleansed with wound cleanser, area skin prepped and hydrocolloid applied and to be changed q t-t-sa. [name of physician] and niece (sic) [name] notified. Niece (sic) gave her care yesterday and said she did not see anything open at this time. A wound summary note dated 1/10/25 was reviewed and indicated the wound was identified on 1/10/25, left gluteal, stage 2, length .8, width .8, depth .1. On 1/13/25 at 9:10 a.m., the ADON indicated Resident B did have a pressure stage 2 to her left buttock, she had observed it on 1/10/25, the nurse did report it to her on 12/23/24, it just left her mind and she did not follow up on it. On 1/13/25 at 1:14 p.m., the Director Of Nursing (DON) indicated she could not find in the clinical record that Resident B's representative was notified of the bruising to the eyes when it was found on 1/1/25,the representative was at the facility on 1/2/25, she thought in the afternoon, and came and asked staff about the bruising she observed to Resident B. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/13/25 at 12:00 p.m., the DON provided the current policy on guidelines for notification of change in resident's condition/status/treatment, with a date of 6/29/24. The policy included, but was not limited to: Intent: It is the intent of the facility to ensure that the resident, their attending physician, and the resident's Responsible Party/POA are notified of changes in the resident's condition, status, or treatment. This notification will be done promptly in order to obtain any orders needed for appropriate treatment and/or monitoring related to the change- as well as to promote the resident right related to the right to make choices about treatment and care preferences .Nurses and other care staff are educated to identify changes in a resident's condition that require notification to the resident, their attending physician, and the resident's Responsible Party/POA .Examples of situations/circumstances when the physician must be immediately notified (after the physician is notified and the resident is stabilized, the resident's Responsible Party/POA will be notified .any incident/accident that results in injury to include injury of unknown origin .discovery of a pressure injury or skin alteration . This citation relates to Complaint IN00450688. 3.1-5(a)(1) 3.1-5(a)(2)