

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  06/10/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure physician orders were followed for 1 of 3 residents reviewed for wounds. Wound treatments were not signed as completed on the Electronic Medical Administration Record (EMAR). Resident B</p> <p>Finding includes:</p> <p>On 6/9/25 8:47 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, cerebral infarction due to thrombosis of left middle cerebral artery, hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, type 2 diabetes mellitus, dysphagia, aphasia following cerebral infarction, altered mental status, acquired absence of other right toe, unspecified protein-calorie malnutrition, hyperlipidemia, hypertension, peripheral vascular disease, occlusion and stenosis of carotid artery.</p> <p>An admission Minimum Data Set (MDS) assessment dated [DATE], indicated Resident B's cognition was severely impaired, impairment one side upper and lower, toileting partial/moderate assist, ( helper does less than half the effort) roll left to right partial/moderate assist, height 66 inches, weight 126. Resident B admitted to the facility on [DATE].</p> <p>Care plans were reviewed and included but were to limited to:</p> <p>Wound is present- Abscess, Right 3rd toe, date initiated 3/23/25. Interventions included but were not limited to: Skin assessments weekly and prn (as needed), TX (treatment) as ordered, pressure reducing mattress/cushion in chair, initiated 3/23/25, resolved 5/7/25.</p> <p>Wound is present -Abscess, Right 2nd toe, initiated 3/23/25. Interventions included but were not limited to: Skin assessments weekly and prn, Tx as ordered, pressure reducing mattress/cushion in chair, initiated 3/23/25 resolved 5/7/25.</p> <p>Wound is present- Arterial ulcer, right lateral foot, initiated 4/24/25. Interventions included but were not limited to: Enc (encourage) resident to leave dressings on, F/U with surgeon/MD as needed, Pillow boot as ordered, pressure reducing mattress/cushion in chair, Tx as ordered, skin assessments weekly and prn, initiated 4/24/25.</p> <p>Wound is present- Left second toe, arterial ulcer, initiated 5/7/25. Interventions included but were not limited to: Skin assessments weekly and prn, Encourage to keep dressings on, pillow boot as ordered, pressure reducing mattress/cushion in chair, update MD as needed, initiated 5/7/25.</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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Removes dressings and boot from foot, initiated 5/20/25. Interventions included but were not limited to: enc to keep boot on, Enc to keep dressings on, pillow boot as ordered, Tx as ordered, initiated 5/20/25.</p> <p>Surgical wound -Right foot Amputation of 2nd and 3rd toes, initiated 4/24/25.</p> <p>Wound is present- Abscess, right great toe, initiated 3/23/25, resolved.</p> <p>Potential for alterations in skin integrity due to PVD (peripheral vascular disease), initiated 3/3/25.</p> <p>At risk for skin break down due to decreased mobility, initiated 3/3/25.</p> <p>The resident displays behavioral symptoms related to: restlessness, agitation. This is evidenced by resistive to care, flailing limbs over the side of the bed; hitting feet on the air conditioner wall unit, on foot board of bed. His resistive care is also evidenced by refusing to wear heel boots and/or kicking them off after being put on, initiated 4/25/25. Interventions included but were not limited to: Give psycho-active medications as ordered. Record behavioral symptoms (e.g; verbal/physical aggression, inappropriate behavior), side effects (e.g; tardive dyskinesia, anticholinergic effects, initiated 4/25/25.</p> <p>Physicians orders and the Electronic Medication Administration Record (EMAR) were reviewed for March-June 2025 and included, but were not limited to:</p> <p>Place gauze in between big toe and 2nd digit, and 2nd digit and third digit of rt foot then paint areas with Betadine daily,one time a day for treatment, order date 3/23/25, d/c date 4/3/25.</p> <p>The Electronic Medication Administration Record (EMAR) was not signed as done on 3/26/25.</p> <p>Clean abscess to 3rd toe with wound cleanser apply medihoney secure with rolled gauze change daily every day shift for abscess, order date 3/28/25, d/c on 4/4/25.</p> <p>The EMAR was not signed as done on 4/4/25.</p> <p>Clean 2nd toe with wound cleanser apply medihoney secure with rolled gauze change daily day shift foot treatment, order date 3/28/25, d/c date 4/4/25.</p> <p>The EMAR was not signed as done on 4/4/25.</p> <p>Clean R great toe with wound cleanser apply medihoney secure with rolled gauze change daily every day shift for abscess, order date 3/28/25, d/c date 4/4/25.</p> <p>The EMAR was not signed as done on 4/4/25.</p> <p>Left foot: Betadine to area on 2nd toe. Place layered gauze between toes for padding. Pillow boot at all times every day shift for treatment, order date 5/6/25, d/c date 6/6/25.</p> <p>The EMAR was not signed as done on 5/10, 5/11, 5/24, 5/25, 5/30.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Right foot: Apply Betadine to lateral foot wound. Cover lightly with Kerlix. No compression. Pillow boot on at all times. No dressing required to amputation site, every day shift for treatment, order date 5/6/25, d/c 5/30/25.</p> <p>The EMAR was not signed as done on 5/10, 5/11, 5/24, 5/25,5/30.</p> <p>Left foot: Betadine to area on 2nd toe daily. Place layered gauze between toes for padding and secure with rolled gauze. Pillow boot at all times every day shift for treatment, order date 6/6/25.</p> <p>The EMAR was not signed as done on 6/7.</p> <p>Left foot: Betadine to area on 2nd toe. Place layered gauze between toes for padding. Pillow boot at all times, order date 5/6/25, d/c 6/6.</p> <p>The EMAR was not signed as done on 6/4.</p> <p>Right lateral foot: Apply Betadine to lateral foot wound daily and leave open to air. Pillow boot on at all times. No dressing required to amputation site, every day shift for treatment, order date 5/30/25.</p> <p>The EMAR was not signed as done on 6/2, 6/6, 6/7.</p> <p>On 6/10/25 at 3:05 p.m., The DON provided the current policy for guidelines for physician orders with a date of 6/18/23. The policy included, but was not limited to: It is the policy of the facility to follow the orders of the physician 4) All physician orders received pertaining to the resident will be implemented and followed throughout the course of the resident's stay in the facility as the orders are received.</p> <p>This citation relates to Complaint IN00460996.</p> <p>3.1-50(a)(2)</p>