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	08/28/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to ensure drug records were in order and an account of all drugs were maintained for 2 of 2 nursing units reviewed. The narcotic drug count was not accurate. (East Unit, [NAME] Unit) Finding includes: On 8/27/25 at 10:51 a.m., RN 2 was observed to do a narcotic drug count on the East unit medication cart. The following was observed:hydrocodone-acetaminophen oral tablet 5-325 mg (milligram) -the narcotic count log indicated 23 available, RN 2 indicated 22 were in the drug pack.hydrocodone- acetaminophen Tablet 5-325 mg- the narcotic count log indicated 30 available, RN 2 indicated 29 were in the drug pack. RN 2 indicated she must have been in a hurry and forgot to sign the medications out after giving them, she typically signs the narcotic log as she gives them. On 8/27/25 at 11:04 a.m., QMA 2 was observed to do a narcotic drug count on the [NAME] unit medication cart. The following was observed:clonazepam oral tablet 0.5 mg - the narcotic count log indicated 17 available, QMA 2 indicated 16 were in the drug pack.Ativan tablet 1 mg- the narcotic count log indicated 8 available, QMA 2 indicated 7 were in the drug pack. QMA 2 indicated she was passing medications on 2 halls, was just behind and normally signs the medication out as she gives it. On 8/28/25 at 11:52 a.m., the DON provided the current policy for controlled substance medications with a date of 7/22/23. The policy included but was not limited to : .2) record each dose at the time of administration, 3) confirm that the amount of the controlled drug supply is correct prior to, as well as after, assembling the required dose that is being given-verifying the following: date, time, dosage, signature of nurse administering dosse, number of doses/quantity remaining . This citation relates to Intake 2580774.3.1-25(b)(3)

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