

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2025
NAME OF PROVIDER OR SUPPLIER Waters of Dillsboro-Ross Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 12803 Lenover St Dillsboro, IN 47018	
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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 50498 Based on record review, and interview, the facility failed to ensure a maintenance staff removed lye-based chemical drain cleaner from the bathroom of vulnerable resident for 1 of 3 residents reviewed for accidents. (Resident C) This deficient practice resulted in the resident ingesting the chemical liquid and sustaining low-grade esophageal injury and moderate-grade gastric injury that required intensive care at an acute care hospital. Findings include: A Quarterly Minimum Data Set (MDS) assessment, dated 11/27/24, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, anemia, hypertension, and paranoid schizophrenia (a subtype of schizophrenia characterized by persistent delusions and hallucinations). The resident had no documented behaviors of inattention, disorganized thinking or altered level of consciousness. She had symptoms of feeling down or depressed a total of three time during the assessment review. The resident had no prior history of consuming harmful chemicals. A Progress Note, dated 01/07/25 at 11:23 A.M., indicated Resident C was sent to the emergency room after ingesting the drain cleaner. During an interview on 01/31/25 at 11:02 A.M., the Maintenance Director indicated that he had gone into Resident C's room to unclog her toilet. He knelt in front of the resident's toilet with a plastic garbage bag and a container of drain cleaner. He then realized the toilet was clogged with brown paper towels; he removed the clog and placed the towels into the plastic bag. He thought he placed the bottle of drain cleaner into the same plastic bag since the drain cleaner bottle was nearly empty. Within a few minutes after the Maintenance Director walked out of the resident's room the resident walked out into the hallway and handed a staff member the drain cleaner bottle. During an interview, on 02/03/25 at 8:46 A.M., Qualified Medication Aide (QMA) 2 indicated Resident C brought the drain cleaner out to QMA 2. The resident started complaining of her throat hurting, so QMA 2 immediately took the resident to the nurse. (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 0689 Level of Harm - Actual harm Residents Affected - Few	A Hospital Discharge Summary Document, dated 01/12/25, provided by the Director of Nursing (DON), on 01/31/25 at 12:15 P.M., indicated Resident C consumed a bottle of [NAME] Lye drain opener which was left unattended by staff. Resident C was admitted to the intensive care unit for monitoring. An Esophagogastroduodenoscopy (imaging test for examining the lining of the esophagus, stomach, and the first part of the small intestine) with esophageal evaluation showed low grade injuries, but gastric evaluation shows moderate-grade injuries from lye ingestion. The Safety Data Sheet (SDS) for Instant Power [NAME] Lye was provided by the Administrator, on 01/31/25 at 1:20 P.M. The SDS indicated the chemical was harmful if swallowed and should be kept out of reach of children. The current facility policy titled, Chemical Safety and Storage, with a review date of 12/05/24, was provided by the Administrator on 01/31/25 at 1:20 P.M. The policy indicated, .Hazardous chemicals should be kept in a locked area inaccessible to residents . The current undated facility policy titled, Resident Rights was provided by the DON on 01/31/25 at 1:20 P.M. The policy indicated, .The facility must provide a safe, clean, comfortable, home-like environment . This deficient practice was corrected on 01/09/25 after the facility implemented a systemic plan of all resident environments assessed and all staff were educated on chemical safety and storage. This citation relates to Complaint IN00450781. 3.1-45(a)(1)		