

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  05/16/2025
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>33613</p> <p>Based on interview, and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 3 residents reviewed. (Resident D)</p> <p>Finding included:</p> <p>A Progress note, dated 04/13/25 at 5:58 P.M., indicated Resident D was hitting, pinching, and spitting at staff during care. The resident was wanting to be left alone. The resident was cleaned up and the call light was given to the resident.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 3/5/25, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, non-Alzheimer's dementia, anxiety, and depression.</p> <p>The current Care Plan, dated 4/25/22, indicated Resident D was declining. The resident had episodes of declining resident care, medications, treatments, and refused showers. The interventions included, but were not limited to the following:</p> <ul style="list-style-type: none"> <li>- If resident continues to decline have another staff member approach.</li> <li>- if resident declines, make resident safe and leave; and reapproach in five minutes.</li> </ul> <p>During an interview, on 05/16/25 at 2:06 P.M., Certified Nurse Aide (CNA) 2 indicated Resident D was resistive and combative. CNA 2 and CNA 3 continued to provide care to the resident.</p> <p>During an interview, on 05/16/25 at 2:23 P.M., CNA 3 indicated she went in to check on Resident D and asked CNA 2 for help. Resident D was being resistive to care by hitting, pinching, and spitting. CNA 3 and CNA 2 continued to provide care to the resident.</p> <p>Staff failed to allow an upset and combative resident time to calm down prior to providing care.</p> <p>During an interview on 05/16/25 at 3:20 P.M., CNA 5 indicated if a resident was resistive to care you should make sure they are safe, walk away, approach them later, or have another staff member approach them.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The current facility policy titled GUIDELINES FOR OBSERVING AND IMPLEMENTING - RESIDENT RIGHTS, was provided by the Corporate Clinical Support on 05/16/25 at 3:42 P.M., dated 07/12/23. The policy indicated, 7) It is important that staff be aware of the RESIDENT RIGHTS to include but not limited to: A dignified existence - resident being treated with dignity in all situations . Residents are to have their well-being and self-esteem, and self-worth enhanced during all care and services interactions .1. Staff will treat each resident with respect and dignity .3. Staff will not use any profanity or vulgar words in the presence of the resident and under no circumstances directed at the resident .</p> <p>This deficient practice was corrected, on 04/14/25, prior to the start of the survey and was therefore Past Noncompliance. The facility implemented a systemic plan of all residents assessed, re-educated staff on dignity and respect, and implemented a monitory system.</p> <p>This citation relates to Complaints IN00457440 and IN00457734.</p> <p>3.1-3(t)</p>		