STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155280	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Dillsboro-Ross Manor, The	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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. Based on record review and interview, the facility failed to provide behavior health services for a resident who required 15-minute monitoring for 1 of 3 residents reviewed for behaviors. (Resident C) Findings include:The clinical record for Resident C was reviewed on 02/05/2026 at 10:10 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 11/21/2025, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, bipolar (a chronic mental health condition) and non-Alzheimer's dementia (a progressive, irreversible brain disorder). A Psychiatric Progress Note, dated 01/27/2026 at 11:46 A.M. , indicated Resident C had increased physical and verbal aggression towards peers, and was currently on one-on-one staff monitoring. The staff and provider determined Resident C was currently not a risk of harm to himself or to his peers. The provider ordered 15-minute monitoring for 72 hours unless an inpatient facility accepted the resident prior to initiating the monitoring. Resident Location Monitoring Forms were provided by the Social Services Director on 02/05/2026 at 1:30 P.M. The forms indicated Resident C was started on one-on-one monitoring on 01/26/2026 at 3:15 P.M. and the monitoring was discontinued on 01/29/2026 at 6:00 A.M. There was no indication of when the resident had transitioned to 15-minute monitoring and there was no indication to indicate what staff member was documenting the resident's location. Documentation then continued on a new form, dated 01/29/2026 at 6:00 P.M. During an interview, on 02/05/2026 at 2:00 P.M., the Social Services Director indicated that they used the same form for one-on-one monitoring as they used for 15-minute monitoring. And she was unable to determine when they switched from one-on-one to 15-minute monitoring on Resident C. The form should have had staff initials next to every entry on the form, and that the new form was restarted due to the resident needing monitoring after the resident's behaviors increased again. During an interview, on 02/05/2026 at 2:05 P.M., the Director of Nursing (DON) indicated that Resident C was switched from one-on-one monitoring to 15-minute monitoring on 01/27/2026 at 10:15 A.M. by the Psychiatric Nurse Practitioner , but due to already scheduled staff for the one on one monitoring they kept the resident on the one-on-one monitoring until midnight on 01/27/2026. The resident was then taken off 15-minute monitoring due to decreased behaviors on the morning of 01/29/2026 but was started back on one-on-one monitoring at 6:00 P.M. that evening due to behaviors increasing again. After reviewing documentations, the DON indicated the resident should have stayed on 15-minute monitoring the full 72 hours after being seen by the Psychiatric Nurse Practitioner on 01/27/2026. The current undated facility policy titled, Fifteen Minute Monitoring, was provided by the DON on 02/05/2026 at 2:20 P.M. The policy indicated, .Fifteen Minute Monitoring provides additional supervision and guidance to the resident at times when the resident may have physical or psychosocial needs that require more direct supervision. The current facility policy titled, Guidelines for handling and addressing behavioral emergencies dated 03/18/2023, was provided by the DON on 02/05/2026 at 2:31 P.M. The policy indicated, .Residents displaying a behavior need to have a staff member with them from the time of the onset of the behavior (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	until it is resolved or managed. This supervision may be able to reduce to lesser supervision such as every 15-minute checks . This citation relates to Intake 2728236.