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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155321 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>07/02/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waters of Fort Wayne Skilled Nursing Facility, The |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5544 E State Blvd<br>Fort Wayne, IN 46815 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interviews, and record review the facility failed to ensure facial hair was trimmed for 2 of 2 residents reviewed. (Resident 2 and Resident 11)</p> <p>Findings include:</p> <p>1) During an observation, on 06/27/25 at 10:10 AM, Resident 2 had 3 chin hairs over an inch long, greyish white in color.</p> <p>During an observation, on 06/30/25 at 11:44 AM, Resident 2 had not been shaved and the chin hairs were still seen.</p> <p>During an observation, on 7/1/25 at 8:38 AM, Resident 2 had not been shaved and the chin hairs were still seen.</p> <p>Resident 2's record review, on 6/30/25 at 1:16PM, indicated diagnoses included macular degeneration, osteoporosis, and weakness.</p> <p>Resident 2's care plan had a focus on Activities of Daily Living (ADL) need for assistance. An intervention was Resident 2 would have all ADLs met by staff. In the care plan under skin at risk for breakdown an intervention was that her skin would be monitored daily during care.</p> <p>The care plan did not specifically address female facial hair.</p> <p>2) During an observation. on 06/27/25 at 10:09 AM, Resident 11 had a full beard on her chin approximately an inch in length and an obvious mustache, dark in color.</p> <p>During an observation, on 06/30/25 at 11:32 AM, Resident 11 had not been shaved, the beard and mustache were still seen.</p> <p>During an observation, on 7/1/25 at 10:00AM, Resident 2 had not been shaved, beard and mustache were still seen.</p> <p>Resident 11's record review, on 6/30/25 at 1:48PM, indicated diagnoses of blindness of right eye, macular degeneration, stroke, diabetes, anxiety, and dementia.</p> <p>Resident 11's care plan under preferences indicated an intervention was to honor her wishes to not be shaved daily.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>In an interview, on 07/01/25 at 10:02 AM, Resident 11 was unaware of when her shower days were or when she was last shaved. She then touched her full beard and indicated she was overdue. She indicated she refused to be shaved with a regular razor, and she had an electric razor around there someplace.</p> <p>In an interview, on 07/01/25 at 08:38 AM, Certified Nurse Aid (CNA) 5 indicated residents should be shaved on their shower days and whenever you can tell they need shaved in between. CNA 5 indicated women should not have facial hair including chin hairs, mustache, and beards.</p> <p>A current policy, titled Guidelines for Activities of Daily Living undated, provided by the Administrator on 7/1/25 at 12:35PM indicated .A resident who is unable to carry out activities of daily living must receive the necessary services to maintain good grooming, and personal and oral hygiene .</p> <p>3.1-38(a)3</p> |  |  |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident maintained their weight for 1 of 4 residents reviewed. (Resident 2).</p> <p>Findings include:</p> <p>Resident 2's record review was on 06/30/25 at 08:48 AM. Resident 2's diagnoses included Anxiety, osteoarthritis, depression, glaucoma, anemia, cataracts, macular degeneration, neuropathy, and pacemaker.</p> <p>Resident 2's height was 5 ft 5 inches. Resident 2's weights were as follows</p> <p>December 141</p> <p>January 2025 130</p> <p>February 2025 130</p> <p>March 2025 125</p> <p>April 2025 123.4</p> <p>May 2025 124</p> <p>June 2025 123 a 6 month loss of 12.77%</p> <p>Nutrition at Risk notes indicated the facility had Resident 2 on weight monitoring and Nutrition at Risk between January 10, 2025 through March 18, 2025 because she had a wound. In March, the facility stopped Nutrition at risk because the note indicated there was no change in monthly weights between February and January therefore weights were stabilized.</p> <p>Resident 2's physician orders showed an order for Boost twice a day started on 2/28/25.</p> <p>Resident 2's weight on 7/1/25 was 121.5 lbs. Resident 2 lost a total of 3.5lbs after starting the Boost twice daily.</p> <p>Resident 2's Nutrition at Risk Quarterly Review dated 6/21/25 summary indicated to continue to monitor with no further recommendations.</p> <p>A review of Resident 2's progress notes from December to June 30 indicated the physician wrote Resident 2 had no weight loss.</p> <p>A review of Resident 2's consumption records for June indicated she ate less than 50% for 35 of 90 meals recorded</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>In an interview, on 07/01/25 at 11:32 AM, Nurse Practioner (NP) 6 indicated he was unaware of Resident 2's continued weight loss. NP 6 ordered the Boost supplement in February. NP 6 indicated he was not made aware and it was his expectation for the DON or the computer program would alert him of any weight loss of 10% in 6 months and this did not happen for Resident 2. NP 6 indicated he would be looking over Resident 2's chart, talking to staff, and assessing the resident on 7/2/25 to determine next steps since he was aware.</p> <p>In an interview, on 07/01/25 at 12:44 PM, thr Registered Dietician (RD) indicated she felt the weight loss was following a pattern and therefore was not alarmed. The (RD) indicated the DON or ADON reported to the providers the outcome of nutrition at risk meetings and outcomes of residents' follow up needs.</p> <p>In an interview, on 07/02/25 at 09:47 AM, Certified Nursing Assistant (CNA) 8 indicated Resident 2 was able and does ask for a sandwich if she doesn't like the meal. CNA 8 indicated the documented consumptions included those substitutions. CNA 5 was in agreement with CNA 8's assessment and documentation explanation.</p> <p>A review of Resident 2's care plan, dated 2/2025, indicated Resident 2 required assistance with ADL's and staff were to assist with eating as needed. An focus on a Self-Care Deficit with her ability to feed herself had interventions including use task segmentation and verbal cues as needed as well as staff will encourage her to participate to the fullest extent possible to promote independence. In a focus of Resident 2 was at risk for compromise in nutrition and hydration status with the interventions of assess for significant changes in weight, monitor for adverse medication side effects, offer meal substitutes if resident consumes less than 50% of meal, and provide supplements as ordered.</p> <p>During an observation, on 06/30/25 at 11:49 AM, Resident 2 was not redirected or assisted with eating. ice cream was eaten without any special utensils or support visual aids. The plate was served with no special instructions given. no special plate. plain white same as others. no special mat or other assistive devices. No redirections were given throughout meal. 80% of the meal was eaten.</p> <p>A policy and procedure titled Skin Weight Assessment Team program dated 10/9/23 was provided by the Administrator on 7/1/25 at 12:25PM. The policy indicated .indications determining implementation of SWAT monitoring 10% or more of (undesirable) weight change in 180 days .</p> <p>3.1-46</p> |  |  |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</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 medications were labeled with opened dates. For 1 of 2 medications carts observed. (Resident 2, Resident 10, Resident 9, Resident 3, Resident 1, and Resident 7)</p> <p>Findings include;</p> <p>During an observation, on 6/27/25 at 1:30PM, on 200 hall medication cart with Registered Nurse 4 (RN) and Assistant Director of Nursing (ADON), the following was observed:</p> <p>At 1:33 PM in the top-drawer, Resident 2's Albuterol AER HFA had no open date.</p> <p>At 1:35 PM in the top drawer, Resident 10's Breo Ellipta INH 100-25 mcg was dated 5/21/25 with 0 puffs left.</p> <p>At 1:36 PM in the top drawer, Resident 9's Breo Ellipta INH 100-25 mcg was dated 5/21/25 with 1 puff left.</p> <p>In an interview, on 6/27/25 at 1:37 PM, the ADON indicated she thought inhalers are good for 30 days. The ADON was observed to be adding open dates to medications that had been pulled out of cart with no dates.</p> <p>During an observation on 6/27/25 at 1:39 PM, in the 3rd drawer down the middle, there was an un-opened vial of Lidocaine with no name label. Next to it was a single lubricant eye drops un-opened with no name labeled.</p> <p>At 1:42 PM Resident 3's opened Atropine Sulfate drops had no open date.</p> <p>At 1:46 PM in the 3rd side drawer Resident 1's Sucralfate [NAME] 1 gm/10ml had no open date.</p> <p>At 1:47 PM in the same drawer, an opened bottle of Pro Heal Liquid Protein had no open date or name label. Resident 7's opened bottle of Milk of Magnesia had no open date. Resident 2's open bottle of Stomach Relief liquid had no open date. An opened 0.9% Sodium chloride irrigation USP had no open date and no name label.</p> <p>1. A record review, on 6/30/25 at 10:30 AM, indicated Resident 2's diagnosis included Chronic Obstructive Pulmonary Disease, unspecified.</p> <p>A physician order for Proventil HFA Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate HFA), indicated to give 2 puff inhale orally every 4 hours as needed for SOB/Dyspnea. The medication had a start date of 9/10/2024.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A physician order for Pink Bismuth Suspension 262 MG/15ML (Bismuth Subsalicylate) indicated to give 30 milliliter by mouth every 4 hours as needed for indigestion. The medication had a start date of 5/20/2025.</p> <p>2. A record review, on 6/30/25 at 10:35 AM, indicated Resident 10's diagnosis included unspecified Asthma, uncomplicated.</p> <p>A physician order for Breo Ellipta Inhalation Aerosol Powder Breath Activated 100-25 MCG/ACT (Fluticasone Furoate-Vilanterol) indicated to give 1 puff inhale orally one time a day for SOB. The medication had a start date of 7/12/2023.</p> <p>3. A record review, on 6/30/25 at 10:40 AM, indicated Resident 9's diagnosis included Chronic Obstructive Pulmonary Disease, unspecified.</p> <p>A physician order for Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH (Fluticasone Furoate-Vilanterol) indicated to give 1 puff inhale orally one time a day for COPD. The medication had a start date of 8/3/2024.</p> <p>4. A record review, on 6/30/25 at 10:45 AM, indicated Resident 3's diagnosis included Myotonic Muscular Dystrophy.</p> <p>A physician order for Atropine Sulfate Ophthalmic Solution 1 % (Atropine Sulfate (Ophthalmic) indicated to give 5 drops by mouth every 2 hours for excessive oral secretions. The medication had a start date of 2/12/2025.</p> <p>5. A record review, on 6/30/25 at 11:00 AM, indicated Resident 1's diagnosis included Hemiplegia and Hemiparesis following cerebral infarction affecting right dominant side.</p> <p>A physician order for Carafate Oral Suspension 1 GM/10ML (Sucralfate) indicated to give 10 ml by mouth two times a day for Heartburn. The medication had a start date of 12/27/2024.</p> <p>6. A record review, on 6/30/25 at 11:15AM, indicated Resident 7's diagnosis included Chronic Obstructive Pulmonary Disease, unspecified.</p> <p>A physician order for Milk of Magnesia Oral Suspension 400 MG/5ML (Magnesium Hydroxide)indicated to give 30 ml by mouth as needed for constipation daily. The medication had a start date of 5/6/2025.</p> <p>On 06/30/25 11:45 AM, an interview with Director of Nursing (DON) indicated RN 4 was new to that medication cart, the usual nurse was on vacation, but the usual nurse educated RN 4 on labeling medications when opened.</p> <p>A current facility policy, titled Prescription labels, was provided by the DON on 6/30/25 at 12:59 PM. The policy indicated .Medications are labeled in accordance with State and Federal Laws as well as facility requirements</p> <p>3.1-25(j)(m) and (n)</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to maintain temperature logs for cooked foods, refrigerators, freezers, and the dishwasher throughout the month of June 2025. 38 of 39 residents residing in the facility ate food prepared in the facility kitchen.</p> <p>Findings include:</p> <p>During an observation, on 6/27/25 at 9:10AM, there was incomplete documentation on the food temperature logs and 2 of 3 refrigerators, no logs for 1 of 3 refrigerators, and no temperature monitoring logs for the freezer and the dishwasher.</p> <p>The food temperature logs were missing the following information:</p> <p>Food temperature logs were dated June 1, 2025, through June 10, 2025. There were no logs available for June 11, 2025-June 27, 2025, for any of the three meals served.</p> <p>In an interview, on 6/27/25 at 9:12AM, [NAME] 9 indicated the only temp logs for the refrigerators, freezers, and dishwasher were the ones on the manager's desk. [NAME] 9 indicated the food temp logs should have been on the desk as well.</p> <p>In an interview, on 6/27/25 at 1:36PM, the Regional Dietary Manager indicated there were only the food temperature logs and refrigerator, freezer, and dishwasher logs to be found on the manager's desk. No others for the other months or missing days were found during a thorough search. The regional manager confirmed the facility had 1 incomplete log for 3 freezers. The facility had 3 refrigerators, but only 2 incomplete logs were available. One for a reach in and one for a walk in. The refrigerators were checked twice daily at 6am and 2pm.</p> <p>The following dates/times were missing a temperature for the reach in refrigerator: 6/19 2pm, 6/21 2pm, 6/22 2pm, 6/23 6am, 6/24 2pm, 6/25 8am, 6/25 2pm, 6/26 6am, 6/26 2pm, and 6/27 6am.</p> <p>The following dates/times were missing a temperature for the walk-in refrigerator; 6/7 2pm, 6/21 2pm, 6/22 2pm, 6/23 6am, 6/24 6am, 6/24 2pm, 6/25 6am, 6/25 2pm, 6/26 6am,6/26 2pm, and 6/27 6am.</p> <p>There was no temperature log sheet available for the third refrigerator.</p> <p>The facility had 3 freezers, but only 1 log was available.</p> <p>The freezer was checked twice daily at 6am and 2pm. The following dates/times were missing a temperature documented; 6/21 2pm, 6/22 2pm, 6/23 6am, 6/24 6am, 6/24 2pm, 6/25 6am, 6/25 2pm, 6/26 6am, 6/26 2pm, and 6/27 6am.</p> <p>There were no temperature log sheets for the other 2 freezers used by the facility.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>The dishwasher temperature log was not dated with month or year. The temperature log was kept for Breakfast/Lunch/Dinner. The following dates/meals were not recorded; 15th dinner, 21st breakfast, lunch, and dinner, 22nd breakfast, lunch, and dinner, 23rd breakfast and lunch, 24th breakfast, lunch and dinner, 25th breakfast, lunch and dinner, 26th breakfast, lunch and dinner, and 27th breakfast.</p> <p>A current policy and procedure titled Sanitation and Safety was undated, provided by the Administrator on 7/1/25 at 12:35PM indicated .3. Dish machine temperatures are logged after each meal on the dish machine temperature log. Completed temperature log sheets are kept on file for one year.</p> <p>A current policy and procedure titled Food Storage (Dry, Refrigerated, and Frozen) dated 8/12/23, provided by the Administrator on 7/1/25 at 12:35PM indicated .Refrigerator foods: b. internal air temperature of refrigerator was checked and recorded twice daily and logged .Frozen foods. a. internal air temperature of the freezer was checked and recorded twice daily and logged.</p> <p>A current policy and procedure titled Food Temperature Tray Line Recording was undated, provided by the Administrator on 7/1/25 at 12:35PM indicated .Temperatures of foods shall be recorded before being served for steam table. Food temperatures shall be checked at the end of cooking and only recorded once in steam table on the food temperature log .</p> <p>3.1-21(i)1</p> |  |  |