

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38239</p> <p>Based on observation, interview, and record review, the facility failed to ensure a care planned fall intervention was in place for 1 of 3 residents reviewed for Quality of Care. (Resident 12)</p> <p>Findings include:</p> <p>During an observation Resident 12 was observed in his room on 01/02/25 at 11:35 A.M. The resident was sitting on the side of his bed. The resident denied concerns with the environment and denied falling in the facility. There was pale yellow tape wrapped around the resident's call light. There were no non-skid strips on the resident's floor near his bed or anywhere else on his side of the room.</p> <p>The clinical record for Resident 12 was reviewed on 01/07/25 at 1:43 P.M. A Significant Change Minimum Data Set (MDS) assessment, dated 11/15/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, anemia, cirrhosis, diabetes, hypotension, and hypertensive heart disease. The resident had not experienced a fall since the last assessment.</p> <p>A Progress Note, dated 12/06/24 at 1:49 P.M., indicated the resident was found on the floor near his bed on 12/06/24 at 2:35 A.M. The resident did not remember what he was trying to do at the time. The resident was experiencing weakness due a recent decline in health and was receiving hospice services. The resident was not injured. An intervention to place non-skid strips on the floor beside the resident's bed was to be implemented. The resident's care plan was updated to include the intervention.</p> <p>A Progress Note, dated 12/16/24 at 11:47 A.M., indicated the resident experienced a fall on 12/13/24 at 5:31 P.M. The resident was incontinent and attempted to go to bathroom without assistance. The resident was not injured. The resident's call light was in reach, his bed was in the lowest position, and he had proper footwear on. There was no mention of any non-skid strips on the floor near the resident's bed. An intervention to place florescent tape on the resident's call light was implemented.</p> <p>A Progress Note, dated 1/06/25 at 3:53 P.M., indicated the resident experienced a fall on 01/05/25 at 2:02 A. M. The resident was attempting to get out of bed to go to the bathroom and fell . The resident was not injured. An intervention to ensure the resident's bed was in the lowest position while he was in bed was implemented.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/08/25 at 9:53 A.M., Certified Nurse Aide (CNA) 7 indicated the resident hadn't had any falls recently that she was aware of. He had a cane, but he didn't like to use it. They would put non-skid socks on his feet, and he would just take them off.</p> <p>The resident's room was observed with the Assistant Director of Nursing (ADON) on 01/09/25 at 2:50 P.M. There were no non-skid strips on the floor near the resident's bed. The ADON indicated the resident was supposed to have non-skid strips on the floor, she remembered when they discussed the intervention.</p> <p>The resident's Fall Care Plan was provided by the Director of Nursing (DON) on 01/09/25 at 3:05 P.M. The care plan indicated an intervention was initiated on 12/06/24 to place non-skid strips on the floor by the resident's bed.</p> <p>The current facility policy, titled GUIDELINES FOR INCIDENTS/ACCIDENTS/FALLS, dated 06/30/23, was provided by the DON on 01/09/25 at 3:05 P.M. The policy indicated, .All falls will have a site investigation .to define root cause of the fall .Each fall needs a new care plan interventions rolled out .</p> <p>3.1-37(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>34232</p> <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on interview, observation, and record review, the facility failed to identify pressure ulcers in a timely manner for 1 of 3 residents reviewed for pressure ulcers. (Resident 10)</p> <p>Findings include:</p> <p>During an interview on 01/02/25 at 12:45 P.M., Resident 10 indicated she had a wound on her right elbow and a wound on the right side of her right thigh above her knee. The resident pulled up her pant leg to reveal an uncovered nickel size wound that had a reddened defined edge and was two to three millimeters deep. She indicated it was from her leg rubbing on the arm rest support on her wheelchair when she propelled herself. The resident had limited mobility in her right arm.</p> <p>During an interview on 01/08/25 at 10:28 A.M., the Assistant Director of Nursing (ADON) indicated the CNAs reported any redness or alterations in skin integrity on the shower sheets or, if they noticed areas when they were providing care for residents, they would notify the nurse on duty. When a wound was identified, the nurse should complete a wound assessment in the computer, even for areas of redness. The wound evaluations would include all of the resident's wounds. The wounds should be assessed, and the assessment should be documented weekly until the wounds were healed.</p> <p>During an interview on 01/09/25 at 10:19 A.M., the resident indicated the staff helped her to change her clothes. They cleaned her wounds when she got a shower twice a week. They had already changed the dressing on her elbow that day. They had a pillow they wanted her to use under her elbow. The pillow was nowhere in sight and the resident did not know where it was. She had gotten the pillow after the wound was found on her elbow.</p> <p>During an interview on 01/09/25 at 10:31 A.M., Certified Nurse Aide (CNA) 2 and CNA 3 indicated it took two staff members to assist the resident on and off the toilet. The resident's left leg had a metal rod in it and was always straight. They changed her clothes every morning. The resident needed help getting dressed. She used to be able to put her own shirt on but had declined and needed staff assistance with dressing for the last six months.</p> <p>During an interview on 01/09/25 at 2:34 P.M., the ADON indicated the resident's wound on her elbow, a pressure ulcer, was first observed on 12/24/24. It was unstageable (obscured full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough, non-viable yellow, tan, gray, green or brown tissue; usually moist, can be soft, stringy and mucinous in texture, or eschar, dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like). It was dark and scabbed initially. This resident had progressed quite quickly with her wounds. Yesterday they found a new area on her right thigh, and it was scabbed. They determined the wound on her thigh was caused by rubbing on the wheelchair. They tried to put a pillow under her right arm after the wound developed but the resident indicated it kept falling out and the ADON felt it was an infection control issue. The thigh wound was being treated with Medihoney. The elbow was being treated with Santyl, a debriding medication. The elbow had slough on the wound bed the day before. Both of the wounds, the thigh and the elbow, had depth. The wounds should have been noticed before they were unstageable. The resident's clothes were changed daily, and she was toileted frequently.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The dressing change to the resident's right elbow and right thigh were observed on 01/09/25 at 11:00 A.M., with RN 8. The right elbow wound was the size of a nickel with a red border. The wound bed was covered in slough and approximately three millimeters deep. The RN indicated they were treating it with Medihoney. The right thigh wound was the size of a dime with a red border. One third of the wound bed was covered in yellow slough. Two thirds were covered with a dark red/black scab. The RN indicated they were treating it with Santyl.</p> <p>The clinical record was reviewed on 01/06/25 at 12:20 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 12/12/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, diabetes, anxiety, and depression. The resident was at risk for pressure ulcers but had no unhealed pressure ulcers.</p> <p>The Weekly Wound Evaluation record for the wound on the resident's right elbow was provided by the ADON on 01/08/24 at 4:12 P.M. The record indicated the resident's wound was first identified on 12/24/24, was unstageable and measured 1 centimeter (centimeter) x (by) 1.5 cm x 0.25 cm. The wound had a small amount of thick sanguineous (pale red to pink) drainage. The wound bed was 100% covered in necrotic (dead) black tissue. The wound edges were red and defined. The current preventative interventions included a pressure redistribution mattress and a wheelchair cushion.</p> <p>The Braden Scale For Predicting Pressure Sore Risk, with an effective date of 12/08/24, was provided by the Director of Nursing (DON) on 01/09/25 at 3:05 P.M. The record indicated the resident's score was 16 and was categorized as being at Low Risk for developing pressure sores.</p> <p>The current GUIDELINES FOR PREVENTION/TREATMENT OF PRESSURE INJURIES policy, dated 10/09/23, was provided by the DON on 01/09/25 at 4:30 P.M. The policy indicated, .based on resident assessment, the facility will ensure .A resident receives care, consistent with professional standards of practice; to prevent pressure ulcers .A Risk Assessment is considered the starting point for prevention of pressure injury .It is important to note and at risk resident can develop a pressure injury within hours of the onset of pressure. For this reason, the at risk resident must be identified, and have specific interventions put promptly in place and care planned in an effort to prevent formation of a pressure injury .</p> <p>3.1-40(a)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>34232</p> <p>Based on record review and interview, the facility failed to treat a resident for a Urinary Tract Infection (UTI) in a timely manner for a resident who had a history of UTIs for 1 of 6 residents reviewed for UTIs. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 01/06/25 at 12:37 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 11/01/24, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, cancer, septicemia, and the resident had a UTI in the last 30 days. The resident had received intravenous (IV) medications.</p> <p>The INFECTION CONTROL LOG for October and December 2024, were provided by the Director of Nursing (DON) on 01/09/25 at 4:05 P.M., and indicated the resident received the following antibiotics for UTIs:</p> <ul style="list-style-type: none"> - Meropenem IV, four times a day for 12 days, with a start date of 10/27/24 and a resolved date of 11/08/24, and - Macrobid 100 milligrams, twice a day for 14 days, with a start date of 12/16/24, and a resolved date of 12/30/24. <p>The Order Details record, dated 12/06/24, was provided by the DON on 01/09/25 at 4:05 P.M., and indicated the Medical Director had ordered the facility to obtain a urine specimen for a Urinalysis/Culture and Sensitivity (UA/C&S) related to the resident having an increase in behaviors. The order was put in the Electronic Health Record with a start date of 12/08/24, and an end date of 12/09/24.</p> <p>The Lab Results Report, dated 12/13/24, was provided by the DON on 01/09/25 at 4:05 P.M., and indicated the urine sample was collected on 12/08/24, received by the lab on 12/09/24, and reported on 12/13/24 at 4:32 P.M. The resident's urine sample tested positive for Escherichia coli and Extended-spectrum beta-lactamase (ESBL).</p> <p>The Electronic Medication Administration Record for December 2024, indicated the resident had a urine specimen collected for a UA/C&S on 12/08/24. The resident was not started on an antibiotic for a UTI until 12/16/24 on night shift, eight days later.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/09/25 at 1:35 P.M., the Assistant Director of Nursing (ADON) indicated she writes the order to collect the urine sample the night before the lab was scheduled to pick up specimens on Mondays. For a UA sent on a Monday, the facility should have the results back by Wednesday evening at the latest. The lab results are sent back to the facility at any time of the day. If she doesn't receive the results she would call the lab. When the facility received the lab results, they contact the doctor. When they get the order from the doctor, the resident should be started on the medication within six hours. The facility staff can contact the doctor on the weekends. The resident was sent out to the hospital recently. She was lethargic, had a UTI, she had ESBL, and was in kidney failure. She came back to the facility on IV antibiotics. The facility can call the Infectious Disease Nurse Practitioner (ID NP) anytime of the day or night, even on the weekends. The Medical Director will often have the facility staff call the ID NP for infections and ordering antibiotics.</p> <p>During an interview on 01/09/25 at 1:48 P.M., the ADON indicated the resident should have been started on an antibiotic sooner for the UTI she had in December.</p> <p>During an interview on 01/09/25 at 4:05 P.M., the DON indicated they had issues with the Lab recently. The resident's lab order was dated 12/06/24. The lab comes on Mondays, so the specimen would have been collected on Sunday, the 8th, and the lab would have picked it up on the 9th. In her professional opinion, between the lab taking a long time and the MD and NP, she did not feel it was best practice to wait to treat the resident for the UTI for that many days.</p> <p>The current undated Change in Resident's Condition or Status policy was provided by the ADON on 01/09/25 at 2:24 P.M. The policy indicated, .The nurse will notify the resident's attending physician when . Any result of a specifically ordered diagnostic test/evaluation that is outside normal parameters .If the resident's physician does not respond to calls of a resident condition status change, the facility Medical Director will be notified to obtain orders, and this will be documented .</p> <p>The current GUIDELINES FOR OBSERVING AND IMPLEMENTING - RESIDENT RIGHTS policy, dated 07/12/23, was provided by the ADON on 01/09/25 at 2:24 P.M. The policy indicated, .Residents are to have their well-being and self-esteem and self-worth enhanced during all care and services interactions .</p> <p>This citation relates to Complaint IN00447592 .</p> <p>3.1-41(a)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>38239</p> <p>Based on record review and interview, the facility failed to follow the physician's orders related to medication administration parameters for cardiac medications for 2 of 6 residents reviewed for medications (Residents 12 and 29)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 12 was reviewed on 01/07/25 at 1:43 P.M. A Significant Change Minimum Data Set (MDS) assessment, dated 11/15/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, anemia, cirrhosis, diabetes, hypotension, and hypertensive heart disease.</p> <p>The resident's current physician's orders included an open-ended order, with a start date of 11/21/24, for midodrine (a medication used to treat low blood pressure) 5 milligrams three times a day (8:00 A.M., 11:00 A.M., and 4:00 P.M.). The special instructions indicated the medication was to be held for a systolic blood pressure (sbp) > (greater than) 130 or a diastolic blood pressure (dbp) > 90.</p> <p>The November and December 2024 and January 2025 Electronic Medication Administration Record (EMAR) indicated the resident had received the medication when the systolic blood pressure was greater than 130 or the diastolic blood pressure was greater than 90 on the following dates and times:</p> <ul style="list-style-type: none"> - On 11/21/24, the 11:00 A.M. blood pressure was 146/79, - On 11/23/24, the 11:00 A.M. blood pressure was 159/80, - On 11/24/24, the 4:00 P.M. blood pressure was 148/82, - On 11/27/24, the 4:00 P.M. blood pressure was 135/74, - On 11/30/24, the 4:00 P.M. blood pressure was 138/74, - On 12/05/24, the 4:00 P.M. blood pressure was 134/74, - On 12/06/24 the 8:00 A.M. blood pressure was 158/85, the 11:00 A.M. blood pressure was 158/85, and the 4:00 P.M. blood pressure was 140/89, - On 12/09/24, the 11:00 A.M. blood pressure was 152/69, - On 12/10/24, the 4:00 P.M. blood pressure was 136/68, - On 12/24/24, the 8:00 A.M. blood pressure was 146/69, the 11:00 A.M. blood pressure was 152/71, and the 4:00 P.M. blood pressure was 135/75, - On 12/28/24, the 11:00 A.M. blood pressure was 144/62, <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 12/29/24, the 11:00 A.M. blood pressure was 155/73,</p> <p>- On 01/01/25, the 4:00 P.M. blood pressure was 152/68,</p> <p>- On 01/02/24, the 11:00 A.M. blood pressure was 140/80,</p> <p>- On 01/04/24, the 8:00 A.M. blood pressure was 139/100, and</p> <p>- On 01/07/24, the 11:00 A.M. blood pressure was 136/74 and the 4:00 P.M. blood pressure was 140/74.</p> <p>During an interview on 01/09/25 at 1:42 P.M., Licensed Practical Nurse (LPN) 6 indicated some medication orders included administration parameters. Sometimes a medication was to be held if the resident's blood pressure or pulse was too low or too high. She would check the resident's blood pressure and if it was out of range, she would not administer the medication. She would mark held on the EMAR and put in a progress note that indicated why the medication was held.</p> <p>34232</p> <p>2. The clinical record for Resident 29 was reviewed on 01/06/25 at 12:01 P.M. An Annual MDS assessment, dated 12/05/24, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, dementia, depression, and hypertension.</p> <p>The resident's current physician's orders included an open-ended order, with a start date of 09/12/24, for Metoprolol 25 mg, give one tablet two times a day (8:00 A.M. and 5:00 P.M.) for hypertension. The medication was to be held for a heart rate (HR) of less than 60.</p> <p>The October, November, and December 2024, EMAR was provided by the Director of Nursing on 01/09/25 at 4:30 P.M., and indicated the resident had received the medication when the HR was less than 60 on the following dates and times:</p> <p>- On 10/03/24, the 8:00 A.M. HR was 55,</p> <p>- On 10/08/24, the 8:00 A.M. HR was 55,</p> <p>- On 11/13/24, the 5:00 P.M. HR was 50,</p> <p>- On 11/15/24, the 5:00 P.M. HR was 54,</p> <p>- On 11/18/24, the 8:00 A.M. HR was 58,</p> <p>- On 11/26/25, the 5:00 P.M. HR was 56, and</p> <p>- On 12/11/24, the 5:00 P.M. HR was 51.</p> <p>A Care Plan, with an initiated date of 12/29/23, indicated the resident was at risk for elevated blood pressure related to a diagnosis of hypertension. The interventions included, but were not limited to, administer medications as ordered by the physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The current MEDICATION ADMINISTRATION policy, dated February 2017, was provided by the Assistant Director of Nursing on 01/09/25 at 2:45 P.M. The policy indicated, .Review the resident's Medication Administration Record .Read each order entirely .Read and follow special instructions .Obtain and record any vital signs as necessary prior to medication administration .</p> <p>3.1- 48(a)(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33613</p> <p>Based on observation and interview, the facility failed to follow appropriate guidelines related to the use of hairnets in the kitchen for 2 of 3 staff observed for food procurement. (Dietary Aides 4 and 5)</p> <p>Findings include:</p> <p>During a tour of the kitchen on 01/08/25 at 11:38 A.M., Dietary Aide (DA) 4's hairnet was on the back of her head with three inches of her bangs exposed while she was in the food preparation area.</p> <p>During an observation on 01/09/25 at 9:23 A.M., DA 4 was pushing a hall tray food cart out the kitchen door, three inches of her bangs were not covered by her hairnet.</p> <p>During a kitchen observation on 01/09/25 at 1:16 P.M., DA 4 had three inches of her bangs that were not covered by her hairnet and DA 5 had two inches of her hair around her face that was not covered by her hairnet.</p> <p>During an interview on 01/09/25 at 1:19 P.M., DA 4 indicated hairnets should cover the entire head and all their hair.</p> <p>The current Hair Restraints policy, dated 2017, was provided by the Assistant Director of Nursing on 01/09/25 at 2:34 P.M. The policy indicated, .Staff shall wear hair restraints in all food preparation, dishwashing, and serving areas.</p> <p>3.1-21(i)(3)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Waters of Rising Sun, The		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rio Vista LN Rising Sun, IN 47040	
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 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33613</p> <p>Based on observation, interview, and record review, the facility failed to provide at least 80 sq (square) ft (feet) per resident for 2 of 28 resident rooms. (rooms [ROOM NUMBERS])</p> <p>Findings include:</p> <p>Review of the facility documentation of room size certification, provided by the Administrator, on 01/03/25 at 11:15 A.M., indicated the following room sizes, as observed on facility tour, provided less than 80 square feet per resident:</p> <p>1. room [ROOM NUMBER], SNF/NF (Skilled Nursing Facility/Nursing Facility), was 217 sq ft, had the capacity for 3 beds, and equaled 79.3 sq ft per resident.</p> <p>During an observation of room [ROOM NUMBER] on 01/09/25 at 1:20 P.M., each resident had adequate space to move about the room and store their belongings. The room measurements were confirmed.</p> <p>2. room [ROOM NUMBER], SNF/NF, was 224 sq ft, had the capacity for 3 beds, and equaled 74.6 sq ft per resident.</p> <p>During an observation of room [ROOM NUMBER] on 01/09/25 at 1:21 P.M., each resident had adequate space to move about the room and store their belongings. The room measurements were confirmed.</p> <p>These room sizes were verified by the Administrator on 01/09/25 at 1:15 P.M.</p> <p>During an interview on 01/09/25 at 1:15 P.M., the Administrator indicated she would only use the beds as a last option and would like to continue the room waiver.</p> <p>3.1-19(l)(2)(A)</p> <p>3.1-19(l)(3)</p> <p>3.1-19(l)(8)</p>		