STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155483	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Rising Sun, The	405 Rio Vista LN Rising Sun, IN 47040

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, and record review, the facility failed to ensure a resident that self-administered medications was appropriately assessed for self-administration prior to being left alone to administer the complete breathing treatment for 1 of 5 residents observed for medications. (Resident B)Findings include:During an observation on 02/26/2026 at 9:24 A.M., Resident B was in her room sitting up in her bed. Licensed Practical Nurse (LPN) 4 obtained the resident's blood pressure, heart rate, and oxygen saturation level. The nurse placed the nebulizer medication in the reservoir of the nebulizer, held the mask to the resident's face, and placed the straps to hold the mask around the back of the resident's head. The nurse turned the nebulizer on to start the breathing treatment and left the room. During an interview, on 03/02/2026 at 10:40 A.M., the Director of Nursing (DON) indicated there were no residents in the facility that self-administered medications.During an interview, on 03/03/2026 at 1:09 P.M., LPN 5 indicated if a resident received nebulizer breathing treatments the nurse should listen to the resident's lung sounds and obtain vital signs before and after the treatment. The resident shouldn't be left alone during the treatment. The lung sounds and vital signs were documented in the Electronic Medication Administration Record (EMAR). The resident's clinical record was reviewed on 02/26/2026 at 2:35 P.M. An Annual Minimum Data Set (MDS) assessment, dated 12/08/2025, indicated the resident was moderately cognitively impaired. The resident's diagnoses included but were not limited to dementia (mental decline) and Chronic Obstructive Pulmonary Disease (COPD - a progressive, inflammatory lung disease characterized by long-term, irreversible airway obstruction that makes breathing difficult). The resident's current physician's order, with a start date of 02/23/2026, indicated Resident B was to be administered Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) milligrams (mg) four times a day for wheezes, for three days. The resident's record lacked a physician's order to self-administer medications and a medication self-administration assessment. The current facility policy, titled SELF-ADMINISTRATION OF MEDICATIONS BY RESIDENTS, with a print date of July 2024, was provided by the DON on 03/03/2026 at 2:05 P.M. The policy indicated, .Self-administration medications will be encouraged if it is desired by the resident, safe for the resident and other residents of the facility, ordered by the attending physician, and approved by the Interdisciplinary Team.The current facility policy, titled TEN RIGHTS FOR ADMINISTRATION OF MEDICATIONS with a print date of July 2024, was provided by the DON on 03/03/2026 at 2:05 P.M. The policy indicated, .The right assessment: certain medications require monitoring prior to and after administration.This citation relates to intake 2790710. 410 IAC (Indiana Administrative Code) 16.2-3.1-11(a)

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review and interview, the facility failed to notify the physician of a change in resident's condition related to blood glucose levels for 1 of 15 residents reviewed for notification of change. (Resident 12) Findings include: The clinical record for Resident 12 was reviewed on 03/02/2026 at 9:54 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 11/21/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, end stage renal disease, anemia, heart failure, hypertension, diabetes, anxiety, and depression. An open-ended physician's order, with a start date of 09/26/2025, indicated the resident was to take Humalog (an insulin medication) per the sliding scale and the physician was to be notified if the resident's blood glucose level was greater than 400. The clinical record lacked indication that the physician was notified on the following dates and times when the resident's blood glucose was greater than 400:-On 01/29/2026 at 8:00 P.M., when the resident's blood glucose was 459, -On 01/31/2026 at 8:00 P.M., when the resident's blood glucose was 473, -On 02/18/2026 at 11:00 A.M., when the resident's blood glucose was 481, and -On 02/25/2026 at 11:00 A.M., when the resident's blood glucose was 474. During an interview, on 03/03/2026 at 10:30 A.M., RN 3 indicated if she needed to notify the physician related to resident medications, she would call them or notify them in their facility communication system. She would then document in a progress note that the physician was notified. The current facility policy titled, Guidelines for Notification of Change in Resident's Condition/Status/Treatment dated 06/29/2024, was provided by the Director of Nursing on 03/03/2026 at 2:53 P.M. The policy indicated, .It is the intent of the facility to ensure that the resident, their attending physician, and the resident's Responsible Party/POA are notified of changes in the resident's condition, status, or treatment. This notification will be done promptly in order to obtain any orders needed for appropriate treatment and/or monitoring related to the change-as well to promote the RESIDENT RIGHTS related to the right to make choices about treatment and care preferences.410 IAC (Indiana Administrative Code) 16.2-3.1-5(a)(3)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately documented a resident's diagnoses (Resident 17) and a resident's discharged location (Resident 55) for 2 of 15 residents reviewed accuracy of assessments.Findings include:1.The clinical record for Resident 17 was reviewed on 02/26/2026 at 10:38 A.M. The Medications section of the resident's Quarterly MDS assessment, dated 12/31/2025, indicated the resident received insulin, antianxiety, and antidepressant medications during the assessment review period. The Active Diagnoses section of the assessment indicated the resident did not have the current diagnoses of diabetes, anxiety, or depression. The December 2025 Electronic Medication Administration Record (EMAR) indicated the resident received the following medications daily during the assessment review period: - Basaglar (a long-acting insulin), inject 20 units subcutaneously at bedtime for diabetes, - Humalog (a short-acting insulin), inject subcutaneously four times a day based on a sliding scale for diabetes,- Alprazolam, give 1 milligram (mg) by mouth at bedtime for anxiety, and- Duloxetine, 60 mg by mouth one time a day for depression. During an interview, on 03/03/2026 at 2:30 P.M., the MDS Coordinator indicated the resident's diagnoses included, but were not limited to, diabetes, depression, and anxiety. The MDS assessment should reflect the resident's current diagnoses. 2. The clinical record for Resident 55 was reviewed on 03/02/2026 at 11:00 A.M. The resident was admitted to the facility on [DATE], from the hospital. A discharge assessment, dated 01/13/2026, indicated the resident had an unplanned discharge with a return anticipated, and discharged back to the hospital. A Progress Note, dated 01/13/2026 at 3:40 P.M., indicated at 3:30 P.M., the resident's family member approached the writer that she wanted to take the resident home and care for her there due to the resident's cognitive issues. The Administrator was made aware and spoke with the family member. The family member still wished to care for the resident at home. The family member was provided with Against Medical Advice (AMA) paperwork. The family member signed the paperwork. The resident's hospital discharge paperwork was also sent with the family member. During an interview, on 03/03/2026 at 10:32 A.M., the MDS Coordinator indicated the resident was not even there for a day. The resident left AMA with her daughter. When a resident left AMA then she would document in the MDS assessment that the resident went home. The resident's discharge MDS assessment should have indicated the resident went home. There was not a facility policy for completing MDS assessments. She would follow the Resident Assessment Instrument (RAI) manual. 410 IAC (Indiana Administrative Code) 16.2-3.1-31(c)(1)410 IAC (Indiana Administrative Code) 16.2-3.1-31(c)(8)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on record review and interview, the facility failed to follow a physician's order related to weight management for 1 of 2 residents reviewed for nutrition. (Resident 32)Findings include:The clinical record for Resident 32 was reviewed on 03/02/2026 at 1:17 P.M. An Annual Minimum Data Set (MDS) assessment, dated 01/14/2026, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension (high blood pressure) and diabetes. An open-ended physician's order, with a start date of 02/21/2025, indicated the resident was to be given Lasix (a water pill) as needed for weight gain greater than 3 pounds in a day and the physician was to be notified if the weight gain was greater than 3 pounds in 1 day or 5 pounds in one week. The order lacked a dosage amount. The January and February 2026 Electronic Medication Administration/Electronic Treatment Administration Record, indicated the resident had a weight gain of greater than 3 pounds on the following dates:-On 01/07/2026, the resident weighed 114.4 pounds and on 01/08/2026 the resident weighed 117.6 pounds, a 3.2 pound weight gain in one day, and- On 02/20/2026, the resident weighed 112.2 pounds and on 02/21/2026 the resident weighed 116.8, a 4.6 weight gain in one day. An open-ended physician's order, with a start date of 02/20/2025, indicated the resident was to be given Lasix 20 milligrams, as needed for a weight gain of more than 3 pounds in 1 day. The January and February 2026 EMAR/ETAR lacked documentation that the resident received the as needed Lasix medication on 01/28/2026 or 02/21/2026 when they had a weight gain of greater than 3 pounds in one day. During an interview, on 03/03/2026 at 10:30 A.M., RN 3 indicated resident daily weights would be document in the EMAR/ETAR and give medication per the physician's order. The current facility policy titled, Guidelines for Physician Orders-(Following Physician Orders) dated 06/18/2023, was provided by the Director of Nursing on 03/03/2026 at 2:20 P.M. The policy indicated, .It is the policy of the facility to follow the orders of the physician.410 IAC (Indiana Administrative Code) 16.2-3.1-46(a)(1)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on record review and interview, the facility failed to complete assessments before and following a resident's dialysis treatments for 1 of 1 resident reviewed for dialysis. (Resident 12)Findings include:The clinical record for Resident 12 was reviewed on 03/02/2026 at 9:54 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 11/21/2025, indicated the resident was cognitively intact. The resident's diagnosis included, but was not limited to, end stage renal disease (permanent, total, or near-total kidney failure). The resident received dialysis while a resident at the facility. During an interview, on 03/03/2026 at 10:26 A.M., RN 3 indicated the resident went to dialysis three days a week. Before the resident left for their dialysis treatments, the staff would obtain his weights and vital signs, document them on a communication form and send the form with the resident to dialysis. Once the resident returned, the facility staff would check the resident's vital signs again, review the communication form and place it in the Director of Nursing's box. The resident's clinical record lacked Dialysis Communication Forms for the resident on the following dates: 01/08/2026, 01/10/2026, 01/13/2026, 01/15/2026, 01/17/2026, 01/20/2026, 01/22/2026, 01/24/2026, 01/29/2026, 02/26/2026, and 02/28/2026.During an interview, on 03/03/2026 at 1:57 P.M., the MDS Coordinator indicated she had been overseeing the Dialysis Communication Forms since the beginning of February 2026. She was unable to find the missing forms, but they should have been completed and put in the resident's clinical record. The communication forms were to be filled out by facility staff and then the dialysis staff were to complete information on the form as well. The current, undated, facility policy titled, Community Hemodialysis was provided by the Director of Nursing on 03/03/2026 at 2:20 P.M. The policy indicated, .To ensure coordination of care for residents requiring hemodialysis in the community.A dialysis communication sheet will return with the resident after the dialysis session to communicate to the facility information regarding the dialysis session.410 IAC (Indiana Administrative Code) 16.2-3.1-37(a)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review and interview, the facility failed to follow physician orders related to medication administration for 1 of 13 residents reviewed for pharmacy services. (Resident C) Findings included:The clinical record for Resident C was reviewed on 03/02/2026 at 9:49 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 01/16/2026, indicated the resident was rarely/never understood. The resident's diagnoses included, but were not limited to, seizure disorder, glaucoma, and cerebral palsy. The resident received an opioid (pain) medication. The Nursing Progress Note, dated 11/13/2025 at 6:24 P.M., indicated Licensed Practical Nurse (LPN) 2 had prepared Resident C's 2:00 P.M. pain medication. The LPN accidentally prepared a Tramadol (pain medication) 50 milligrams (mg) for Resident C instead of the prescribed Oxycodone (pain medication) 5-325 mg. When staff were counting the medications in the medication cart at the end of the shift, the nurse realized a medication error was made. -An Interdisciplinary Team note, dated 11/13/2025 at 3:52 P.M., indicated the medication error was reviewed. The immediate intervention was for education to the nurse on medication administration. The Electronic Medication Administration Record (EMAR) for November 2025, indicated the resident had received their scheduled pain medication, Oxycodone 5-325 mg, on 11/13/2025 at 2:00 P.M. During an interview on 03/03/2026 at 1:29 P.M., the Director of Nursing (DON) indicated the resident received scheduled pain medication. LPN 2 was the nurse on duty on 11/13/2025. The nurse had prepared the Tramadol medication instead of the Oxycodone. The nurse did not give both medications. The family and the Nurse Practitioner (NP) were notified. The NP gave orders to monitor for any adverse reactions for 48 hours. The Assistant Director of Nursing (ADON) did immediate education with the nurse. The resident did not have a physician's order for Tramadol. The DON did not know which resident's tramadol medication the resident received. The current TEN RIGHTS FOR ADMINISTRATION OF MEDICATIONS policy, dated July 2024, was provided by the DON on 03/03/2026 at 2:05 P.M. The policy indicated, .The right resident .before preparing the medication, identify each resident according to .facility's policies and procedures .The right drug .verify each drug against the medication record .before administering. Verify in at least three ways, such as by the drug's size, shape, color, or label . This citation relates to intake 2790710. 410 IAC (Indiana Administrative Code) 16.2-3.1-25(b)(7).

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to maintain a residents' snack refrigerator related to unlabeled items for 1 of 1 resident snack refrigerator reviewed. (Pantry Snack Refrigerator)Findings include:The Pantry Snack Refrigerator was observed with the Assistant Director of Nursing (ADON) on 03/03/2026 at 2:10 P.M., and contained the following items:- A clear, half-gallon container of soup. A resident's name was written in marker on the lid, but the container was not dated, and - A brown fast-food bag with a box that contained a burger inside. A resident's nick name was written in marker on the bag, but the bag was not dated. During an interview, on 03/03/2026 at 2:12 P.M., the ADON indicated the items were brought into the facility by the residents' families. The food should be labeled with the resident's name and the date it was brought to the facility. The current, undated facility policy, titled Food Brought Into the Facility by Friends/Family/Others (Outside Sources) for Residents, was provided by the Director of Nursing on 03/03/2026 at 2:29 P.M. The policy indicated, .Foods or beverages brought in from the outside will be labeled and dated with the resident's name, room number and date the item was brought into the facility for consumption/storage.410 IAC (Indiana Administrative Code) 16.2-3.1-21(i)(3)

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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])Findings include:Review of the facility documentation of room size certification, provided by the Administrator, on 02/24/2025 at 11:18 A.M., indicated the following room sizes, as observed on facility tour, provided less than 80 square feet per resident:1. room [ROOM NUMBER], SNF/NF (Skilled Nursing Facility/Nursing Facility), was 202.5 sq ft, had the capacity for 3 beds, and equaled 67.5 sq ft per resident. During an observation of room [ROOM NUMBER] on 02/24/2026 at 11:20 A.M., each resident had adequate space to move about the room and store their belongings. The room measurements were confirmed.2. room [ROOM NUMBER], SNF/NF, was 209 sq ft, had the capacity for 3 beds, and equaled 69.6 sq ft per resident.During an observation of room [ROOM NUMBER] on 02/24/2026 at 11:22 A.M., each resident had adequate space to move about the room and store their belongings. The room measurements were confirmed.These room sizes were verified by the Administrator on 02/24/2026 at 11:25 A.M.During an interview on 02/24/2026 at 11:25 A.M., the Administrator indicated she would only use the beds as a last option and would like to continue the room waiver.410 IAC (Indiana Administrative Code) 16.2 - 3.1-19(l)(2)(A)410 IAC (Indiana Administrative Code) 16.2 -3.1-19(l)(3)410 IAC (Indiana Administrative Code) 16.2 -3.1-19(l)(8)