

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Waters of Scottsburg, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N Todd Dr Scottsburg, IN 47170	

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>Based on interview and record review, the facility failed to follow the physicians' orders related to medication hold parameters for 2 of 3 residents reviewed for Quality of Care. (Resident B and Resident D).</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 6/16/25 at 11:11 a.m. The resident's diagnosis included, but was not limited to, hypertension.</p> <p>The physician's order, dated 3/8/25, indicated the resident was to receive atenolol 25 mg (milligrams) daily at 8:00 a.m. for hypertension. The resident's medication was to be held for SBP (systolic blood pressure) less than 120.</p> <p>The April 2025 medication administration record (EMAR) indicated the resident received the atenolol when their SBP was less than 120 on the following dates:</p> <ul style="list-style-type: none"> - On 4/06/25, the resident's SBP was 112. - On 4/07/25, the resident's SBP was 118. - On 4/11/25, the resident's SBP was 118. - On 4/13/25, the resident's SBP was 109. - On 4/14/25, the resident's SBP was 115. - On 4/24/15, the resident's SBP was 102. - On 4/30/25, the resident's SBP was 89. <p>The May 2025 EMAR indicated the resident received the atenolol when their SBP was less than 120 on the following date:</p> <ul style="list-style-type: none"> - On 5/15/25, the resident's SBP was 98. <p>The June 2025 EMAR indicated the resident received the atenolol when their SBP was less than 120 on the following dates:</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 6/06/25, the resident's SBP was 111.</p> <p>- On 6/07/25, the resident's SBP was 110.</p> <p>During an interview, on 6/17/25 at 2:49 p.m., Licensed Practical Nurse (LPN) 6 indicated blood pressure medication should be held if the resident's blood pressure reading was out of the physician ordered parameters.</p> <p>On 6/17/25 at 1:48 p.m., Clinical Support provided a current copy of the document titled Medication Administration Guideline dated 1/25/19. It included, but was not limited to, Policy .Medications are administered as prescribed, in accordance with good nursing principles and practices .Procedure . Medications are administered in accordance with written orders of the physician</p> <p>2. The clinical record for Resident D was reviewed on 6/16/25 at 2:01 p.m. The resident's diagnosis included, but was not limited to, hypertension.</p> <p>The physician's order, dated 4/29/25, indicated the resident was to receive metoprolol 12.5 mg twice daily at 8:00 a.m. and 8:00 p.m. for hypertension. The resident's medication was to be held for SBP less than 120.</p> <p>The May 2025 EMAR indicated the resident received the metoprolol when their SBP was less than 120 on the following dates:</p> <p>- On 5/03/25 at 8:00 a.m., the resident's SBP was 118.</p> <p>- On 5/05/25 at 8:00 a.m., the resident's SBP was 111.</p> <p>The June 2025 EMAR indicated the resident received the metoprolol when their SBP was less than 120 on the following dates:</p> <p>- On 6/12/25 at 8:00 a.m., the resident's SBP was 118.</p> <p>- On 6/13/25 at 8:00 a.m., the resident's SBP was 119.</p> <p>3.1-37(a)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interview and record review, the facility failed to ensure a physician's order was in place for the administration of an additional dose related to anxiety medication for 1 of 3 resident's reviewed for pharmacy services. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 6/17/25 at 1:30 p.m. The resident's diagnosis included, but was not limited to, generalized anxiety.</p> <p>The care plan, dated 1/14/25, indicated the resident was at risk for anxiousness and to administer medications as ordered by the physician.</p> <p>The physician's order, dated 2/10/25, indicated the resident was to receive Lorazepam, 0.5 mg (milligrams) by mouth daily at bedtime (8:00 p.m.).</p> <p>Review of the May 2025 and June 2025 controlled drug records indicated the Lorazepam was administered on the following dates and times:</p> <ul style="list-style-type: none"> - On 5/05/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam twice a day (BID). - On 5/06/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. - On 5/12/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. - On 5/13/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. - On 5/14/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. - On 5/16/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. - On 5/19/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. - On 5/28/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. - On 6/09/25 at 8:00 a.m. and 8:00 p.m., the controlled drug records indicated the resident received the Lorazepam BID. <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The clinical record lacked documentation of a physician's order for the additional doses administered at 8:00 a.m. The May 2025 and June 2025 medication administration records lacked documentation of the additional doses administered.</p> <p>During an interview, on 6/17/25 at 2:49 p.m., Licensed Practical Nurse 6 indicated medications should not be administered without a physician's order in place.</p> <p>On 6/17/25 at 1:48 p.m., the Clinical Support provided a current copy of the document titled Medication Administration Guideline dated 1/25/19. It included, but was not limited to, Policy .Medications are administered as prescribed, in accordance with good nursing principles and practices .Procedure . Medications are administered in accordance with written orders of the physician</p> <p>3.1-25(b)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident (Resident E) received double portions, per the meal tickets, for 1 of 3 residents reviewed for dietary services.</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 6/16/25 at 2:20 p.m. The resident's diagnoses included, but were not limited to, Parkinson's disease and malignant neoplasm of the prostate.</p> <p>The physician's order, dated 10/10/24, indicated the resident was to receive double portions at all meals.</p> <p>During an observation of the lunch meal service, on 6/17/25 at 12:15 p.m., Resident E did not receive double portions.</p> <p>The resident's meal ticket/card, dated 6/17/25, indicated the resident was to receive double portions, in all capital letters, at the top of the ticket.</p> <p>During an interview, on 6/17/25 at 12:30 p.m., the Dietary Manager indicated the dietary staff should follow the meal tickets when serving meals.</p> <p>On 6/17/25 at 2:00 p.m., the Clinical Support provided a current, undated copy of the document titled Accuracy of Quality of Tray Line Service. It included, but was not limited to, Policy .All meals will be checked for accuracy .prior to serving the meal to the individual .Procedure .Accuracy of following the therapeutic diet extension .proper portion sizes</p> <p>This Citation relates to Complaint IN00461471</p> <p>3.1-21(b)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on observation, interview and record review, the facility failed to ensure snacks were provided and were available for residents for 6 of 6 residents reviewed for dietary services (Residents E, F, G, H, K and L). This deficient practice had the potential to affect 63 of 63 residents who consume food from the facility.</p> <p>Findings include:</p> <p>During an anonymous interview, from 6/16/25 to 6/17/25, Staff Member 5 indicated last week she bought coffee, doughnuts and a gallon of milk because the facility was out of snacks. It happened all the time. The nursing staff were always buying snacks because the dietary department would not provide food or drink items, half of the time; and the residents wanted snacks.</p> <p>During an anonymous interview, from 6/16/25 to 6/17/25, Staff Member 7 indicated it was normal for staff to purchase snacks for the residents as dietary almost never has any for them.</p> <p>During an interview with the Dietary Manager, on 6/16/25 at 10:15 a.m., she indicated they had been unable to get pasteurized eggs for the past four weeks due to a shortage. It was a first come, first serve for the residents depending on when you place your order. The facility was currently out of bread since they ran out that morning. The facility was currently out of oatmeal and coffee. The Dietary Manager indicated the items missing should be delivered today.</p> <p>On 6/16/25 between 10:05 a.m. and 11:00 a.m., there were no hydration or snack carts observed on any of the facility hallways.</p> <p>During an observation of the nourishment pantry room, on 6/16/25 at 10:20 a.m., with the Dietary Manager, the following was observed:</p> <ul style="list-style-type: none"> - There was no bread in the pantry - One small jar of peanut butter - One squeeze container of jelly - No oatmeal pies - Half a box of animal crackers and graham crackers - Multiple containers of apple sauce - One sandwich in the refrigerator with no resident's name - A small bag of deli meat with no date <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 6/17/25 at 9:00 a.m., Resident G indicated he had asked for a snack multiple times in the evening and was told by the facility staff, they did not have anything to give them. The resident indicated he was a diabetic and was suppose to have a bed time snack.</p> <p>During an interview, on 6/17/25 at 9:04 a.m., Resident F indicated he had purchased his own snacks because the facility was always running out.</p> <p>During an interview, on 6/17/25 at 10:00 a.m., Resident H indicated the facility wound run out of snacks a lot at night. They would have snacks for a short while and then have to tell the residents they were out and did not have any snacks to give them.</p> <p>During an interview, on 6/17/25 at 10:10 p.m., Resident L indicated he was only offered a snack 2 to 3 times a week when they have snacks to give. Most of the time the facility did not have any snacks to give to the residents.</p> <p>During an interview, on 6/17/25 at 11:52 a.m., Resident K indicated snacks served to the residents were hit and miss, mostly miss as the staff were not provided anything from dietary to serve the residents.</p> <p>During an interview, on 6/17/25 at 12:55 p.m., Resident E indicated he was supposed to get a sandwich for a snack every night. Half of the time he did not get it because the facility would run out and have nothing to give him.</p> <p>On 6/17/25 at 2:00 p.m., Clinical Support provided a current, undated copy of the document titled Between Meal Snacks. It included, but was not limited to, Policy .Between meal snacks are available for all patients/residents .Procedure .A variety of snacks of high nutritional value will be stocked in each service area by dining services .Snacks of lesser nutritional value will be stocked occasionally by dining services . Snacks designated for a specific resident are prepared by dining services, labeled with patient's/resident's name and time to be offered</p> <p>This Citation relates to Complaints IN00461471</p> <p>3.1-21(e)</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate assistive device related to a lip plate was in place, per the resident's plan of care, for 1 of 3 residents reviewed for assistive devices.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 6/16/25 at 11:11 a.m. The resident's diagnoses included, but were not limited to, vascular dementia and severe intellectual disorder.</p> <p>The physician's order, dated 3/8/25, indicated the resident was to receive a pureed consistent carbohydrate diet and to provide an inner lip plate (divided plate) at meals.</p> <p>The care plan, dated 4/16/23, indicated the resident was on a consistent carbohydrate pureed diet and to provide an inner lip plate for meals.</p> <p>During an observation, on 6/17/25 at 12:25 p.m., the resident was served his lunch meal in individual bowls.</p> <p>The resident's lunch meal ticket, dated 6/17/25, indicated the resident was to have an inner lip plate at meals.</p> <p>During an interview, on 6/17/25 at 12:30 p.m., the Dietary Manager indicated the dietary staff should have followed the resident's meal tickets when serving meals.</p> <p>On 6/17/25 at 2:00 p.m., the Clinical Support provided a current, undated copy of the document titled Accuracy of Quality of Tray Line Service. It included, but was not limited to, Policy .All meals will be checked for accuracy .prior to serving the meal to the individual .Procedure .Accuracy of following the therapeutic diet extension</p> <p>This Citation relates to Complaint IN00461471</p> <p>3.1-21(h)</p>		