STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155556	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters of Tipton Skilled Nursing Facility, The	300 Fairgrounds Rd Tipton, IN 46072

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on interview and record review, the facility failed to ensure the privacy and confidentiality of a resident's medical record was maintained for 1 of 3 residents reviewed for resident rights. (Resident C)Findings include:During an interview, on 5/26/26 at 10:25 a.m., Resident B's representative indicated he had received the medical records of Resident C, including a summary of episode, with his father's medical record. He was concerned the facility had included another resident's private information with his father's documents. The clinical record for Resident C was reviewed on 5/26/26 at 1:10 p.m. The diagnoses included, but were not limited to, chronic systolic congestive heart failure, dementia, and depression.A summary of episode notes, dated 5/1/26, indicated it was created by medical records on 5/1/26 at 3:19 p.m. It included, but was not limited to, the resident's date of birth , medical diagnoses, medications, and current care plan. During an interview, on 5/27/26 at 11:40 a.m., the Medical Records Director indicated requests for medical records must be made in writing. Once requested, she created the record on the computer. It was then reviewed and approved by management. Once reviewed, she printed the document. Once printed, it was prepared for the representative to pick it up. She tried to make sure there were no other documents in the packet, but multiple documents were printed on the same printer. If the printing of the medical record was interrupted for any reason, another printing request could have been printed within the original request. She attempted to go through the large document to make sure it did not contain other items, but it was very difficult to be sure. It was not supposed to have another resident's information in it. She did not know the facility's policy or process for providing a resident's information to an unapproved person.A current facility policy, titled Medical Records Request, dated 6/26/23 and provided by the ED (Executive Director) on 5/27/26 at 11:05 a.m., indicated .The facility shall ensure that any resident representative has the proper authorization to review.the resident's medical record.HIPPAA requirements will be maintained for medical records.A current facility policy, titled Resident Rights, undated and provided by the ADON (Assistant Director of Nursing) on 5/27/26 at 10:55 a.m., indicated .You have the right of privacy over your personal and clinical records.A current facility document, titled Your Rights and Protections as a Nursing Home Resident, undated and provided by the ED on 5/27/26 at 11:05 a.m., indicated .As a nursing home resident.you have the right to.have your personal information kept private. This citation relates to Intake 3016906. 410 IAC (Indiana Administrative Code) 16.2-3.1-3(o)

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