

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155573	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/09/2024
NAME OF PROVIDER OR SUPPLIER  Waters of Middletown Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 981 Beechwood Ave Middletown, IN 47356	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40287</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure food items were closed to air and contaminants, expired food was disposed of timely, and label food containers with the date opened and discard dates with the potential to affect 19 of 19 residents residing at the facility.</p> <p>Findings include:</p> <p>The facility kitchen was observed with the Kitchen [NAME] (KC) on [DATE] at 10:30 a.m. The dry storage area contained a bag of sugar in a box. The bag of sugar was open to air. There was an undated loaf of cinnamon bread, with mold visible through the packaging, present on the bread rack. The KC indicated the bag of sugar should not have been open to air and cinnamon bread had mold present and had been on the rack for around two weeks.</p> <p>The kitchen refrigerator was observed to have a container of cottage cheese with a use by date of [DATE], a large plastic bucket of hard-boiled eggs with no open date present, and three large bags of pre-mixed salad. One of the bags of pre-mixed salad was opened and half gone. The bags were dated as best by [DATE]. A box of prune juice had a date opened of [DATE]. A pitcher of unsweet tea had a preparation date of , d+[DATE]. A box of pasteurized eggs had a best by date of [DATE]. A bowl of chopped cucumbers was without a lid and no date and/or label. There were two containers of half and half, one was approximately half full, with a package date of [DATE] and there was no open date on the containers. A silver serving container covered in plastic wrap was dated ,d+[DATE] and discard by ,d+[DATE].</p> <p>During an interview on [DATE] at 10:50 a.m., the KC indicated the outdated items in the refrigerator should have been discarded. All items should have an open date when put into the refrigerator. All items put into the refrigerator should have lids and/or be sealed from air and dated. The items found to be outdated or undated should be thrown away.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 12:22 p.m., the Executive Director provided the Labeling and Dating policy, dated [DATE], which read, .Leftovers and open foods shall be clearly labeled with date food item is to be discarded. Food items to be labeled and dated include items prepared in house and food items that are opened and stored for later use .7-day self-life including date of preparation- label includes: a. Name of food item b. discard date . 30-day shelf life, usually applies to items that are shelf stable until opened- label includes: a. name of food item if not clearly identified on container b. Discard date . Discard date cannot exceed use by date stamped on product by manufacturer</p> <p>This citation relates to Complaint IN00441092.</p> <p>3XXX,d+[DATE](i)(2)</p> <p>3XXX,d+[DATE](i)(3)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>34850</p> <p>Based on observation, interview, and record review, the facility failed to ensure a homelike environment with residents' rooms that were not in good repair for 3 of 20 residents' rooms observed. (Residents' F, C and B)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 12/4/24 at 11:30 a.m. The diagnoses included, but were not limited to, dementia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 11/10/24, indicated Resident B was cognitively impaired.</p> <p>An observation was made of Resident B's room on 12/5/24 at 12:38 p.m. The windowsill was observed gouged and chipped.</p> <p>An interview was conducted with Resident B's Representative on 12/5/24 at 12:40 p.m. He indicated the room needed repairs. The windowsill had a gouge.</p> <p>2. The clinical record for Resident F was reviewed on 12/4/24 at 3:19 p.m. The diagnoses included, but were not limited to, dementia.</p> <p>A Quarterly MDS assessment, dated 10/14/24, indicated Resident F was cognitively intact.</p> <p>3. The clinical record for Resident C was reviewed on 12/4/24 at 3:25 p.m. The diagnoses included, but were not limited to, hypertension.</p> <p>An observation was made of Resident C and Resident F's room on 12/4/24 at 3:19 p.m. Resident C's side of room had scrapes and missing paint on back and side wall by an electrical outlet that was pulling away from the wall. Resident F's side of the room had a missing trim piece and a large yellow in color oblong shaped ring on the white ceiling.</p> <p>An environmental tour was conducted with the Executive Director (ED) on 12/9/24 at 1:53 p.m. Resident B's room was observed with gouged windowsill. Resident F and Resident C's room was observed with scrapes and missing paint on back and side walls by the electrical outlet of Resident C's side of the room. Resident F's side of the room was observed with a large oblong shaped yellow in color ring on the white ceiling and the trim was missing on the chair rail.</p> <p>An interview was conducted with Resident F on 12/9/24 at 1:55 p.m. She indicated the yellow ring on the ceiling had been there ever since she had been in the facility. She had been in the facility for approximately a year.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the ED on 12/9/24 at 2:00 p.m. The ED indicated the facility was currently going through remodeling of the building. She had spoken with the maintenance director and Residents' F, B and C's rooms were on his list for repairs, but he had not gotten to them yet.</p> <p>A homelike environment policy was provided by the ED on 12/9/24 2:15 p.m. It indicated the following, . Policy: It is the policy of the facility to ensure that the environment provided by the facility is safe, sanitary, functional and comfortable .23) All room contents to include clothes, furniture, devices, linens, bedspreads, privacy curtains, window coverings, wall hangings, wall paper and floors should be clean and in good repair.</p> <p>This citation relates to Complaint IN00440964.</p> <p>3.1-19(f)(5)</p>		