

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 01/29/2026
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview and record review, the facility failed to ensure a comprehensive plan of care was completed to address limited range of motion for 1 of 1 resident reviewed. (Resident 26) Findings include: During an observation, on 01/27/2026 at 8:56 AM with Assistant Director of Nursing (ADON), Resident 26 was sitting in common area in a Broda chair. Resident 26 had her eyes closed and had her head and chin tucked down and bent into her right shoulder without any support. Resident 26 denied any pain. Resident 26 was willing to shake her head yes or no. When asked to bring her head to her left shoulder, she was unable to bring her head to midline. During an observation, on 01/28/2026 at 8:45 AM, Resident 26 was sitting in a Broda chair in the common area with a pillow under her right side. Resident 26's chin and face were tucked into her right shoulder. Resident 26's record review began on 1/27/26 at 9:10AM. There was no documentation of decreased range of motion in her care plan. A discharge therapy note and evaluation, dated 3/25/25, indicated Resident 26 could straighten her neck to midline with assistance but was resistant. In an interview, on 01/27/2026 at 11:55AM, the Director of Nursing (DON) indicated the limited range of motion should have been in the care plan and the MDS coordinator would be contacted to address it. A current policy and procedure titled, Baseline Care Plan Assessment/Comprehensive Care Plans undated was provided by DON on 1/28/26 at 2:18PM. The policy indicated the comprehensive Care Plan will further expand on the resident's risks, goals and interventions using the person-centered Plan of Care approach for each resident that includes measurable objectives and timelines to meet the resident's medical, nursing, physical functioning, mental, and psychosocial needs. the Comprehensive Care Plan will include any specialized services or specialized rehab Services recommended to be provided. 3.1-35(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

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. Based on interview and record review, the facility failed to ensure behaviors were accurately recorded and managed for 1 of 3 residents reviewed (Resident B). Findings include: Resident B's record was reviewed on 1/27/25 at 10:52 AM. Diagnoses included dementia, moderate, with behavioral disturbance. Resident B's current quarterly Minimum Data Set (MDS) assessment, dated 12/26/2025, indicated their Basic Interview for Mental Status (BIMS) score was 14 (cognitively intact). The MDS indicated Resident B did not have any behavior occurrences in the last 7 days of the review period. Resident B's current care plan, titled sexually inappropriate behavior indicated the resident had a problem of sexually inappropriate touching and verbal remarks, with a goal date of 4/3/2026. Interventions included offering distraction techniques, evaluation of what the resident was trying to communicate with the behavior, redirection, assertive communication to cease behavior, and referrals for psychiatric evaluation. A behavior tracking form, dated 9/19/2025 at 7:00 AM, indicated Resident B had touched staff members in a sexual manner on their chests and buttocks during care. The form did not indicate any possible triggers. The form indicated redirection was provided. The form did not indicate whether the redirection had been effective. A progress note, dated 9/19/2025 at 5:50 AM, indicated no behavior issues had occurred. A Social Determinants of Health assessment, dated 9/19/2025 at 2:33 pm, did not address any behavioral issues. No additional progress notes dated around or on 9/19/2025 were available for review. A behavior tracking form, dated 9/25/2025 at 10:08 AM, indicated Resident B had a behavioral issue in his room. The form indicated a possible trigger was touching. The type and purpose of touching was not documented. The form did not indicate the behavior that had occurred. The form indicated the behavior was redirected and the resident was repositioned with improvement noted. A progress note, dated 9/25/2025 at 9:28 PM, indicated Resident B had not exhibited any behavior issues. No further progress notes dated 9/25/2025 were available for review. Treatment administration records (TAR), dated 9/2025, did not include shift monitoring for behavior issues. Behavior tracking on the TAR indicated a behavior had occurred on 10/25/2026, but no interventions were provided. The outcome recorded was ineffective. A progress note, dated 10/25/2025 at 10:56 AM, indicated no behavior issues had occurred. No other progress notes dated around or on 10/25/2025 were available for review. A behavior tracking form, dated 11/26/2025, indicated Resident B made sexually inappropriate remarks to a staff member with a trigger of getting up for breakfast. The form indicated toileting, redirection and a quiet environment were provided. The form did not indicate whether the interventions were successful. No progress notes for 11/26/2025 were available for review. Behavior monitoring tracking on the TAR indicated there were no behavior issues on 11/26/2025 on any shift. Behavior monitoring tracking on the TAR indicated a behavior issue occurred on the evening shift on 11/7/2025 with interventions and effectiveness recorded as not applicable. No progress notes, dated 11/7/2025, were available for review. The TAR indicated a behavior issue occurred on 11/30/2025 with zeros recorded in the interventions and effectiveness categories. No progress notes dated 11/30/2025 were available for review. A behavior monitoring form, dated 12/22/2025, indicated Resident B made inappropriate sexual remarks. Triggers were listed as unknown. The form indicated food, fluids and redirection were offered. Effectiveness was not addressed on the form. No progress notes, dated on or around 12/22/2025 were available for review. Behavior monitoring tracking in the TAR indicated no behaviors occurred on 12/22/2025. In an interview, on 1/28/2026 10:30 AM, Licensed Practical Nurse (LPN) 2 indicated upon the occurrence of a behavior, staff should intervene and record the behavior, interventions and their effectiveness and present the completed form to the Social Services Director (SSD). LPN 2 indicated nursing staff should record whether behavior issues occurred, interventions and effectiveness when applicable on the TAR each shift. She indicated progress notes were also used to record behaviors. In an interview, on 01/28/2026 10:33 AM, the SSD indicated when a behavior (continued on next page)		

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	occurred, staff should intervene, fill out a tracking tool and submit it to the Director of Nursing (DON) or the Assistant Director of Nursing (ADON). The SSD indicated she would upload the form into the computer after the team reviewed it. The SSD indicated the behavior forms should have all areas completed to ensure effective care plan interventions could be identified and communicated to staff. She indicated she did not know why the behavior forms were not fully completed. She indicated incomplete areas on the behavior forms did not allow staff to determine effective behavior interventions. The SSD indicated all paper and electronic records should contain consistent and matching information. A current policy, titled Guidelines for Behavior Management Meetings, undated, provided by the Administrator on 1/28/2026 at 2:01 PM indicated behavior management forms should be completed by nursing staff. The policy indicated the facility should use behavior documentation to determine the root cause of behaviors and provide appropriate interventions. The policy indicated nursing, social services, and mental health providers should participate in care plan development. A current policy, titled Guidelines for Behavior Management Meetings, undated, provided by the Administrator on 1/28/2026 at 2:01 PM indicated behavior management forms should be completed by nursing staff. The policy indicated the facility should use behavior documentation to determine the root cause of behaviors and provide appropriate interventions. The policy indicated nursing, social services and mental health providers should participate in care plan development. This citation is related to Intake 2721458.3.1-43(a)(1)		