STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. Building B. Wing	05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waldron Rehabilitation and Healthcare Center	505 N Main St Waldron, IN 46182

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to ensure documentation was complete and accurate, related to care-planned arguing between 2 of 6 residents reviewed for possible abuse allegations and for 1 of 5 residents reviewed for activities programming. (Resident C, Resident D, and Resident H) Findings include. 1. The clinical record of Resident C was reviewed on 5-27-25 at 11:06 a.m. Her most recent Minimum Data Set assessment, dated 4-12-25, indicated she was cognitively intact. An entry in the progress notes, on 5-12-25 at 6:05 p.m., indicated Resident C had fight with Resident H during supper, that brought one of them cussing and walked away. The documentation was unclear regarding what constituted a fight, if it was physical or verbal, who was cursing, the negative impact of the interaction, nor what actions were taken by facility staff during or after the interaction. The clinical record of Resident H was reviewed on 5-28-25 at 10:55 a.m. Her most recent Minimum Data Set assessment, dated 4-15-25, indicated she was cognitively intact. An entry in the progress notes, on 5-12-25 at 6:00 p.m., indicated Resident H had fight with Resident C during supper, that brought one of them cussing and walked away. The documentation was unclear regarding what constituted a fight, if it was physical or verbal, who was cursing, the negative impact of the interaction, nor what actions were taken by facility staff during or after the interaction. During an interview on 5-27-25 at 1:31 p.m. with the Director of Nursing (DON), she indicated the staff member who documented the interaction between Resident C and Resident H was a Registered Nurse (RN) for whom English was not his native language and his charting and wording and English can be a problem at times. The DON provided an example of a charting problem on a different resident where RN 3 was trying to say the resident was annoyed, but he documented the resident was annoying. During an interview with the Executive Director (ED) on 5-27-25 at 2:03 p.m., she indicated RN 3 does have broken English. (continued on next page)

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
	155704	A. Building B. Wing	05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waldron Rehabilitation and Healthcare Center	505 N Main St Waldron, IN 46182

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a phone interview with RN 3 on 5-28-25 at 11:40 a.m., he indicated English was his second language and sometimes had difficulty with wording in his chart documentation. He indicated on the date in question, the dietary staff had informed him they overheard Resident C and Resident H arguing with each other, as well as these two residents had a history of doing this type of behavior. The management team was aware of this, and it needed to be reported to Social Services. He indicated he sought advice from his co-workers and was informed he needed to report their behaviors to Social Services and document the event in the clinical record. He indicated from what he was aware of with these two residents, the arguing was a common behavior between both residents. During an interview with the DON and the ED on 5-28-25 at 11:40 a.m., the DON indicated she had worked with RN 3 quite a bit in regards to wording of documentation. For example, I addressed with him using the phrase a resident's actions were annoying to him, when what he meant was the resident had been annoyed. He is normally very good to reach out to me or his co-workers for clarification of terminologies. We review all documentation each morning in our morning meeting to review any care or resident issues . I would say the term, 'fight,' would not be the most accurate word to use for their interaction. The ED indicated both residents were care planned for bickering with one another. She indicated when she spoke with Resident C the next day, Resident C indicated Resident H was wanting to become verbal, so she [Resident C] chose to just walk away. She did say that she did mumble curse words while she was walking down the hall, but definitely did not yell or curse out loud. There was no physical contact with anyone. In an interview with Resident C on 5-27-25 at 10:30 a.m., she indicated she had no concerns for abuse of any kind. She added there are times that some people may have words, but then end up being friends again, just like family. In an interview with Resident H on 5-28-25 at 1:50 p.m., she indicated she had no concerns related to any type of abuse at the facility. Resident H indicated there were times that she and a peer have words one day and get upset with each other, just like with family, but the next day, everything is fine. 2. The clinical record for Resident D was reviewed on 5/27/2025 at 1:45 p.m. The medical diagnoses included major depressive disorder and diabetes. A Quarterly Minimum Data Set assessment, dated 3/7/2025, indicated Resident D was cognitively intact and did not reject care. Documented activities for Resident D indicated she did not have documented activities for 7 out of the last 30 days provided. During an interview on 5/27/2025 at 12:01 p.m., Resident D indicated the facility had issues with maintaining activities. Resident D indicated she would attend every activity when it was available. During an interview on 5/28/2025 at 12:15 p.m., the ED indicated the activities staff were responsible for providing and documenting activities to residents. During an interview on 5/28/2025 at 12:45 p.m., the Activities Director indicated residents were provided with passive activities every day and interactive most days. She indicated Resident D comes to almost every activity unless she was out with her family, at an appointment, or not feeling well. It was the responsibility of the activities staff to document activities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155704	A. Building B. Wing	05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waldron Rehabilitation and Healthcare Center	505 N Main St Waldron, IN 46182

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A policy entitled, Charting and Documentation, was provided by the ED on 5/28/2025 at 12:56 p.m. The policy indicated . Documentation in the medical record will be objective (not opinionated or speculative), completed and accurate . This citation relates to Complaints IN00459780 and IN00459777. 3.1-50(a)(1) 3.1-50(a)(2)