

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2025
NAME OF PROVIDER OR SUPPLIER Waldron Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on interview and record review, the facility failed to properly ensure treatment of a urinary tract infection was completed for 1 of 3 residents reviewed for identification and treatments of urinary tract infections. (Resident D) Findings include: The clinical record for Resident D was reviewed on 8/19/2025 at 1:45 p.m. The medical diagnoses included stroke and urinary tract infection. A Quarterly Minimum Data Set assessment, dated 7/20/2025, indicated Resident D was cognitively impaired, always incontinent with bladder, and needed substantial to maximal assistance with toileting hygiene. An activity of daily living care plan, revised 5/21/2025, indicated Resident D had issues with continence status with interventions were to assist with toileting and personal hygiene. Hospital discharge documentation, dated 8/6/2025, indicated Resident D was being treated for a urinary tract infection with Bactrim DS (an antibiotic) by mouth every 12 hours for the next five days. Later in that document, a new prescription was listed as Bactrim DS by mouth every 12 hours with a quantity of ten. A hospital after visit summary, dated 8/6/2025, indicated Resident D was diagnosed with a urinary tract infection, received two doses of intravenous antibiotics, and needed to take .this medication [antibiotic] for the next 5 days. Review of the Medication Administration Record for August 2025 indicated Resident D received eight doses of Bactrim DS over four days. During an interview on 8/19/2025 at 2:30 p.m., the Director of Nursing indicated Resident D had only received four days of antibiotics. A policy entitled, Physician Servers and Orders, was provided by the Administrator on 8/19/2025 at 3:00 p.m. The policy indicated . All physician orders will be followed as prescribed. This citation relates to Complaint 2581246.3.1-41(a)(2)</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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