

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Waters of Georgetown, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 Sister Barbara Way Georgetown, IN 47122	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to ensure Qualified Medication Aides did not sign off on treatments completed, outside the scope of practice, for 4 of 4 residents reviewed for medical records. (Residents D, E, F and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 5/15/25 at 3:33 p.m. The resident's diagnosis included, but was not limited to, a stage 4 Pressure ulcer (full-thickness tissue loss with exposure of bone, tendon, or muscle).</p> <p>The April and May 2025 treatment administration record indicated staff were to cleanse the resident's sacral wound with normal saline, apply collagen with normal saline fluffed gauze and cover with a bordered gauze twice daily at 10:00 a.m. and 10:00 p.m.</p> <p>The April and May 2025 treatment administration records indicated the treatment was signed as completed as follows:</p> <ul style="list-style-type: none"> - On 4/28/25 at 10:00 a.m., the resident's wound treatment was signed by Qualified Medication Aide (QMA) 9 - On 5/01/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 5 - On 5/02/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 9 - On 5/08/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 5 - On 5/09/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 9 <p>During an interview, on 5/15/25 at 3:00 p.m., Licensed Practical Nurse (LPN) 7 indicated the QMA's do not complete the treatments higher than a stage one. The nurse should sign off on the treatment once it was completed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Waters of Georgetown, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 Sister Barbara Way Georgetown, IN 47122	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 5/15/25 at 3:42 p.m., QMA 3 indicated if a wound was higher than a stage one, it was out of the QMA's scope of practice and the nurses would have to do them. If the nurse forgets to sign off the treatment record, he had signed the treatment as completed.</p> <p>2. The clinical record for Resident E was reviewed on 5/14/25 at 2:05 p.m. The resident's diagnosis included, but was not limited to, unstageable pressure area to the right buttock (a deep wound where the full-thickness tissue loss is obscured by slough or eschar).</p> <p>The May 2025 treatment administration record indicated staff were to cleanse the resident's right buttock with wound cleanser, apply collagen particles and cover with a bordered gauze twice daily at 10:00 a.m. and 10:00 p.m.</p> <p>The May 2025 treatment administration record indicated the treatment was signed as completed as follows:</p> <ul style="list-style-type: none"> - On 5/11/25 at 10:00 p.m., the resident's wound treatment was signed by QMA 10 - On 5/14/25 at 10:00 a.m., the resident's wound treatment was signed by QMA 9 <p>3. The clinical record for Resident F was reviewed on 5/15/25 at 6:13 p.m. The resident's diagnosis included, but was not limited to, a stage 3 pressure ulcer (Full-thickness skin loss with damage to subcutaneous tissue) to the sacral area.</p> <p>The May 2025 treatment administration record indicated staff were to cleanse the resident's wound with wound cleanser, apply collagen particles and cover with a hydrocolloid dressing every three days on night shift.</p> <p>The May 2025 treatment administration record indicated, on 5/9/25, QMA 3 signed the resident's wound treatment as completed.</p> <p>4. The clinical record for Resident H was reviewed on 5/15/25 at 5:40 p.m. The resident's diagnosis included, but was not limited to, a stage 3 pressure ulcer to the coccyx.</p> <p>Review of the May 2025 treatment administration record indicated staff were to cleanse the resident's wound with wound cleanser, pat dry, apply collagen powder and cover with a bordered gauze on night shift.</p> <p>The May 2025 treatment administration record indicated, on 5/9/25, QMA 10 signed the resident's wound treatment as completed.</p> <p>On 5/15/25 at 6:23 p.m., the Regional Director of Operations provided a current, undated copy of the document titled Qualified Medication Aide Scope of Practice. It included, but was not limited to, The QMA shall not document in a resident's clinical record any medication that was administered by another person</p> <p>https://www.in.gov Qualified Medication Aide Scote of Practice, included, but was not limited to, .apply topical medication to minor skin conditions such as .stage one decubitus ulcer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Waters of Georgetown, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 Sister Barbara Way Georgetown, IN 47122	

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 - Some	This Citation relates to Complaint IN00459207. 3.1-50(a)(2)