

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Waters of Peru Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 317 Blair Pike Peru, IN 46970	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on record review, observation and interview, the facility failed to ensure a resident who required thickened liquids was not given thin liquids for 1 of 1 residents reviewed for professional standards of care. (Resident 7)</p> <p>Finding includes:</p> <p>During a random observation, on 6/26/2025 at 11:35 A.M., R.N. 2 was observed to administer a soufflé cup of crushed medications mixed with pudding to Resident 7. After administering the medications, RN 2 asked Resident 7 if he wanted a drink of water. The resident did not respond verbally or physically to the nurses's question. Nurse 2 poured a small amount, approximately 60 ml (milliliters) of cold water into a cup and put it up to Resident 7's mouth. Resident 7 was observed drinking the water. He swished it around in his mouth for a few seconds and then swallowed it. Nurse 2 asked the resident if he wanted another drink of water. Resident 7 did not respond verbally or physically to the nurses' question. Nurse 2 again put the cup up to his mouth where he took a drink of the water and swished it around in his mouth and then swallowed it. She then took the resident down to the dining room for lunch.</p> <p>The record for Resident 7 was reviewed on 6/25/2025 at 1:25 P.M. Diagnoses included, but were not limited to paraplegia, dysphagia, diabetes, cerebral infarction, dysfunction of bladder and chronic kidney disease.</p> <p>Current Physician Orders' for Resident 7 included:- Diet: Pudding thick liquid.</p> <p>A Significant Change MDS (Minimum Data Set) assessment, dated 4/16/2025, indicated Resident 7 was severely cognitively impaired, and received a mechanically altered diet and was dependent on staff for all adl's (activities of daily living, including eating).</p> <p>During an interview, on 6/26/2025 mat 11:45 A.M., the Director of Nursing was made aware of the nurse not administering thickened liquids when she had given his medications. The Director of Nursing indicated they were going to order an x-ray of his chest to ensure he had not aspirated any of the unthickened water into his lungs.</p> <p>During an interview, on 6/27/2025 at 7:09 A.M., RN 2 indicated Resident 7's chest x-ray came back negative and provided a copy of the x-ray that had been obtained on 6/26/2025. Nurse 2 indicated she should have not given him the unthickened water and she did not know why she had given him unthickened water.</p> <p>On 6/27/2025 the Director of Nursing provided the policy titled, Thickened Liquids, dated 1/2025,</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and indicated the policy was the one currently used by the facility. The policy indicated . 5. d. Pudding-Thick - Not pourable; they hold their shape. Comparable to pudding and yogurt. They sit on the prong of a fork. They are consumed with a spoon. 6. The Nutrition services department will have pre thickened beverages and commercial thickeners available</p> <p>The Standards of Professional Nursing Practice are authoritative statements of the actions and behaviors that all registered nurses, regardless of role, population, specialty, and setting, are expected to perform competently. [4] These standards define a competent level of nursing practice based on the critical thinking model known as the nursing process.</p> <p>Article 2 of the Standards for the Competent Practice of Registered and Licensed Nurses indicated .</p> <p>Sec. 1. The registered nurse shall do the following:</p> <p>(1) Assess the patient/client in a systematic, organized manner.</p> <p>(2) Formulate a nursing diagnosis based on accessible, communicable, and recorded data which is collected in a systematic and continuous manner.</p> <p>(3) Plan care which includes goals and prioritized nursing approaches or measures derived from the nursing diagnosis.</p> <p>(4) Implement strategies to provide for patient/client participation in health promotion, maintenance, and restoration.</p> <p>(5) Initiate nursing actions to assist the patient/client to maximize his or her health capabilities.</p> <p>(6) Evaluate with the patient/client the status of goal achievement as a basis for reassessment, reordering priorities, new goal-setting, and revision of the plan of nursing care.</p> <p>(7) Seek educational resources and create learning experiences to enhance and maintain current knowledge and skills for his or her continuing competence in nursing practice and individual professional growth</p> <p>3.-35(g)(1)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation and interview, the facility failed to properly label over the counter medications for 1 of 2 medication carts observed for medication storage. (Memory Care unit)</p> <p>Finding includes:</p> <p>The medication cart for the Memory Care unit was observed on 6/27/2025 at 1:09 P.M. with QMA 4. The following was observed.</p> <ol style="list-style-type: none"> Resident 31 had 2 boxes of Chlorasepic lozenges, one opened and one sealed. There was no labeling for Resident 31's medication observed on the boxes. Resident 2 had the following over the counter medications without the proper labeling for identification: <ul style="list-style-type: none"> -One bottle of supplement of Lutein only had Resident 2's initials. -One bottle of B6 vitamins only had Resident 2's initials and an open date on the bottle. -One bottle of Stool Softner, 100 milligram capsules, only had Resident 2's initials on the bottle. -One bottle of Centrum vitamins only had Resident 2's first name on the bottle. -One bottle of Magnesium, 250 milligrams, only had Resident 2's initials on the bottle. -One bottle labeled Allergy Relief, 10 milligrams, only had Resident 2's initials on an open bottle and no identifying information on an unopened bottle. <p>During an interview, on 6/27/2025 at 1:22 P.M., QMA 4 indicated over the counter medication should have had the following identifying information on the bottles: the resident's first and last name, the pharmacy provider, the open date, the name of the drug, the strength of the drug and the directions for use.</p> <p>A policy was provided by the Executive Director, on 6/27/2025 at 1:36 P.M. The policy titled, Prescription Labels, indicated, .Medications are labeled in accordance with State and Federal law as well as facility requirements .5. a. Indiana law for nonprescription labeling requires the following: Resident name, Physician name, Expiration date, Name of drug and Strength</p> <p>3.1-25(j)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review and interview, the facility failed to ensure a urinary drainage bag was positioned in a sanitary manner for 1 of 1 resident reviewed for urinary catheter. (Resident 7)</p> <p>Finding includes:</p> <p>During an observation, on 6/24/2025 at 9:50 A.M. and 1:54 P.M., the covered urinary drainage bag for Resident 7 was observed touching the floor at the bedside.</p> <p>During an observation, on 6/27/2025 at 9:18 A.M., the covered urinary drainage bag for Resident 7 was observed touching the floor at the bedside.</p> <p>A record review for Resident 7 was completed on 6/25/2025 at 2:10 P.M. Diagnoses included, but were not limited to: paraplegia, pressure ulcer of sacral stage 3, retention of urine, neuromuscular dysfunction of bladder and chronic kidney disease.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 4/16/2025, indicated Resident 7 had severe cognitive impairment and had an indwelling urinary catheter.</p> <p>A Physician's Order, dated 1/15/2025 indicated a Suprapubic 20 French 10 milliliter balloon catheter for a neurogenic bladder.</p> <p>A Care Plan, initiated on 10/14/2021 and revised on 2/11/2025, indicated Resident 7 required the use of a suprapubic catheter for neurogenic bladder with urinary retention. The goal was for the catheter to be maintained per the care plan. Interventions included, but were not limited to: catheter care every shift and to maintain the urinary drainage bag below the bladder level to facilitate the flow of urine.</p> <p>During an interview, on 6/27/2025 at 9:50 A.M., CNA 3 indicated the covered catheter drainage bag should not have been touching the floor.</p> <p>A policy was provided by the Director of Nursing (DON), on 6/27/2025 at 11:42 A.M. The current policy titled, Catheters, indicated, .Further, that a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections</p> <p>3.1-41(a)(2)</p>		