

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER Waters of Lagrange Skilled Nursing Facility, The		STREET ADDRESS, CITY, STATE, ZIP CODE 787 N Detroit St Lagrange, IN 46761	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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, interview and record review, the facility failed to ensure medications were secured in locked environments when not directly attended for 32 of 71 residents residing in the facility. During an observation on 09/04/2025 11:56 AM the treatment cart and a medication cart on the southwest unit were both unlocked with no staff in the area. One resident was observed propelling her wheelchair in the immediate area of the carts. In an interview, on 09/04/2025 11:58 AM, Licensed Practical Nurse (LPN) 3 indicated the medication cart contained medications in pill and liquid forms and the treatment cart contained medication in liquid, cream and ointment forms. She indicated both carts should be locked when not attended to by staff. In an observation, on 09/04/2025 12:12 PM, the lock on the medication refrigerator in the medication room was not engaged. A vial of lorazepam liquid, a controlled substance was observed in the refrigerator. In an interview, on 09/04/2025 at 12:13 PM, LPN 3 indicated the lock on the refrigerator frequently did not fully engage and sometimes popped open. She indicated the refrigerator contained a controlled substance and should remain behind two locks when not attended, the refrigerator lock and the locked medication room door were the two locks. During an observation, on 09/05/2025 8:47 AM, the treatment cart on the south hall was unlocked. 3 residents were observed propelling their wheelchairs in the immediate area with no staff in the area. Registered Nurse (RN) 4 walked past the unlocked medication cart and went to a workstation about 20 feet away. In an interview, on 09/05/2025 at 8:48 AM, RN 4 indicated the cart contained liquid, cream and ointment medications and should be locked at all times when unattended. A current policy, titled Medication Administration Guidelines, undated, provided by the Administrator on 9/5/25 at 10:48 AM indicated carts containing medications should be locked when not directly attended to. 3.1-25(m)</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to ensure all opened food items were labeled and dated, expired food was discarded, and thermometers were properly maintained in cooled and frozen food storage areas in the kitchen. 71 of 71 residents residing in the facility were served food prepared in the kitchen. During an observation in the walk-in refrigerator, on 09/04/2025 9:28 AM, a Ziploc bag containing pink sliced meat had illegible markings on the package. A plastic sealed bag labeled ham had a date of 8/27/25. A thermometer on an upper shelf had a temperature of 16 degrees. No items in the refrigerator appeared frozen solid or had visible frost. In an interview, on 09/04/2025 9:30 AM, the Dietary Manager (DM) indicated opened items should be used within 3 days or discarded. She indicated the thermometer did not appear to have an accurate reading and replaced the thermometer. In an observation in the walk-in freezer, on 09/04/2025 9:31 AM, no internal thermometer was observed. In an interview, on 09/04/2025 9:32 AM, the DM indicated the thermometer had been present in the freezer on Monday, 3 days prior to the observation. In an observation, on 09/04/2025 9:33 AM, 7 stacked trays of bowls of thick brown substance were covered with plastic wrap in the reach in freezer. No label or date was visible on any bowl, wrapper or tray. A container of mint chocolate chip ice cream had no visible label or date. A jar containing a reddish tan substance with 2025 written on the lid was observed in the back of the freezer. In an interview, on 09/04/2025 9:34 AM, the DM indicated the trays contained bowls of chocolate ice cream was likely dipped that morning, but she did not directly observe the process. She indicated the trays of scooped ice cream should have been labeled and dated at the time of preparation by the staff member performing the task. She indicated the mint chocolate chip ice cream should have been labeled and dated. She indicated the jar contained jam that someone likely bought at the recent craft fair. She indicated it should not have been stored with residents food and should have had a label and date. In an observation, on 09/04/2025 9:36 AM, a plastic scoop was observed in the sugar supply. Loose rice, too many granules to count, was observed on the bottom of a container holding a bag of rice that was tied closed. In an observation, on 09/04/2025 9:37 AM, the reach in refrigerator did not have an interior thermometer. In an interview, on 09/04/2025 9:38 AM, the DM indicated the sugar scoop should not be present in the sugar supply and bins should be clean. She indicated the refrigerator should have an interior thermometer to obtain temperatures. She indicated [NAME] 2 had obtained the temperature readings recorded on the temperature logs in the walk-in refrigerator, walk-in freezer, and reach in refrigerator earlier that morning. In an interview, on 09/04/2025 9:39 AM, [NAME] 2 indicated she did not know where the thermometers were located but she used the thermometers to obtain the temperatures she wrote on the temperature log forms. In an observation, on 09/04/2025 12:19 PM, a bottle of salad dressing was observed in the unit refrigerator on the southwest unit with no label or date. A food storage container containing pasta was observed on a shelf with no label or date. An open water bottle was observed with no label or date in the door of the refrigerator. A wet towel was observed on the bottom shelf of the refrigerator. In an interview, on 09/04/2025 12:20 PM, Licensed Practical Nurse (LPN) 3 indicated she was unable to determine how long unlabeled items had been in the refrigerator. She indicated the salad dressing, bottle of water, and container of pasta should have been labeled and dated. She indicated she did not know why the wet towel was at the bottom of the refrigerator, but indicated it should not have been there. In an interview, on 09/05/2025 9:42 AM, the Director of Nursing indicated all residents residing in the facility were served food prepared in the facility kitchen. A current policy, titled Storage of Dry Goods and Supplies, dated 4/2017, provided by the Regional Nurse Consultant (RNC) on 09/04/2025 11:37</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>AM, indicated storage bins should be kept clean, labeled and dated. The policy indicated scoops should not be stored in the food bins. A current policy, titled Thermometer Calibration and Use, dated 4/2017, provided by the RNC on 09/04/2025 11:37 AM, indicated thermometers should be calibrated at +/-3 degrees Fahrenheit. The policy indicated the DM should ensure properly calibrated thermometers were in use in refrigerated and frozen food storage areas. A current policy, titled Dating and Labeling, dated 4/2017, provided by the RNC on 09/04/2025 11:37 AM, indicated food labels should include the common name of the food or a statement clearly and accurately identifying the contents. The policy indicated potentially hazardous foods and temperature controlled foods should be stored for a maximum of 7 days after opening, with the count beginning the day the commercial container was opened. 3.1-21(i)(3)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure complete and accurate documentation in 3 of 24 resident records reviewed. (Resident 78, Resident 17, and Resident 42) During an observation, on 9/5/25 at 1:30 PM, the following was observed: A clean and dry dressing covered the insertion site of a Jackson Pratt Drain (JP Drain) on Resident 78's left lateral chest.1. A record review for Resident 78 began on 9/8/25 9:12 AM. Diagnoses included a history of kidney transplant, colostomy, and end stage kidney disease. A review of Resident 78's current quarterly MDS, dated [DATE], indicated their BIMS (Basic Interview for Mental Status) score was 13 (cognitively intact). The MDS indicated the resident had an ostomy present. A review of physician orders, dated 8/30/25, indicated a dressing change to the JP drain was changed every evening. A review of physician orders, dated 8/30/25, indicated the JP Drain was to be drained, and output recorded every shift. A review of physician orders, dated 8/31/25, indicated the colostomy bag was to be emptied daily. A review of physician orders, dated 9/1/25, indicated to cleanse area to buttocks with soap and water, pat dry, and apply barrier cream three times a day for redness. A review of the Task Administration Report, dated 9/1/25 to 9/8/25, indicated there was missing documentation for the JP drain dressing change on 9/2/25 and 9/3/25 at 6:30 PM. Documentation was missing for the JP drain emptying and record of output on 9/2/25 for night shift staff. Documentation was missing regarding emptying the colostomy bag on 9/4/25. Documentation was missing for the cleanse buttocks with soap and water, pat dry, and apply barrier cream three times a day for redness on 9/3/25 at 9:00 PM and 9/4/25 at 5:00 AM. A review of progress notes, dated 9/1/25 to 9/8/25, indicated there was no documentation of refusals or completed tasks for Resident 78 on the missing documentation dates and times. In an interview, on 9/9/25 at 10:17 AM, Resident 78 indicated they had not missed treatments or medications.2. A record review of Resident 42 began on 9/8/25 10:16 AM. Diagnoses included anxiety and Wernicke's Encephalopathy. A review of Resident 42's current quarterly MDS, dated [DATE], indicated their BIMS score was 10 (moderate cognitive impairment). The MDS indicated the resident had a diagnosis of asthma. A review of a physician order, dated 7/8/25, indicated lorazepam 0.5 mg was to be given two times a day for anxiety. A review of Resident 42's Medication Administration Record (MAR), dated 8/1/25-8/31/25, indicated there was missing documentation on 8/7/25 at 4:00 PM. A review of progress notes, dated 8/7/25, indicated there was no documentation of refusal or administration of lorazepam for Resident 42.3. A record review for Resident 17 began on 9/8/25 at 10:25 AM. Diagnoses included diabetes type 2, anxiety, (cardiac) T wave inversion, and chronic obstructive pulmonary disease (COPD). A review of Resident 17's current quarterly MDS, dated [DATE], indicated their BIMS score was 15 (cognitively intact) The MDS indicated a medical history of diabetes, asthma, and respiratory failure. A review of physician orders, dated 2/10/25, indicated alprazolam 0.25 mg was to be given two times a day for anxiety. A review of physician orders, dated 2/11/25, indicated apixaban 5 mg was to be given two times a day for T wave inversion. A review of physician orders, dated 2/10/25, indicated budesonide 0.5 mg/ 2 ml inhale orally was to be given two times a day for COPD. A review of physician orders, dated 2/11/25, indicated magnesium 400 mg was to be given two times a day. A review of physician orders, dated 5/21/25, indicated striverdi respimat inhalation aerosol solution 2.5 mcg/act olodaterol HCL was to be given two times a day for COPD. A review of physician orders, dated 5/12/25, indicated buspirone HCL 5 mg was to be given three times a day for anxiety. A review of the MAR, dated 7/1/25-7/31/25, indicated missing documentation for alprazolam on 7/30/25 at 5:00 PM. There was no documentation for apixaban on 7/30/25 at 4:00 PM. There was no documentation for budesonide on</p> <p>(continued on next page)</p>		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/30/25 at 5:00 PM. There was no documentation for magnesium on 7/30/25 at 4:00 PM. There was no documentation for stiverdi respimat on 7/30/25 at 5:00 PM. There was no documentation for buspirone on 7/30/25 at 5:00 PM. A review of the MAR, dated 8/1/25-8/31/25, indicated There was no documentation for alprazolam on 8/4/25 and 8/7/25 at 5:00 PM. There was no documentation for apixaban on 8/7/25 at 4:00 PM. There was no documentation for budesonide on 8/4/25 and 8/7/25 at 5:00 PM. There was no documentation for magnesium on 8/7/25 at 4:00 PM. There was no documentation for stiverdi respimat on 8/4/25 and 8/7/25 at 5:00 PM. There was no documentation for buspirone on 8/4/25 and 8/7/25 at 5:00 PM. In an interview, on 9/9/25 at 10:33 AM, LPN 6 indicated an open box on the Administration Record Report would mean the medication wasn't given, or it was not signed as given. She indicated would report missing medications to the unit manager. The missed medications would not have appeared on the software program for the next shift to administer. In an interview, on 9/09/2025 at 12:50 PM, the Director of Nursing provided signed statements dated 9/9/25 indicating medications were given as ordered but not signed on the MAR or TAR. She indicated an investigation by the facility staff indicated treatments and meds were completed but not documented after completion. A current policy, dated July 2024, provided by the Administrator indicated that after each medication pass, the person administering the medication is to review the MAR to ascertain that all necessary doses were administered and all administered doses were documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications. 16.2-3.1-50(a)(1)(2)		