Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/08/2026
Form Approved OMB
No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155704 | A. Building<br>B. Wing | 12/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waldron Rehabilitation and Healthcare Center | 505 N Main St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0576<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Ensure residents have reasonable access to and privacy in their use of communication methods.<br><br>Based on interview and record review, the facility failed to ensure residents received mail on Saturdays. This had a potential to affect 46 of 46 residents that resided in the facility.Findings include:1. The clinical record for Resident 1 was reviewed on 12/2/25 at 1:00 p.m. The diagnosis included, but was not limited to: hypertension. A quarterly Minimum Data Set (MDS) assessment, dated 10/8/25, indicated Resident 1 was cognitively intact. 2. The clinical record for Resident 15 was reviewed on 12/2/25 at 1:15 p.m. The diagnosis included, but was not limited to: hypertension. An annual MDS assessment, dated 9/19/25, indicated Resident 15 was cognitively intact. 3. The clinical record for Resident 22 was reviewed on 12/2/25 at 1:30 p.m. The diagnosis included, but was not limited to: hypertension. A quarterly MDS assessment, dated 10/17/25, indicated Resident 22 was cognitively intact. 4. The clinical record for Resident 24 was reviewed on 12/2/25 at 2:00 p.m. The diagnosis included, but was not limited to: hypertension. A quarterly MDS assessment, dated 9/15/25, indicated Resident 24 was cognitively intact. 5. The clinical record for Resident 29 was reviewed on 12/2/25 at 2:10 p.m. The diagnosis included, but was not limited to: diabetes mellitus. A quarterly MDS assessment, dated 9/15/25, indicated Resident 29 was cognitively intact. 6. The clinical record for Resident 41 was reviewed on 12/2/25 at 2:20 p.m. The diagnosis included, but was not limited to: hypertension. A quarterly MDS assessment, dated 10/21/25, indicated Resident 41 was cognitively intact. A resident council meeting was conducted on 12/3/25 at 1:04 p.m. The residents that attended the meeting that day were the following: Resident 1, Resident 15, Resident 22, Resident 24, Resident 29, and Resident 41. During the council meeting, the resident council indicated mail was not delivered on Saturdays. They have to wait until Monday to receive the mail that had come in over the weekend. An interview was conducted with the Business Office Manager (BOM) on 12/3/25 at 1:27 p.m. He indicated the receptionist gives him all the mail that was delivered. He pulls out the mail that he needs and then gives the remaining mail that was to be delivered to the residents to the Activities Director (AD). The AD delivers the mail to the residents. The mail was not delivered to the residents on Saturdays. They do have to wait until Monday to receive the mail that had come in over the weekend. He comes in on Mondays, and there usually was a large pile of mail to go through. It piles up.An interview was conducted with the AD on 12/3/25 at 1:35 p.m. She indicated she does not work over the weekends. She was not sure if anyone does pass out the mail to the residents. An interview was conducted with the Administer on 12/3/25 at 3:06 p.m. She indicated the Nurse Manager on duty was to pass out the mail on Saturdays to the residents. She will provide education to the weekend staff about mail delivery on Saturdays. 3.1-3(s)(1) |

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: 155704 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/05/2025 |
|---|---|---|---|
| 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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to completely and accurately reconcile admission orders and failed to timely input and initiate physician orders for a resident with a change of condition for 1 of 6 residents reviewed for medication management and 1 of 1 resident reviewed for hospitalization (Resident 18 and 5).Findings include:<br><br>1. The clinical record for Resident 18 was reviewed on 12/4/2025 at 11:30 a.m. The medical diagnoses included pulmonary disease, osteoporosis, and heart disease.<br><br>The admission Minimum Data Set, dated [DATE], indicated Resident 18 was cognitively intact and rejected care one to three of the last seven days. Resident 18 received anticoagulant, antiplatelet, and anticonvulsant medication. The Medication Review did not find any issues. A Nursing admission Assessment, dated 11/20/2025, indicated Resident 18 did not receive medications.<br><br>During an interview on 12/3/2025 at 10:09 a.m., Resident 19 indicated she was not receiving her medications as she should be. She has concerns about multiple medications, including medication for pain control and arthritis.<br><br>admission orders for Resident 18, dated 11/17/2025, indicated physician orders for 35 medications and orders to hold two additional orders.<br><br>The facility's Medication Administration Record (MAR), dated for November 2025, was reviewed on 12/5/2025 at 10:57 a.m. Reconciliation from the physician order to the admission MAR indicated eight medications were not transcribed to the facility MAR. These medications included: as needed Flexeril for muscle spasms, three injections for osteoporosis, a meal supplement, an oral vitamin B-12, an antibiotic used two times a week, and twice daily eye drops.<br><br>During an interview on 12/05/2025 at 12:15 p.m., the DON confirmed she spoke with the physician about the eight medications at admission but did not document the conversation or discontinuation orders. She indicated some medications were not prescribed based on a pre-admission agreement (the three injections), and others were not prescribed because Resident 18 indicated she did not want to take them.<br><br>2. The clinical record for Resident 5 was reviewed on 12/3/25 at 9:50 a.m. The resident's diagnosis included, but was not limited to, obstructive uropathy (inability to urinate).<br><br>A care plan, last revised 9/9/24, indicated he was at risk for activities of daily living self-care level of functioning to the extent deficits and continence needs and risk for functional declines related to obstructive uropathy and catheter. The interventions included, but were not limited to, observe for signs and symptoms of urinary tract infection such as pain, abnormal urine color, mental status changes, and toileting hygiene may fluctuate throughout the day, but usual performance is maximal assistance.<br><br>A nurse's note, dated 10/09/25 10:49 p.m., indicated Resident 5's urinary output was 800 milliliters (ml) of coffee-tinged urine. Resident 5 had no complaints of pain or discomfort in his bladder. Resident 5 was encouraged to drink plenty of water.<br><br>(continued on next page) |

| 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 12/05/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waldron Rehabilitation and Healthcare Center | 505 N Main St<br>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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A nurses note, dated 10/29/25 at 3:15 a.m., indicated Resident 5 was observed to be supported in the sit to stand (type of mechanical lift) sling, but limp and non-responsive. A radial pulse was unable to be located. Resident 5 was lowered to the floor and there was an immediate return of his radial pulse. He remained unresponsive with flaccid extremities. His respirations were shallow with notable use of accessory muscles. His pupils were fixed and dilated. He was transferred to bed with the use of a Hoyer (full body mechanical lift). Resident 5 spontaneously opened his eyes and spoke during the transfer. He was slightly alert with slow verbal responses and oriented x 3. The on-call provider (physician) and family member were notified.<br><br>The October 2025 Medication Administration Record (MAR) indicated on 10/29/25 at 10:26 a.m., Resident 5 had received acetaminophen (Tylenol) 650 milligram (mg) for a temperature of 102.6. The acetaminophen had been ineffective. He had received another dose on 10/29/25 at 4:55 p.m., for a temperature of 99.8, that was effective.<br><br>A physician's nursing home visit note, dated 10/29/25, indicated the Nurse Practitioner (NP) had seen Resident 5 due to fever and chills. The physical exam indicated he had a suprapubic catheter that was draining cloudy, amber colored urine. The plan indicated he had acute cystitis and was to be empirically treated with Levaquin (antibiotic) 500 mg x seven days. The urine culture was to be monitored, and the antibiotic would be adjusted as indicated by the final culture. He also was to be treated for hypokalemia (low potassium level) and was to receive 40 milliequivalents of potassium daily for three days.<br><br>A physician's order, dated 10/30/25, indicated he was to receive Levaquin 500 mg daily in the morning related to urinary tract infection.<br><br>A physician's order, dated 10/30/25, indicated he was to receive potassium oral tablet 40 milliequivalents twice daily for hypokalemia.<br><br>The October 2025 MAR indicated Resident 5 received the first dose of Levaquin and the first dose of potassium the morning of 10/31/25.<br><br>A nurse's note, dated 10/31/25 at 10:13 a.m., indicated the NP had been notified of resident 5's change in condition and a new order was received to send him to the emergency room for evaluation and treatment.<br><br>The clinical record did not contain assessments of Resident 5's urine color, clarity, or characteristics from 10/29/25 through 10/31/25, when he was sent to the emergency room.<br><br>During an interview on 12/4/25 at 2:08 p.m., NP 5 indicated she had seen Resident 5 on 10/29/25 because of his elevated temperature and not feeling well. Resident 5 refused treatment at the emergency room on [DATE]. She had ordered the Levaquin and potassium on 10/29/25. She expected antibiotics to be started as soon as reasonably possible. She would sometimes enter her own orders into the electronic health record and sometimes the nurses entered the orders. The order for the Levaquin and potassium had not been entered into the electronic health record until 10/30/25.<br><br>On 12/4/25 at 4:23 p.m., the Executive Director provided the Physician Services and Orders policy, dated 12/1/23, that read .6. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs .8. All physician or other health care professional verbal orders, including telephone orders, will be promptly recorded,<br><br>(continued on next page) |

| 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 12/05/2025 |
| --- | --- | --- | --- |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| Waldron Rehabilitation and Healthcare Center | 505 N Main St<br>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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | dated, and signed by the person receiving the order in the EMR [Electronic Medical Record] .<br><br>3.1-37 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155704 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | (X3) DATE SURVEY COMPLETED 12/05/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br>Waldron Rehabilitation and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE<br>505 N Main St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>Based on observation, interview, and record review, the facility failed to ensure a resident was assessed accurately to determine if the resident was able to participate in a smoking activity for 1 of 9 residents reviewed for smoking. (Resident 3)Findings include: The clinical record for Resident 3 was reviewed on 12/2/24 at 1:15 p.m. The diagnoses included but were not limited to: stroke resulting in right side hemiplegia (paralysis on one side) and nicotine dependence. A quarterly Minimum Data Set (MDS) assessment, dated 11/1/25, indicated Resident 3 was moderately cognitively impaired. A care plan, dated 6/30/25, indicated Resident 3 was at risk for falls with safety and injuries due to his diagnoses that included but was not limited to: smoking. A list of residents that smoke was provided by the Administrator on 12/2/25 at 12:11 p.m. It indicated Resident 3 does participate in the smoking activity. An interview was conducted with Resident 3 on 12/2/25 at 1:14 p.m. He indicated he does go outside to smoke. He smokes cigarettes and vapes. A smoking assessment, dated 3/3/25, conducted with Resident 3 indicated the resident did not smoke. A smoking assessment, dated 6/9/25, conducted with Resident 3 indicated the resident did smoke and was able to participate in the activity safely. A smoking assessment, dated 9/9/25, conducted with Resident 3 indicated the resident did not smoke. An interview was conducted with License Practical Nurse (LPN) 2 and Registered Nurse (RN) 1 on 12/4/25 at 2:37 p.m. LPN 2 indicated Resident 3 has been going outside to participate in the smoking activity. An observation was made of a smoking activity on 12/4/25 at 3:00 p.m. Resident 3 was observed participating in the smoking activity with smoking two cigarettes. During and interview with the Administrator and Director of Nursing on 12/4/25 at 3:47 p.m., they indicated Resident 3 was not a consistent smoking resident. There has been times when he had stopped smoking and that may be reflecting why the inconsistent smoking assessments. A smoking policy, dated 1/16/25, was provided by the Administrator on 12/4/25 at 3:10 p.m. It indicated, .All residents who have been assessed and determined to be safe to smoke will smoke with supervision, outside of the facility at the designated area and designated smoking times listed below. All smokers must have direct supervision. No smoker is to be smoking without supervision. No smoking is permitted inside the building, this includes vaping. 3.1-45(a)(1) |

| 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 12/05/2025 |
|---|---|---|---|
| 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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation, interview, and record review, the facility failed to ensure proper hand hygiene was utilized during medication administrations for 4 of 6 residents observed during medication administration. (Resident 1, Resident 7, Resident 19 and Resident 22) Findings include: 1. The clinical record for Resident 22 was reviewed on 12/4/2025 at 1:20 p.m. The diagnoses included, but were not limit to: diabetes and cardiovascular disease. The physician's orders, dated 6/8/2025, indicated for Resident 22 to have insulin 3 units twice a day.<br><br>The physician's orders, dated 6/23/2025, indicated for Resident 22 to have insulin per sliding scale three times a day.<br><br>During an observation and interview on 12/4/2025 at 11:49 p.m., RN 1 was observed administering insulin per injection to Resident 22 without the use of gloves. When asked about hand hygiene, RN 1 indicated she used hand sanitizer after administering insulin. No hand hygiene was observed prior to the RN administering the insulin after she touched multiple areas on the medication cart with her bare hands.<br><br>2.The clinical record for Resident 1 was reviewed on 12/2/25 at 1:00 p.m. The diagnosis included, but was not limited to: hypertension.<br><br>An observation was made of a medication administration for Resident 1 with Registered Nurse (RN) 1 on 12/4/25 at 8:52 a.m. RN 1 was observed at the medication cart preparing the resident's medications. RN 1 touched the mouse to the computer, the medication cart drawers, the medication cards, an inhaler medication, a pitcher of water and drinking cups. During that time, RN 1 popped several medications from the medication cards in her bare hand and then placed in a medication cup. After, she went to the resident in the hallway and administered the resident's medications. There was observation of utilizing hand hygiene and donning on gloves prior to touching the pill medications with her hands.<br><br>3. The clinical record for Resident 7 was reviewed on 12/2/25 at 1:50 p.m. The diagnosis included, but was not limited to: Paranoid Schizophrenia.<br><br>An observation was made of medication administration for Resident 7 with RN 1 on 12/4/25 at 8:57 a.m. RN 1 was observed at the medication cart preparing the resident's medications. RN 1 pulled morning pill medications, eye drops and nasal spray from the medication cart. She then knocked on the resident's door and entered the room. During the administration, RN 1 donned gloves and administered eye drops. After, she doffed the gloves and returned back to the medication cart. There was no observation of hand hygiene prior to the donning gloves.<br><br>4. The clinical record for Resident 19 was reviewed on 12/2/25 at 2:00 p.m. The diagnosis included, but was not limited to: legal blindness.<br><br>An observation was made of a medication administration for Resident 19 with RN 1 on 12/4/25 at 9:05 a.m. RN 1 was observed at the medication cart preparing the resident's morning medications. During that time, she was observed popping medications in her bare hands and placing the medications in a medication cup. After, she entered the resident's room; she donned gloves and administered the resident's medications, administered the resident's eye drops and eye ointment. There were no hand hygiene and donning on gloves prior to touching the resident's medication at the medication cart nor hand<br><br>(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<br>B. Wing | 12/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Waldron Rehabilitation and Healthcare Center | 505 N Main St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | hygiene prior to donning gloves during the eye medication administrations.<br><br>An interview was conducted with the Director of Nursing on 12/5/25 at 11:30 a.m. She indicated the staff should utilize hand hygiene prior to donning gloves, don on gloves prior to insulin administrations and should not be touching medications directly with their bare hands.<br><br>A hand hygiene policy was provided by the Administrator on 12/4/25 at 3:10 p.m. indicated, .This facility considers hand hygiene the primary means to prevent the spread of healthcare associated infections.Indications for hand hygiene.a. immediately before touching a resident. b. before performing aseptic task (for example.or handling an invasive device.) g. immediately after glove use.4. Single-use of disposable gloves should be used: a. before aseptic procedures., when anticipating contact with blood or body fluids.5. The use of gloves does not replace hand washing/hand hygiene.<br><br>3.1-18(l) |