

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2014
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NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 30, July 1, 2, 3 and 7, 2014</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Survey team: Tina Smith-Staats, RN, TC Ginger McNamee, RN Karen Lewis, RN Toni Maley, BSW (July, 1, 2, 3 & 7, 2014)</p> <p>Census bed type: SNF/NF: 77 Total: 77</p> <p>Census payor type: Medicare: 12 Medicaid: 61 Other: 4 Total: 77</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F000241 SS=E	<p>Barth, RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to treat residents who could not express their desired time to awake or those who woke early in a dignified manner regarding waking residents 2 to 3 hours before breakfast and not offering diversionary activities and/or nutritional snacks during the wait and the facility did not offer residents who needed assistance to dress a dignified morning experience regarding waking residents prior to 5:00 a.m., providing morning care, and dressing them in day clothes then returning them to bed to sleep dressed in day clothes for 5 of 5 residents reviewed for dignity with morning care/routines (Residents #66, #8, #2, #112 and #113).</p> <p>Findings include:</p>	F000241	<p>A. The practice of waking up residents (#66, #8, #2, #112, and #113) prior to their preferred time was corrected the day it was observed. The practice of waking residents (#112, #113) dressing them in their day clothes and returning them to bed was corrected the day it was observed. Activity schedules were reviewed / revised to ensure availability of activities in the morning.</p> <p>B. All residents have the potential to be affected. Resident profiles were reviewed for each resident and reconciled to the CNA assignment sheets. The practice of waking up residents prior to their preferred time was corrected the day it was observed. The practice of waking residents, dressing them in their day clothes, and returning</p>	07/28/2014			

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	<p>1. Resident #66's record was reviewed on 7/3/14 at 10:35 a.m. Resident #66's diagnoses included, but were not limited to, profound intellectual disability and cerebral palsy.</p> <p>Resident #66 had a current, 5/15/14, quarterly Minimum Data Set assessment (MDS) which indicated the resident rarely/never understood others, was rarely/never understood by others, rarely or never made choices, and required staff assistance for dressing, transferring, bathing, hygiene and toileting.</p> <p>Resident #66 had a current, 2/20/14, care plan problem/need which indicated she needed staff assistance for activities of daily living.</p> <p>Resident #66 did not have a care plan indicating she was an early riser nor a plan to indicate what activities or snacks should be offered to her should she arise early. The record did not have an assessment or evaluation of the resident's rising patterns to determine the resident's preference/pattern/routine for rising. The record indicated the resident had a responsible party who was involved in the resident's care and treatment. The record lacked any indication the responsible party was contacted in order</p>		<p>them to bed was corrected the day it was observed. . Activity schedules were reviewed / revised to ensure availability of activities in the morning. All residents /families were interviewed by Activities/Social Services to obtain resident wake time preferences. The wake time for each resident was updated in the resident profile. CNA assignment sheets were updated to reflect the resident wake up time.</p> <p>C. Inservice training was conducted for all staff on 7-14-14 regarding honoring resident preferences and morning routine. "Preference for Daily Customary Routines" worksheets will be completed for all residents able to express said preferences. Sleep / Wake cycles will be completed for those residents unable to express those preferences. Additionally, for those residents unable to express those preferences, "Preferences for Daily Customary Routines" worksheets will be completed with the assistance of resident family, guardian, and POA to assure resident choices are honored in their daily care routines. Once those preferences are recorded, corresponding care plans and CNA sheets will be updated to observe those preferences. Those who choose earlier wake times will be provided activities to choose from, a copy of the daily paper, and a coffee bar will be available. For</p>				

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	<p>to assist in planning the resident's morning preference for waking.</p> <p>During observation on 7/3/14 at 5:50 a.m., 6:00 a.m., 6:50 a.m., and 7:15 a.m. Resident #66 was seated in the Life Path TV lounge fully dressed in street clothes sleeping while seating upright on a couch.</p> <p>2. Resident #8's record was reviewed on 7/3/14 at 10:43 a.m. Resident #8's current diagnoses included, but were not limited to, history of head injury, depression, mental retardation and epilepsy.</p> <p>Resident #8 had a current, 4/30/14, quarterly, Minimum Data Set assessment (MDS) which indicated the resident needed assistance for decision making and required staff assistance for bed mobility, transfers, dressing, toileting, hygiene and bathing. Resident #8 had a current, 5/8/14, care plan problem/need which indicated he required assistance with activities of daily living.</p> <p>Resident #8 did not have a care plan indicating he was an early riser nor a plan to indicate what activities or snacks should be offered to him should he arise early. The record did not have an assessment or evaluation of the resident's</p>		<p>those residents who choose to wake early (not before 5am) but require more guided activity, activities will be available as they wake and be geared toward daily orientation. Beverages will be offered during those pre-breakfast activities. The DNS/Designee will monitor the time residents are getting up, and ensuring residents are provided drink and activity if residents choose to get up early to ensure resident's morning preferences are followed.</p> <p>D. The "Activity CQI" tool will be completed by DNS / Designee to assure that the "Preferences for Daily Customary Routines" worksheet is completed and updated as appropriate and reflected in the personal profile and care plans. It will also be used to assure the activity opportunities for early risers are available for the pre-breakfast routine. The "Activity CQI" will be completed monthly for 6 months with a score of at least 90% success then quarterly for 6 months thereafter. Any score below 90% will be resolved by the CQI committee via written corrective action plan.</p> <p>The "Accommodation of Needs CQI" tool will be completed to assure that resident preferences are reflected in the residents daily routine. The "Accommodation of Needs CQI" tool will be completed monthly for 6 months with a score of at least 90% success then quarterly for 6 months</p>		

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	<p>rising patterns to determine the resident's preference/pattern/routine for rising. The record indicated the resident had a responsible party who was involved in the resident's care and treatment. The record lacked any indication the responsible party was contacted in order to assist in planning the resident's morning preference for waking.</p> <p>During observation on 7/3/14 at 5:50 a.m., 6:00 a.m., 6:50 a.m., and 7:15 a.m. Resident #8 was seated in the Life Path TV lounge fully dressed in street clothes sleeping while seated in his wheelchair. He was seated facing the television. He did not appear to watch the television. His eyes were closed and his chin was pointed towards his chest.</p> <p>3. Resident #2's record was reviewed on 7/7/14 at 10:50 a.m. Resident #2's current diagnoses included, but were not limited to, profound intellectual disability, anxiety, depression, visual impairment near total loss in both eyes and insomnia.</p> <p>Resident #2 had a current, 4/15/14, annual Minimum Data Set assessment (MDS) which indicated the resident rarely/never understood others, was rarely/never understood by others, rarely/never made decisions or choices</p>		<p>thereafter. Any score below 90% will be resolved by the CQI committee via written corrective action plan.</p>				

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	<p>and required staff assistance for dressing, bathing, hygiene and toileting.</p> <p>Resident #2 had a current, 4/24/14, care plan problem/need which indicated the resident required staff assistance for all activities of daily living.</p> <p>Resident #2 did not have a care plan indicating she was an early riser nor a plan to indicate what activities or snacks should be offered to her should she arise early. The record did not have an assessment or evaluation of the resident's rising patterns to determine the resident's preference/pattern/routine for rising. The record indicated the resident had a responsible party who was involved in the resident's care and treatment. The record lacked any indication the responsible party was contacted in order to assist in planning the resident's morning preference for waking.</p> <p>During observation on 7/3/14 at 5:50 a.m., 6:00 a.m., 6:50 a.m., and 7:15 a.m. Resident #2 was in Life Path TV lounge. She sat and rose repeatedly from a couch or the floor. She vocalized loudly and shook her hands. She had no recreational materials or manipulative devices. She continued this movement and vocalization until breakfast at 7:45 a.m. (a period of 1 hour and 55 minutes).</p>			

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	<p>4. Resident #112's record was reviewed on 7/2/14 at 2:00 p.m. Resident #112's current diagnoses included, but were not limited to, anxiety and sleep apnea.</p> <p>Resident #112 had a current, 6/30/14, admission, Minimum Data Set assessment(MDS) which indicated the resident had no cognitive limitations, made her own choices, understood others, was understood by others and required staff assistance for all activities of daily living.</p> <p>Resident #112 had a, 6/26/14, "Preference for Daily Customary Routines" form which indicated she liked to wake up at 7:00 a.m. and preferred to dress when she got up.</p> <p>During a 7/3/14, 10:00 a.m., interview, Resident #112 indicated the staff woke her up between 4:00 a.m. and 5:00 a.m. each morning. The staff provided morning care, cleaned her up, dressed her in day clothes and put her back to bed. She indicated she had never requested this practice. She indicated she felt this practice was odd and uncomfortable. She indicated she did not like sleeping in her day clothes. She felt this was how it was supposed to be in order for the staff to get all their work done.</p>			

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	<p>5. Resident #113's record was reviewed on 7/7/14 at 8:30 a.m. Resident #113's current diagnoses include, but were not limited to, dementia and insomnia. Resident #112 had a current, 6/24/14, order for Trazadone at bedtime for insomnia.</p> <p>Resident #113 had a current, 7/1/14, annual Minimum Data Set assessment (MDS) which indicated the resident usually understood others, was usually understood by others, made decisions with some cueing and required staff assistance for dressing, toileting, hygiene and bathing.</p> <p>Resident #113 had a current, 6/24/14, care plan problem/need which indicated she needed assistance with activities of daily living. Resident #113 had a current, 7/1/14, care plan problem which indicated she could be combative with care and have inconsolable panic during this experience.</p> <p>Resident #113 had a current, 6/30/14, "Preference for Daily Customary Routines" form, which indicated she desired to get up between 7:00 a.m. and 8:00 a.m. and she wanted to dress when she got up.</p>			

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	<p>6. During a 7/3/14, 5:40 a.m., interview, CNA #1 indicated she regularly worked night shift and would get off work at 6:00 a.m. She indicated the morning of 7/3/14, she had completed the standard morning assignment and routine. She indicated she had 7 residents who she woke up on that morning (prior to 6:00 a.m.). She indicated she started waking up residents at 4:30 a.m. and gave them morning care, dressed them in day clothes and left them in bed to sleep. She indicated she woke these residents to do this task. She indicated she was assigned to wake and dress these residents and leave them in bed. She indicated today she woke and dressed Residents #112 and #113 and left them in bed. She indicated these 2 ladies were assigned to be wakened, dressed and left in bed every day before 6:00 a.m. She indicated she woke Resident #113 dressed him and put him in his wheelchair every day before 6:00 a.m. She indicated she usually woke Resident #113 around 5:00 a.m.</p> <p>During a 7/3/14, 5:45 a.m., interview, CNA #2 indicated she worked night shift and her shift ended at 6:00 a.m. She indicated she was assigned 5 residents to get up and get dressed before she went off duty. She indicated this was her routine assignment and routine group of residents to get up. She indicated</p>			

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	<p>Residents #66, #2 and #8 were in her assigned wake up group. She indicated she usually started waking residents at 5:00 a.m. She indicated she had to wake Resident #8; Resident #2 was awake only if she was wet, if she was dry staff would have to wake her, and Resident #66 was 50/50 sometimes she was awake and sometimes asleep.</p> <p>During a 7/3/14, 6:10 a.m. interview, the Director of Nursing indicated residents should be wakened in accordance with their customs and preferences. She indicated residents who were wakened, dressed, and put back to bed, had expressed a preference for this choice. Documentation regarding these expressed choices was requested at this time. As of exit on 7/7/14, 2:30 p.m., additional documentation regarding Residents #66, #8, #2, #112 and #113's desire to be up before 5:00 a.m. and/or be returned to their bed in their day clothes had not been provided.</p> <p>During a 7/7/14, 9:45 a.m., interview, Social Services Director #3 indicated she had been unaware residents were being assigned to get up prior to 5:00 a.m. She indicated residents should be wakened based on their customary preferences. She additionally indicated it was not a good plan to wake residents with sleeping</p>			

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	<p>difficulties such as insomnia or sleep apnea. Lastly she indicated if residents awakened early they should be provided meaningful activities until breakfast and could need a healthy snack if they had to wait too long.</p> <p>7. Review of the CNA morning assignments, which were provided by the Director of Nursing on 7/3/14 at 8:55 a.m. indicated the following:</p> <p>a. Four (4) residents on the Moving Forward unit were assigned to be wakened, cleaned, dressed and returned to bed in day clothes by night shift (prior to 6:00 a.m.). Residents #112 and #113 were on this list.</p> <p>b. Four (4) residents on the Life Paths unit were assigned to be wakened and gotten out of bed by night shift (prior to 6:00 a.m.). Residents #66, #2 and #8's names were on this list.</p> <p>The "Resident Meal Times" list, which was provided by the Administrator on 6/30/14, indicated the following: Main Dining Room-Breakfast-8:00 a.m. Moving Forward Dining Room-Breakfast-7:30 a.m. Life Path Center Dining Room-Breakfast- 7:45 a.m.</p>			

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F000242 SS=D	<p>3.1-32(a)</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, interview and record review, the facility failed to honor resident's choices/preferences regarding when they would like to wake up in the morning for 3 of 5 residents reviewed for early rising preferences (Residents #112, #113 and #13).</p> <p>Findings Include:</p> <p>1. During a 7/1/14, 1:32 p.m., interview with Resident #13, who was deemed reliable during the stage 1 survey process, the resident indicated the facility staff wakened him each morning around 5:00 a.m. He indicated this was not his desired time to wake and he would rather sleep longer. He indicated the facility was aware of his desire to sleep longer.</p> <p>Resident #13 record was reviewed on</p>	F000242	<p>A. The practice of waking up residents (#13, #112, and #113) prior to their preferred time was corrected the day it was observed. The practice of waking residents (#112, #113) dressing them in their day clothes and returning them to bed was corrected the day it was observed. . Activity schedules were reviewed / revised to ensure availability of activities in the morning.</p> <p>B. All residents have the potential to be affected. All residents/families were interviewed to obtain resident wake up time preference by Activities / Social Services. Resident profiles were updated for each resident preferred wake up time and reconciled to the CNA assignment sheets. . Activity schedules were reviewed / revised</p>	07/28/2014			

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	<p>7/2/14 at 8:30 a.m. Resident #13's current diagnoses include, but were not limited to, depression and seizure disorder.</p> <p>Resident #13 had a current, 7/30/13, "Preference for Daily Customary Routines" form which indicated he liked to sleep until 7:00 a.m.</p> <p>During a 7/3/14, 5:40 a.m., observation, Resident #13 was up awake, dressed, in a wheelchair in the hallway by the nursing station. During a 7/3/14, 6:40 a.m., observation, Resident #13 was asleep in his wheelchair in the hallway. Resident #13 slept on and off in the hallway until he was directed to the dining room at 7:30 a.m.</p> <p>2. During a 7/3/14, 10:00 a.m., interview, Resident #112 indicated the staff woke her between 4:00 a.m. and 5:00 a.m. each morning. The staff provided morning care, cleaned her up, dressed her in day clothes and but her back to bed. She indicated she had never requested this practice. She indicated she felt this practice was odd and uncomfortable. She indicated she did not like sleeping in her day clothes. She felt this was how it was supposed to be in order for the staff to get all their work done.</p>		<p>to ensure availability of activities in the morning. The practice of waking up residents prior to their preferred time was corrected the day it was observed. The practice of waking residents, dressing them in their day clothes, and returning them to bed was corrected the day it was observed.</p> <p>C. Inservice training was conducted for all staff on 7-14-14 regarding honoring resident preferences and morning routine. "Preference for Daily Customary Routines" worksheets will be completed for all residents able to express said preferences. Sleep / Wake cycles will be completed for those residents unable to express those preferences. Additionally, for those residents unable to express those preferences, "Preferences for Daily Customary Routines" worksheets will be completed with the assistance of resident family, guardian, and POA to assure resident choices are honored in their daily care routines. The DNS/Designee will monitor the time residents are getting up, and ensuring residents are provided drink and activity if residents choose to get up early to ensure resident's morning preferences are followed.</p> <p>D. The "Activity CQI" tool will be completed to assure that the "Preferences for Daily Customary Routines" worksheet is completed</p>				

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	<p>Resident #112's record was reviewed on 7/2/14 at 2:00 p.m. Resident #112's current diagnoses included, but were not limited to, anxiety and sleep apnea.</p> <p>Resident #112 had a current, 6/30/14, admission, Minimum Data Set assessment (MDS) which indicated the resident had no cognitive limitations, made her own choices, understood others, and was understood by others.</p> <p>Resident #112 had a, 6/26/14, "Preference for Daily Customary Routines" form which indicated she liked to wake up at 7:00 a.m. and preferred to dress when she got up.</p> <p>3. During a 7/3/14, 5:40 a.m., interview, CNA #1 indicated Resident #113 was currently in bed asleep in her day clothes. CNA #1 indicated she had wakened the resident, cleaned, and dressed her somewhere between 4:30 a.m. and 5:00 a.m.</p> <p>Resident #113's record was reviewed on 7/7/14 at 8:30 a.m. Resident #113's current diagnoses include, but were not limited to, dementia and insomnia. Resident #112 had a current, 6/24/14, order for Trazadone at bedtime for insomnia.</p>		<p>and updated as appropriate and reflected in the personal profile and care plans. The "Activity CQI" will be completed monthly for 6 months with a score of at least 90% success then quarterly for 6 months thereafter. Any score below 90% will be resolved by the CQI committee via written corrective action plan.</p> <p>The "Accommodation of Needs CQI" tool will be completed to assure that resident preferences are reflected in the residents daily routine. The "Accommodation of Needs CQI" tool will be completed monthly for 6 months with a score of at least 90% success then quarterly for 6 months thereafter. Any score below 90% will be resolved by the CQI committee via written corrective action plan.</p>				

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	<p>Resident #113 had a current, 7/1/14, annual Minimum Data Set assessment (MDS) which indicated the resident usually understood others, was usually understood by others, and made decisions with some cueing.</p> <p>Resident #113 had a current, 6/30/14, "Preference for Daily Customary Routines" form which indicated she desired to get up between 7:00 a.m. and 8:00 a.m. and she wanted to dress when she got up.</p> <p>4. During a 7/3/14, 5:40 a.m., interview, CNA #1 indicated she regularly worked night shift and would get off work at 6:00 a.m. She indicated the morning of 7/3/14, she had completed the standard morning assignment and routine. She indicated she had 7 residents who she got up in the morning (prior to 6:00 a.m.). She indicated she started waking up residents at 4:30 a.m. and gave them morning care, dressed them in day clothes and left them in bed to sleep. She indicated she woke these residents to do this task. She indicated she was assigned to wake and dress these residents and leave them in bed. She indicated on 7/4/13 she woke and dressed Residents #112 and #113 and left them in bed. She indicated these 2 ladies were assigned to</p>			

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	<p>be wakened, dressed, and left in bed every day before 6:00 a.m. She indicated she woke Resident #13 dressed him and put him in his wheelchair every day before 6:00 a.m. She indicated she usually woke Resident #13 around 5:00 a.m.</p> <p>During a 7/3/14, 6:10 a.m. interview, the Director of Nursing indicated residents should be wakened in accordance with their customs and preferences. She indicated residents who were wakened, dressed, and put back to bed had expressed a preference for this choice. Documentation regarding these expressed choices was requested at this time. As of exit on 7/7/14, 2:30 p.m., additional documentation regarding Residents #13, #112 and #113's desire to be up before 5:00 a.m. and/or be returned to their bed in their day clothes had not been provided.</p> <p>During a 7/7/14, 9:45 a.m., interview Social Services Director #3 indicated she had been unaware residents were being assigned to get up prior to 5:00 a.m. She indicated residents should be wakened based on their customary preferences.</p> <p>Review of the CNA morning assignments, which were provided by the Director of Nursing on 7/3/14 at 8:55</p>			

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	<p>a.m., indicated the following: Four (4) residents on the Moving Forward unit were assigned to be woke, cleaned, dressed and returned to bed in day clothes by night shift (prior to 6:00 a.m.). Residents #112 and #113 were on this list. Resident #13 was assigned to get up by night shift (prior to 6:00 a.m.).</p> <p>6. A current, undated, facility policy titled "Resident Rights", which was provided by the Director of Nursing on 7/3/14 at 11:53 a.m., indicated the following; " Residents may Participate in planning care and treatment or changes in care and treatment..."</p> <p>3.1-3(u)(1)</p>						