

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/23/2025
FORM APPROVED
OMB NO. 0938-039

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 03/20/2025	
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1809 N MADISON AVE ANDERSON, IN 46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00455522 and IN00454528.</p> <p>Complaint IN00455522 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00454528 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 19 and 20, 2025</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 3 Medicaid: 58 Other: 11 Total: 72</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 25, 2025.</p>			F 0000	The provider respectfully requests that this 2567 Plan of Correction to be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of post survey review.		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to provide transportation to a medical procedure appointment as previously arranged for 1 of 3 residents reviewed for transportation</p>			F 0684	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;		04/14/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Victoria Kinley

Executive Director

04/10/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>concerns, resulting in the resident missing the appointment. (Resident C)</p> <p>Findings include:</p> <p>Resident C's clinical record was reviewed on 3/19/25 at 12:09 p.m.. Diagnoses included emphysema, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, atherosclerotic heart disease of native coronary artery, angina pectoris, diabetes mellitus with diabetic neuropathy, peripheral vascular disease with arterial ulcers to bilateral lower extremities, hypertension, and alcohol abuse.</p> <p>The most recent quarterly MDS (Minimal Data Set) assessment, dated 11/27/25, indicated the resident was cognitively intact. The resident required substantial to maximum assistance for toilet hygiene, lower body dressing, putting on/taking off footwear, chair to bed/chair transfers, toilet transfers, and shower transfers. Method of mobility was a wheelchair.</p> <p>A care plan, dated 11/8/24, indicated the resident had skin impairment as evidenced by arterial wounds noted to the left lateral foot, 4th toe of left foot, and right great toe. On 12/24/24, an arterial wound was noted to the right great toe. Interventions included vascular follow up with physician, dated 12/12/24, off loading boots-encourage off loading pillows while in bed if boot refused.</p> <p>A care plan, dated 12/10/24, indicated the resident made choices with potential risk. The staff were to educate resident regarding the risk and mitigate the risk as possible. The resident refused showers and care. Interventions included revisiting options as needed, provide resident with</p>				<p>Resident C's appointment was rescheduled and they attended. There were no negative outcomes for resident. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents with medical appointments have the potential to be affected.</p> <p>Audit completed of appointments in the last 30 days with no concerns noted.</p> <p>Nurses inserviced by 4/14/25 per ED/Designee on back up drivers and proper protocol on notification when transportation doesn't arrive at scheduled time. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Facility designated 3 back up drivers and updated facility phone listing to include their contact information at the nurse's stations and order of contact.</p> <p>IDT reviews appointments and transportation needs.</p> <p>ED/designee to complete audit of Appointments</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;</p> <p>Ongoing compliance with</p>		

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	<p>education regarding risk and benefits of choices.</p> <p>The January 2025 Medication Administration Record indicated, on 1/20/25, the resident missed an appointment scheduled for 7:00 a.m. The appointment was for a stent placement to treat the peripheral vascular disease. The method of transport was documented as the facility bus.</p> <p>A progress note, dated 1/17/25 at 11:28 a.m., indicated the resident had an appointment scheduled for 1/20/25 for a medical procedure. The resident needed to arrive at the hospital at 7:00 a.m. for pre-operative testing. Pre-operative medication orders were received.</p> <p>A progress note, dated 1/20/25 at 8:20 a.m., indicated the resident's scheduled procedure was missed due to a transportation conflict. The physician's office was called in an attempt to reschedule the appointment for later that same day. The facility waited for a call back from the physician office.</p> <p>A progress note, dated 1/20/25 at 3:48 p.m., indicated a call was received from the physician office with a rescheduled appointment for 1/31/25 at 9:00 a.m. (11 days later).</p> <p>During an interview on 3/19/25 at 3:14 p.m., LPN 1 indicated, on the morning of 1/20/25, the facility called and informed the DON that Transport Driver 5 did not report for work to transport the resident to the 7:00 a.m. appointment nor did they call into the facility. The DON and LPN 1 made multiple unsuccessful attempts to call Transport Driver 5. The facility did not have a back up plan for transportation. Transport Driver 5 no longer worked at the facility and was unavailable for interview.</p>				<p>this corrective action will be monitored via facility QAPI program, with meetings being held bi-monthly, and is overseen by the Executive Director.</p> <p>CQI tool identified as Appointments will be completed five times per week x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved.</p> <p>If threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>By what date the systemic changes will be completed; 4/14/25</p>		

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	<p>During an interview on 3/20/25 at 10:30 a.m., the DON indicated, on 1/20/25, the transport driver had a family emergency. The facility did not have a back up driver.</p> <p>During an interview on 3/20/25 at 11:20 a.m., the Administrator indicated Transporter Driver 5's employment was terminated on 2/22/25.</p> <p>During an interview on 3/20/25 at 11:23 a.m., RN 2 indicated, on 1/20/25, the resident was supposed to be picked up at 6:00 a.m. At 6:15 a.m., RN 2 became concerned that no one had come to get the resident. RN 2 called LPN 1 and the DON and informed them of the concern. There were not many transport services in the area, and there had not been enough time to contact one. The appointment was eventually rescheduled.</p> <p>A current policy, dated 8/2011, and last revised 7/2023, titled, "ASC Facility Transpiration Guidelines," was provided by the DON on 3/20/25 at 12:43 p.m. The policy included the following: ".... Transportation will be provided by the facility bus/van for residents going to and from physician appointments (local) when no other option is available. Outside transport should be the chosen option prior to utilizing facility van for physician and/or other medical related appointments"</p> <p>This citation relates to complaint IN00455522.</p> <p>3.1-37(b)</p>						