

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

PRINTED: 06/09/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155202		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/15/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF GREENCASTLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1601 HOSPITAL DR GREENCASTLE, IN 46135			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00455978, IN00458584, and IN00459380.</p> <p>Complaint IN00455978 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00458584 - Federal/state deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00459380 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 14 and 15, 2025</p> <p>Facility number: 000109 Provider number: 155202 AIM number: 100266290</p> <p>Census Bed Type: SNF/NF: 66 Total: 66</p> <p>Census Payor Type: Medicare: 4 Medicaid: 44 Other: 18 Total: 66</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 20, 2025.</p>			F 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is May 29, 2025. This provider respectfully request that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after May 29, 2025.</p>		
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>Based on observation, interview, and record</p>			F 0550	F550		05/29/2025

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

TITLE

(X6) DATE

Jennifer Etienne

Administrator

05/29/2025

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>review, the facility failed to honor a resident's preference regarding meal service for 1 of 3 records reviewed for quality of care (Resident C).</p> <p>Findings include:</p> <p>During a wound care observation on 5/14/25 at 1:59 p.m., accompanied by LPN 5 and the Assistant Director of Nursing (ADON), the resident indicated he had lunch in the dining room, but he would rather eat in his room. The staff made him go to the dining room for all meals. The ADON indicated to the resident that he knew why they liked him to go to the dining room and smiled at him. He indicated to the ADON that he could eat on his own without problems.</p> <p>The clinical record for Resident C was reviewed on 5/14/25 at 9:49 a.m. Diagnoses included hypertensive heart disease without heart failure, dysphagia, anxiety disorder, major depressive disorder, diabetes mellitus type II, and obesity.</p> <p>A significant change Minimum Data Set (MDS) assessment, dated 4/21/25, indicated the resident had was cognitively intact, required partial moderate assistance with eating, and was receiving hospice care. He had no impairment of range of motion of his upper extremities and was dependant on staff for transfers. He felt down, depressed and hopeless daily and found little pleasure or interest in doing things. He had no delusions, hallucinations or rejection of care.</p> <p>A current health care plan, dated 4/4/23, indicated the resident had a diagnosis of malnutrition and muscle wasting. Interventions included to assist the resident with setting up his tray at meals as needed.</p>				<p>It is the intent of the facility to honor residents' preference regarding meal service.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The DON/Designee assessed resident on 5/28/2025 and no negative outcome related to the cited practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective will be taken:</p> <p>All resident's have the potential to be affected by the alleged deficient practice; therefore, this plan of correction applies to all resident that reside in the facility.</p> <p>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>The Administrator/Designee educated staff on Resident Rights, Resident Self-Determination, and the Feeding Assistance Policy on May 28, 2025, including giving the resident the right to choose where they want to receive meals. Additionally, any staff that fails to comply with the point of this in-service will be further educated and/or disciplined as indicated.</p> <p>How the corrective action(s)</p>		

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	<p>A current health care plan, dated 4/22/19, indicated the resident was at risk for increased anxiousness related to his diagnoses of anxiety. Interventions included to offer him choices.</p> <p>A speech therapy discharge summary, dated 4/10/25, indicated to facilitate safety and efficiency, it was recommended the resident use general swallow techniques/precautions, alternation of liquid and solids, and rate modification. The resident should sit upright during meals and upright posture for greater than 30 minutes after meals. The resident should have close supervision during meals.</p> <p>A physician's order, dated 3/27/25, indicated the resident's diet texture as pureed and nectar thick liquids. The order was discontinued on 4/14/25.</p> <p>A current physician's order, dated 4/14/25, indicated the resident's diet texture as regular and thin liquids.</p> <p>A Client Coordination Note Report, dated 4/14/25, from the hospice provider included that the resident indicated he could feed himself, but sometimes he had a hard time getting hand to mouth during meals. The nurse educated the resident regarding the risk of aspiration (inhaling food particles and liquids into the lungs) with a regular textured diet and thin liquids. The resident verbalized his understanding and awareness, but requested a regular textured diet and thin liquids.</p> <p>During a telephone interview on 5/15/25 at 1:08 p.m., the hospice nurse case manager indicated she had educated the resident regarding his risk for choking and he made it clear that he wanted to eat in his room. He had indicated he had not gone to breakfast because he had not wanted to go to</p>				<p>will be monitored to ensure the deficient practice will recur, i.e., what quality assurance program will be put into place: The Administrator/Designee will complete 20 random resident interviews a week for four weeks, then 10 random resident interviews for four weeks, then five random resident interviews monthly x four months for having meal service per resident choice. If the facility is within 95% compliance after the 6 months the monitoring will be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed immediately. Any needed Action Plan will be written by the QAPI Committee Any written Action Plan will be monitored by the Administrator weekly until resolved.</p>		

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	<p>the dining room. She had spoken to the staff regarding his comment that he had not been eating breakfast because he does not want to go to the dining room. The staff indicated it was the policy that he would have to go to the dining room during meals due to him being a choking risk.</p> <p>A review of Resident C's meal intake record indicated the resident had refused breakfast 17 times, lunch 3 times, and dinner 5 times, over a 28 day period.</p> <p>During an interview on 5/14/25 at 3:10 p.m., the DON indicated all residents who were assisted to eat were required to eat in the dining room for meals.</p> <p>During an interview on 5/15/25 at 10:53 a.m., Resident C indicated it was embarrassing for him to eat in the dining room because he can be a messy eater. It was also embarrassing having staff helping him to eat his meals. His preference has always been to eat in his room. He was aware of his risk for aspiration, but would really prefer to eat in his room and it had upset him being made to go to the dining room for all his meals.</p> <p>During an interview on 5/15/25 at 10:59 a.m., Resident C's spouse indicated she felt her husband should be able to eat in his room despite the risk of him choking. He had always eaten in his room since he admitted to the facility and that was what he wants to do now.</p> <p>During an interview on 5/15/25 at 12:16 p.m., the DON indicated it was safer for Resident C to go to the dining room for meals, and he had been pushed and encouraged to go to the dining room. Behaviorally, Resident C did what he wanted or</p>						

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	<p>did not do what he did not want to do. He was struggling with acceptance of needing more staff help.</p> <p>During an interview on 5/15/25 at 12:25 p.m., the Administrator indicated the other residents who require assistance to eat want to go to the dining room. This had been a non-issue. Resident C had not wanted a pureed texture diet and as his health had declined, he had become more behavioral. He struggled to accept his need for increased staff assistance. He had been accepting of going to the dining room for meals unless his family was present, then he would put on a "better show" and became "more argumentative." When he had an "audience," he became less agreeable to going to the dining room for meals.</p> <p>A current facility policy, dated 7/12/13, titled, "Guidelines for Observing and Implementing - Resident Rights," provided by the Administrator on 5/15/25 at 2:49 p.m., indicated the following: "...Procedure:...7) It is important that staff be aware of the Resident Rights to include, but not limited to:...Self-determination - residents should control their own lives - as much as is possible with consideration of any physical, mental, emotional, social or cognitive deficits...Residents must have the ability to exercise their Resident Rights as a citizen of the United States...."</p> <p>This Federal tag relates to Complaint IN00458584.</p> <p>3.1-3(a)(1)</p>						