

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

PRINTED: 07/01/2025
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 06/10/2025	
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 IN00459983.</p> <p>Complaint IN00459983 - Federal/state deficiencies related to the allegations are cited at F553.</p> <p>Survey dates: June 9 and 10, 2025</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 2 Medicaid: 56 Other: 11 Total: 69</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 18, 2025.</p>			F 0000	<p>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.</p>		
F 0553 SS=D Bldg. 00	<p>483.10(c)(2)(3) Right to Participate in Planning Care</p> <p>Based on interview and record review, the facility failed to ensure resident representatives of cognitively impaired residents were invited to participate in care plan processes for 2 of 3 residents reviewed for notifications. (Resident B and Resident D)</p>			F 0553	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident D had care plan on 6/10/25, invitation sent to family representative and attendees</p>		06/26/2025

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

TITLE

(X6) DATE

Victoria Kinley

Executive Director

06/26/2025

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 disclosed 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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	<p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 6/9/25 at 9:20 a.m.. Diagnoses included dementia, depressive episodes, gastric ulcer, migraine, gastro-esophageal reflux disease, scoliosis, dysphagia, and hypothyroidism.</p> <p>A quarterly MDS (Minimal Data Set) assessment, dated 3/26/25, indicated the resident was severely cognitively impaired.</p> <p>A "care plan summary" dated 1/10/25, indicated Resident B was in attendance for the meeting. No resident representative was listed in attendance. No resident representative was listed as being invited to the summary.</p> <p>A "Care Plan Summary" dated 3/26/25, indicated Resident B was in attendance for the meeting. No resident representative was listed in attendance. No resident representative was listed as being invited to the summary.</p> <p>Progress notes, dated December 2024 through April 2025, lacked documentation for notification or invitation of the resident's responsible party to the care plan meetings.</p> <p>2. Resident D's clinical record was reviewed on 6/9/25 at 11:00 a.m. Diagnoses included Parkinson's disease, schizophrenia, gastro-esophageal reflux disease, and hypertension.</p> <p>A quarterly MDS assessment, dated 4/2/25, indicated the resident was severely cognitively impaired.</p> <p>A "care plan summary" dated 1/24/25, indicated</p>				<p>documented.</p> <p>Resident B no longer resides at the facility.</p> <p>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>In-service Social Service Director, Social Service Assistant, and MDS Coordinator by Regional Director of Clinical Services by 6/25/25 on IDT Comprehensive Care Plan Policy, specific to Care Plan Review Guidelines.</p> <p>Facility audit completed by Social Service Director on 6/16/25 to identify residents having a care plan without family representative in attendance.</p> <p>Care plans have been scheduled with invitations mailed to all family representatives. 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>In-service Social Service Director, Social Service Assistant, and MDS Coordinator by Regional Director of Clinical Services by 6/25/25 on IDT Comprehensive Care Plan Policy, specific to Care Plan Review Guidelines.</p> <p>Care plan meetings will follow MDS schedule with Social Service Director mailing family representatives care plan invites.</p> <p>Care plan invite copies will be placed in binder for tracking.</p>		

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	<p>Resident D was in attendance for the meeting. No resident representative was listed in attendance. No resident representative was listed as being invited to the summary.</p> <p>A "care plan summary" dated 3/17/25, indicated Resident D was in attendance for the meeting. No resident representative was listed in attendance. No resident representative was listed as being invited to the summary.</p> <p>A "care plan summary" dated 4/2/25, indicated Resident D was in attendance for the meeting. No resident representative was listed in attendance. No resident representative was listed as being invited to the summary.</p> <p>Progress notes, dated January 2025 through April 2025, lacked documentation for notification or invitation of the resident's responsible party to the care plan summaries.</p> <p>During an interview on 6/9/25 at 11:20 a.m., the Social Services Director (SSD) indicated care conferences were documented in the electronic record. She documented resident representative invitations in the progress notes.</p> <p>During an interview on 6/9/25 at 11:36 a.m., the SSD indicated if an invitation to the care plan summary was not sent to the resident/resident representative, she called the them to schedule the meeting. If the resident representative could not attend the meeting, she would offer for them to attend over the telephone. She would document the conversation in the progress notes.</p> <p>During an interview on 6/10/25 at 10:56 a.m., the DON indicated resident representatives/residents should be notified about the care plan summaries.</p>				<p>Scheduled care plans will be reviewing daily in Morning Meeting.</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; Ongoing compliance with 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 Care Plan Invites will be completed weekly 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; Date of Completion: 6/26/2025</p>		

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	<p>If the resident is cognitively intact, they could decide if they want family to attend the meeting. There should be something documented in the clinical record saying they were present or declined to attend the meeting. The DON indicated the process for notifications and scheduling care plan summaries needed to be reviewed.</p> <p>During an interview on 6/10/25 at 11:46 a.m., Resident D's representative indicated she was not invited to a care plan summary meeting.</p> <p>A current facility policy, dated 8/2023 and titled "IDT Comprehensive Care Plan Policy" provided by the SSD on 6/9/25 at 11:46 a.m., indicated the following: " Procedure: Resident , resident's representative, or others as designated by resident will be invited to the care plan review. The care plan review may be conducted face to face, via phone conference, video conference, or through written communication per resident and/or representative preference."</p> <p>A current undated copy of Resident Rights was provided by the SSD on 6/10/25 at 10:00 a.m., and indicated the following: " Free Choice The resident has the right to Participate in planning care and treatment or changes in care and treatment unless adjudged incompetent or otherwise found to be incapacitated under state law...."</p> <p>This citation relates to Complaint IN00459983.</p> <p>3.1-3(n)(3)</p>				