

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

PRINTED: 12/19/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155038		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/02/2022	
NAME OF PROVIDER OR SUPPLIER  WATERS EDGE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 2200 WEST WHITE RIVER BLVD MUNCIE, IN 47303			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 27, 28, 31, November 1 and 2, 2022</p> <p>Facility number: 000013 Provider number: 155038 AIM number: 100266100</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 4 Medicaid: 55 Other: 4 Total: 63</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 4, 2022</p>			F 0000			
F 0561 SS=E Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to</p>						

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 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>choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on observation, interview and record review, the facility failed to allow residents food choices and preferences for 4 of 6 residents reviewed. (Resident 29, Resident 42, Resident 47 and Resident 215)</p> <p>Findings include:</p> <p>1. During an interview on 10/28/22 at 1:46 p.m., Resident 29 indicated he had not received a menu of what the facility planned to serve for any meals. The staff had not asked him to select his meals nor given him any choices regarding breakfast, lunch or supper each day. He preferred to stay in his room in the morning. He received a food tray at each meal, but the items he received on his meal trays each day were not chosen by him.</p>			F 0561	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> <li>Residents 29,42,47 and 215 will be offered menu choices each morning for the following days meal.</li> </ul> <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> <ul style="list-style-type: none"> <li>Residents who choose not to visit the dining room between 8:30am and 11:30am to make meal choice have the potential to be affected.</li> <li>Residents identified of not</li> </ul>		11/23/2022

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	<p>Resident 29's clinical record was reviewed on 10/31/22 at 3:33 p.m. Diagnoses included chronic pain, chronic obstructive pulmonary disease, type 2 diabetes mellitus with diabetic neuropathy, other recurrent depressive disorders, lack of coordination, and bilateral primary osteoarthritis of knee. A current dietary order indicated a regular diet with the following special instructions: may have ground meats at the resident's request.</p> <p>A 7/22/22, Quarterly Minimum Data Set (MDS) assessment indicated the resident's cognitive status was moderately impaired. He required limited assistance of 1 staff member for bed mobility, transfers and toileting. The resident required extensive assistance of 1 staff member for dressing. A wheelchair was utilized for mobility. He lacked any exhibited rejection of care behaviors.</p> <p>A current care plan for cognitive loss, indicated the resident exhibited cognitive impairment. Interventions included, give resident choices throughout the day regarding decisions and provide the resident with prompts and cues as needed.</p> <p>During an interview at the time of observation on 11/1/22 at 12:37 p.m., the resident sat in his wheelchair in his room. His lunch tray was in front of him on his over-the-bed table. His lunch tray lacked any method for the resident to make a meal selection. He indicated staff members had not asked him what he wanted to eat for his meals the next day.</p> <p>During an interview at the time of observation on 11/2/22 at 10:39 a.m., the resident sat in his wheelchair in his room and watched television.</p>				<p>choosing to come to the dining room to make meal selection, will have meal selection obtained by facility staff, (activity and nursing.)</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> <ul style="list-style-type: none"> <li>Activity, Culinary and Nursing staff to be in-service by ED or their Designee by 11/22/22 on the meal selection process.</li> <li>Culinary Manager will monitor that all residents have had the opportunity to make a meal selection for the next day.</li> </ul> <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> <ul style="list-style-type: none"> <li>Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held monthly, and is overseen by the Executive Director.</li> <li>Meal selection CQI tool will be completed weekly x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved.</li> <li>If Threshold of 100% is not met, an action plan will be developed to ensure compliance.</li> </ul>		

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	<p>He indicated staff members had not given him any choices for his meals for the next day. Every meal each day "was a surprise, sometimes for the better and sometimes for the worse."</p> <p>Review of the Activities Attendance Record for the resident, provided by the Activity Director on 11/2/22 at 11:29 a.m., indicated the resident had not attended the Coffee and Meal Plans Activity any times from 10-1-22 to 10-31-22.</p> <p>2. During an observation at the time of interview on 10/28/22 at 11:10 a.m., Resident 42 was in her bed with the television on. She indicated she fractured her back 3 years ago so she required a significant amount of assistance to get out of bed. She preferred to remain in bed rather than to bother the staff members. Though she was on hospice, she still wanted to have some choices when it came to meals. She was not made aware what the facility planned to serve each day. A menu was not provided. She indicated a meal tray was delivered each meal but she "just got whatever they brought her." If she sent the tray away they sent the facility chosen alternative. She never had any options to select for each meal.</p> <p>Resident 42's clinical record was reviewed on 10/31/22 at 3:56 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, recurrent major depressive disorder, rheumatoid arthritis, general anxiety and wedge compression fracture of first lumbar vertebra. A current dietary order for a regular diet was in place.</p> <p>An 8/26/22, Quarterly MDS assessment indicated the resident's cognitive status was intact. She required extensive assistance of 2 staff members to total dependence for bed mobility, transfers,</p>						

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	<p>dressings and toileting. She lacked any exhibited rejection of care behaviors.</p> <p>A current care plan for death with dignity and physical comfort indicated the resident's advanced directive wishes were honored. Interventions included to involve the resident in care and decision making to the maximum potential and provide food and fluids for comfort or based on resident preferences.</p> <p>A current care plan for depression indicated the resident had a diagnosis of major depressive disorder. Interventions included, but were not limited to, emphasize and promote independence and feelings of control/choice.</p> <p>During an interview on 11/1/22 at 11:30 a.m., the resident indicated she preferred meals in her room. She had not been to the dining room. Staff had not asked her to make any choices for her meals so she was unaware what they planned to bring her. She had asked for a menu but it was not provided.</p> <p>During an interview at the time of observation on 11/1/22 at 12:31 p.m., her lunch tray was on her over-the-bed table at bedside. The tray lacked any method for menu selections. She indicated she was unaware why staff members were unable to find a menu for the week to ensure she was informed of the meals in advance. No one had offered her meal choices for the next day.</p> <p>During an interview on 11/2/22 at 10:45 a.m., the resident indicated activities staff members still had not offered her any menu choices for the next day.</p> <p>Review of the Activities Attendance Record for the resident, provided by the Activity Director on</p>						

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	<p>11/2/22 at 11:29 a.m., indicated the resident had not attended any Coffee and Meal Plans Activities for the month of October.</p> <p>3. During an observation at the time of interview on 10/28/22 at 1:14 p.m., Resident 47 was in her bed, wore pajamas and had the television on. She indicated the residents were only permitted to choose their meals for the next day if they went to the dining room for coffee. Since she did not feel well and wanted to stay in bed in her pajamas, she did not have the opportunity to make meal selections for the next day.</p> <p>Resident 47's clinical record was reviewed on 10/31/22 at 1:11 p.m. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side and other intervertebral disc degeneration, lumbar region. A current dietary order for a regular diet was in place.</p> <p>An Annual MDS assessment, dated 9/16/22, indicated the resident's cognitive status was intact. She required extensive assistance of 2 staff members for bed mobility, transfers, and toileting. A wheelchair was required for mobility. She lacked any exhibited rejection of care behaviors.</p> <p>A current care plan for activities indicated the resident enjoyed independent activity pursuits such as word searches, puzzles and other reading materials. A long term goal indicated the resident would participate in independent activities to their level of satisfaction. Interventions included, but were not limited to, offer items for room.</p> <p>During an interview at the time of observation on 11/1/22 at 11:05 a.m., the resident was in her pajamas in bed and watched television. She</p>						

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	<p>indicated she had not been to the dining room. Staff had not offered her menu selections for the next day.</p> <p>During an interview at the time of observation on 11/2/22 at 12:53 p.m., the resident indicated she had not gone to the dining room to make menu selections. Staff had not offered her menu selections for the next day. She would like to have made her own choices for each meal especially when she did not feel well. She preferred to have chosen all of her meals each day, but the facility had not offered her any menu options when she had not gone to the dining room. Since she had a stroke, she required assistance to get up and preferred to stay in bed.</p> <p>Review of the Activities Attendance Record for the resident, provided by the Activity Director on 11/2/22 at 11:29 a.m., indicated they resident had not attended the Coffee and Meal Plans Activity from 10/1/22 to 10/31/22.</p> <p>4. During an interview at the time of observation on 10/28/22 at 2:03 p.m., Resident 215 indicated the doctor wanted her up in the wheelchair only once per day to avoid additional risks of a compromised external fixation device on her right lower leg. She was in her bed with her right leg elevated and the external fixation device in place. A mechanical lift was used to get her in the wheelchair. As a result, she chose to get up during the time she went to smoke. She ate in her room. No one offered her the opportunity to select any meals. A meal was just sent to the resident's room. She was not provided a menu. If she did not want the meal they sent to her room, then they brought a peanut butter and jelly sandwich to replace it but she was not offered any options. She made the dietary department aware</p>						

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	<p>not to send tomatoes on her tray, but they still sent tomatoes.</p> <p>Resident 215's clinical record was reviewed on 10/31/22 at 3:20 p.m. Diagnoses included, but were not limited to, nondisplaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture, anxiety disorder, other specified depressive episodes, nicotine dependence and other chronic pain.</p> <p>A current care plan for activities indicated the resident enjoyed activities such as word searches, bingo and being outside. A long term goal indicated the resident would participate in independent activities to their level of satisfaction. Interventions included provide independent supplies for room as needed when scheduled programming does not meet the resident's preferences or interests.</p> <p>A Nurse's note, dated 10/29/22 at 1:49 p.m. indicated the resident was alert and oriented to person, place and time.</p> <p>During an observation at 11/1/22 at 12:08 p.m., Certified Nurse's Aide (CNA) 11 delivered a lunch tray to the resident. The meal ticket was observed with no tomatoes listed at the bottom. Tomatoes were sent on her meal tray.</p> <p>During an observation on 11/1/22 at 12:11 p.m., an unidentified staff member came to the resident's room and informed her the dietary department was notified again of her preference for no tomatoes.</p> <p>Review of the Activities Attendance Record for the resident, provided by the Activity Director on 11/2/22 at 11:29 a.m., indicated they resident had not attended the Coffee and Meal Plans Activity</p>						



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	<p>any since she admitted during the month of October.</p> <p>During an interview on 11/1/22 at 4:23 p.m., CNA 8 indicated she was unaware how the dietary department received the residents meal choices. Meal choices were not obtained during second shift.</p> <p>During an interview on 11/1/22 at 4:26 p.m., CNA 9 indicated she was unaware know how meal choices were offered and sent to the dietary department.</p> <p>During an interview on 11/1/22 at 4:33 p.m. Registered Nurse (RN) 6 indicated the activities department collected meal choices in the dining room on a tablet. She was not certain when the meal choices were obtained.</p> <p>During an interview on 11/1/22 at 4:40 p.m., the Activity Director indicated the residents who came to the dining room during coffee time, before 11:45 a.m., have their meal choices entered for the next day by an activity staff member. The residents who had the physical ability to go to the Coffee and Chat in the dining room, but chose not to attend, received a system generated standard meal ticket rather than resident chosen meals. Next, an activity staff member offered meal choices to the 3 residents in the facility who were not able to attend the Coffee and Chat in the dining room. Resident 42 was listed as a resident unable to attend the Coffee and Chat. Residents 29, 47 and 215 were not listed as unable to attend. Residents who attended Coffee and Chat in the dining room were offered the opportunity to choose their drinks, made choices between the main meal and expanded alternates and condiment selections. When a resident, who did not attend</p>						

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	<p>Coffee and Chat to select their meals, refused the standard meal, the facility chosen alternate meal was provided. They were not given different expanded options for an alternate. He indicated they previously provided weekly paper menus to the residents but they have not done that for quite some time. The electronic menu selection only provided the day by day menu options.</p> <p>During an interview at the time of observation on 11/2/22 at 9:38 a.m., Coffee and Chat was underway in the dining room with 7 residents in attendance. Activity Assistant 7 obtained meal choices for breakfast, lunch and dinner from the residents for the next day. Choices included the drinks, main course or expanded alternates and the way they wanted their eggs cooked for breakfast. Residents 29, 42, 47 and 215 were not in attendance. Meal choices were not offered at a later time to the resident's who did not attend Coffee and Chat. Instead, they received the standard meal.</p> <p>During an interview on 11/2/22 at 9:59 a.m., the Dietary Manager indicated the meal tickets were printed from Meal Tracker the evening they were collected by the activity staff member. Every resident had a meal ticket printed even if they did not choose the meals. The alternate meal was "Chef's Choice", if the standard meal was refused, because they lacked adequate time to make individualized requests at the last minute. If they attended in the dining room and chose an alternate, the residents had more alternate options. Food allergies and preferences should not have been sent to the residents on their meal tray. Food preferences were collected within 72 hours of the resident's admission. The printed meal tickets did not differentiate if they were system generated due to non-selection or</p>						

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	<p>manually generated due to the residents' choices. A request was made for copies of meal tickets from 10/24/22 to 11/2/22. She indicated she did not have a way to print previous meal tickets because they are wiped clean on a daily basis. Further documentation of meal tickets was not provided prior to the survey exit on 11/2/22 at 4:07 p.m.</p> <p>During an interview on 11/2/22 at 11:51 a.m., the Administrator indicated the residents had the right to choose if they wanted to participate in an activity. He indicated the resident who were able to make their meal choices in the dining room, but did not attend during that time, received a system selected standard meal ticket. Residents did not have menus.</p> <p>During an interview on 11/2/22 at 12:10 p.m., the Director of Nursing (DON) indicated the residents who did not come out of their room would not have had access to the menu to see what was served.</p> <p>During an interview on 11/2/22 at 12:12 p.m., the Assistant Director of Nursing (ADON) indicated "the residents had to take responsibility and attend in the dining room to make their own meal choices if they were able." It would have been "burdensome on staff " to go to the residents' rooms when the residents chose not to attend in the dining room to make their meal selections. This change was made to "encourage residents to participate more."</p> <p>A current document, titled "RESIDENT RIGHTS," provided by the Administrator on 10/27/22 at 3:00 p.m., indicated the following: "The resident has the right to a dignified existence, self-determination, and communication with and</p>						

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NAME OF PROVIDER OR SUPPLIER  WATERS EDGE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 2200 WEST WHITE RIVER BLVD MUNCIE, IN 47303			
(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
	<p>access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident....Exercise of Rights...The resident has the right to exercise his or her rights as a citizen or resident of the United States, and to be free from interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights....Self-Determination...A resident has the right to: Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care....Make choices about aspects of his or her life in the facility that are significant such as schedules, including but not limited to sleeping, waking, eating, and bathing...."</p> <p>3.1-3(u)(1)</p>						