STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155038	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters Edge Village	2200 West White River Blvd Muncie, IN 47303

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to ensure daily staffing was posted in a timely manner.Finding includes:During a 3/9/26 observation at 10:50 a.m. , an empty plastic binder labelled Daily Staffing Hours, was observed outside the Business Office. During a 3/11/26 observation at 8:07 a.m. , the daily nursing hours binder contained staffing for 3/9/26 and 3/10/26. The binder lacked staffing for 3/11/26.During a 3/12/26 observation at 8:31 a.m. , the daily nursing hours binder contained staffing for 3/9/26 and 3/10/26. Staffing for 3/11/26 and 3/12/26 was observed in the binder at 10:31 AM.During a 3/13/26 observation at 8:18 a.m. , the daily nursing hours binder contained staffing for 3/11/26 and 3/12/26. During a 3/13/26 interview at 11:13 a.m. , the Administrator indicated he was responsible for posting the daily staffing hours. Staffing for the current day (3/13/26) was located behind the staffing paper observed (3/11/26 and 3/12/26). The paperwork for 3/13/26 and 3/14/26 would not be posted until the actual hours worked for 3/12/26 were reported. Residents and visitors would not be able to see staffing information for the current day without taking the papers out of the plastic binder. A current facility policy titled, Posted Nurse Staffing Data and Retention Requirements revised 12/2025, and provided by the Administrator on 3/13/26 at 11:37 a.m., indicated the following: .Procedure: 1. The facility must post the following information at the beginning of each shift a. The facility name b. The current date c. Resident census d. The total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift.12. The Nursing Staffing Data should be updated each shift if there are changes to the daily posting.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE