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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/20/2025 |
| NAME OF PROVIDER OR SUPPLIER Edgewater Woods | | STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N Madison Ave Anderson, IN 46011 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32663</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 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 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>(continued on next page)</p> |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>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 Transportation Guidelines, was provided by the DON on 3/20/25 at 12:43 p.m. The policy included the following:</p> <p>Transportation will be provided by the facility bus/van for residents going to and from physician appointments (local) when no other option is available.</p> <p>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> | | |