

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 06/10/2025
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of 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> <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 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>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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. 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>		