

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/17/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to obtain surgical wound care instructions for a newly placed suprapubic catheter (a urinary drainage device inserted directly into the bladder) for 1 of 3 residents reviewed for wound care. (Resident C) Findings include: Resident C's clinical record was reviewed on 6/15/26 at 10:56 a.m. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, methicillin resistant staphylococcus aureus (MRSA) infection (antibiotic resistant infection), and obstructive and reflux uropathy candidiasis. A progress note, dated 5/21/2026 at 11:28 p.m., indicated a dressing to the suprapubic catheter was intact with minimal yellow drainage. A progress note, dated 5/23/2026 at 12:10 a.m., indicated a dressing to the suprapubic catheter was intact with minimal yellow drainage. A progress note dated 5/23/2026 at 11:28 a.m., indicated a suprapubic catheter dressing had a slight amount of drainage. A progress note, dated 5/26/2026 at 7:25 p.m., indicated the resident had some confusion, an elevated blood pressure of 172/102 mm/Hg (millimeters of mercury) and a temperature of 99.5 degrees Fahrenheit. The suprapubic area had some drainage noted at the insertion site. The resident was sent to the hospital for evaluation and treatment. An Internal Medicine History and Physical Note, dated 5/27/26, indicated the resident presented to the hospital with a fever of unknown source, but it was most likely from the site of the recently inserted suprapubic catheter. The suprapubic catheter site was believed to be the source of the fever/infection due to the bad smelling discharge at the site. The resident was given vancomycin (antibiotic). A hospital Discharge summary, dated [DATE], indicated the resident was admitted to the hospital with a temperature of 100.2 and a foul-smelling drainage around the recently placed suprapubic catheter site. Wound culture results indicated moderate growth of MRSA in the wound. The clinical record lacked interventions and orders related to the care of the newly placed suprapubic catheter until 5/28/26, following the resident's hospitalization. Review of the May 2026 medication administration record lacked orders for surgical wound care until 5/28/26, following the resident's hospitalization. During an interview on 6/17/26 at 8:47 a.m., the ADON indicated wound care orders should have been in place after the placement of the suprapubic catheter. The nurse should have identified the orders were missing and called the hospital for clarification. A current policy, dated 3/2010 and last revised 12/2025, titled Nursing Admission/Return admission Policy and Procedure. The policy indicated the following: . Physician Orders: Upon admission, physician orders must be obtained. 6. Transcribe treatment orders to include the specific areas to be treated, frequently, dosage, and reason needed. This citation relates to Intake 3026817.3.1-37(a)		

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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