

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Waters of Greencastle, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 Hospital Dr Greencastle, IN 46135	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>40339</p> <p>Based on observation, interview, and record review, the facility failed to honor a resident's preference regarding meal service for 1 of 3 records reviewed for quality of care (Resident C).</p> <p>Findings include:</p> <p>During a wound care observation on 5/14/25 at 1:59 p.m., accompanied by LPN 5 and the Assistant Director of Nursing (ADON), the resident indicated he had lunch in the dining room, but he would rather eat in his room. The staff made him go to the dining room for all meals. The ADON indicated to the resident that he knew why they liked him to go to the dining room and smiled at him. He indicated to the ADON that he could eat on his own without problems.</p> <p>The clinical record for Resident C was reviewed on 5/14/25 at 9:49 a.m. Diagnoses included hypertensive heart disease without heart failure, dysphagia, anxiety disorder, major depressive disorder, diabetes mellitus type II, and obesity.</p> <p>A significant change Minimum Data Set (MDS) assessment, dated 4/21/25, indicated the resident had was cognitively intact, required partial moderate assistance with eating, and was receiving hospice care. He had no impairment of range of motion of his upper extremities and was dependant on staff for transfers. He felt down, depressed and hopeless daily and found little pleasure or interest in doing things. He had no delusions, hallucinations or rejection of care.</p> <p>A current health care plan, dated 4/4/23, indicated the resident had a diagnosis of malnutrition and muscle wasting. Interventions included to assist the resident with setting up his tray at meals as needed.</p> <p>A current health care plan, dated 4/22/19, indicated the resident was at risk for increased anxiousness related to his diagnoses of anxiety. Interventions included to offer him choices.</p> <p>A speech therapy discharge summary, dated 4/10/25, indicated to facilitate safety and efficiency, it was recommended the resident use general swallow techniques/precautions, alternation of liquid and solids, and rate modification. The resident should sit upright during meals and upright posture for greater than 30 minutes after meals. The resident should have close supervision during meals.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician's order, dated 3/27/25, indicated the resident's diet texture as pureed and nectar thick liquids. The order was discontinued on 4/14/25.</p> <p>A current physician's order, dated 4/14/25, indicated the resident's diet texture as regular and thin liquids.</p> <p>A Client Coordination Note Report, dated 4/14/25, from the hospice provider included that the resident indicated he could feed himself, but sometimes he had a hard time getting hand to mouth during meals. The nurse educated the resident regarding the risk of aspiration (inhaling food particles and liquids into the lungs) with a regular textured diet and thin liquids. The resident verbalized his understanding and awareness, but requested a regular textured diet and thin liquids.</p> <p>During a telephone interview on 5/15/25 at 1:08 p.m., the hospice nurse case manager indicated she had educated the resident regarding his risk for choking and he made it clear that he wanted to eat in his room. He had indicated he had not gone to breakfast because he had not wanted to go to the dining room. She had spoken to the staff regarding his comment that he had not been eating breakfast because he does not want to go to the dining room. The staff indicated it was the policy that he would have to go to the dining room during meals due to him being a choking risk.</p> <p>A review of Resident C's meal intake record indicated the resident had refused breakfast 17 times, lunch 3 times, and dinner 5 times, over a 28 day period.</p> <p>During an interview on 5/14/25 at 3:10 p.m., the DON indicated all residents who were assisted to eat were required to eat in the dining room for meals.</p> <p>During an interview on 5/15/25 at 10:53 a.m., Resident C indicated it was embarrassing for him to eat in the dining room because he can be a messy eater. It was also embarrassing having staff helping him to eat his meals. His preference has always been to eat in his room. He was aware of his risk for aspiration, but would really prefer to eat in his room and it had upset him being made to go to the dining room for all his meals.</p> <p>During an interview on 5/15/25 at 10:59 a.m., Resident C's spouse indicated she felt her husband should be able to eat in his room despite the risk of him choking. He had always eaten in his room since he admitted to the facility and that was what he wants to do now.</p> <p>During an interview on 5/15/25 at 12:16 p.m., the DON indicated it was safer for Resident C to go to the dining room for meals, and he had been pushed and encouraged to go to the dining room. Behaviorally, Resident C did what he wanted or did not do what he did not want to do. He was struggling with acceptance of needing more staff help.</p> <p>During an interview on 5/15/25 at 12:25 p.m., the Administrator indicated the other residents who require assistance to eat want to go to the dining room. This had been a non-issue. Resident C had not wanted a pureed texture diet and as his health had declined, he had become more behavioral. He struggled to accept his need for increased staff assistance. He had been accepting of going to the dining room for meals unless his family was present, then he would put on a better show and became more argumentative. When he had an audience, he became less agreeable to going to the dining room for meals.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current facility policy, dated 7/12/13, titled, Guidelines for Observing and Implementing - Resident Rights, provided by the Administrator on 5/15/25 at 2:49 p.m., indicated the following: .Procedure: .7) It is important that staff be aware of the Resident Rights to include, but not limited to: .Self-determination - residents should control their own lives - as much as is possible with consideration of any physical, mental, emotional, social or cognitive deficits .Residents must have the ability to exercise their Resident Rights as a citizen of the United States</p> <p>This Federal tag relates to Complaint IN00458584.</p> <p>3.1-3(a)(1)</p>		