

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W Jackson St Muncie, IN 47304	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>40339</p> <p>Based on observation, record review, and interview, the facility failed to allow residents to continue to gather around the nurses' station, as was their preference and common practice, for 4 of 4 residents reviewed for resident preferences. (Residents C, D, E, & F)</p> <p>Findings include:</p> <p>During an interview on 4/1/24 at 11:33 a.m., the Memory Care Activities Director indicated the Divisional Director of Clinical Services (DDCS) had insisted on moving furniture around and taking furniture away in the common areas of the secured unit. Specifically, a table that was in the dining room that was used during activities and meals by staff was removed. The residents enjoyed gathering around the nurses' station to talk with staff and each other. The DDCS indicated to staff they were to return the residents to their rooms following an activity or meals. On occasion, the residents had to be re-directed when they attempted to move a chair from the dining room or down the hall to the nurses' station area. The DDCS also removed tables and chairs from the activities room and the TV lounge. The TV lounge now had no seating and the activities area had only two chairs for residents to sit at a counter, facing the wall to do a puzzle or any other activity. The Memory Care Activities Director felt these changes had caused stress on the unit for the residents and staff and to provide a comfortable environment that they have been accustomed to in the past. There was a lot of confusion.</p> <p>During an interview on 4/1/25 at 11:53 a.m., CNA 3 indicated she felt the residents thought of the area around the nurses' station as a sort of living room area. They would gather there and talk, or rest when walking from the dining room to their rooms down the hallway. She felt the removal of the seating around the nurse's station had caused the residents stress and confusion, as they had nowhere to sit per their usual, and were confused as to what they should be doing and where to go.</p> <p>During an interview on 4/1/25 at 1:47 p.m., CNA 4 indicated the staff had been instructed to move residents to their rooms from the dining room and discourage them from gathering at the nurses's station. The TV lounge was observed with CNA 4 during the interview. There were two chairs placed against the wall facing the TV. A resident was observed seated in one of the chairs watching TV. CNA 4 indicated the staff were aware that the chairs would need to be removed when the DDCS visited again to avoid her becoming upset. The CNA indicated she felt the falls had increased and the changes have contributed to this.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W Jackson St Muncie, IN 47304	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Resident C's clinical record was reviewed on 4/1/25 at 3:01 p.m. Diagnoses included schizophrenia, difficulty walking, convulsions, history of falling, and dementia.</p> <p>A current care plan, revised on 8/13/25, indicated the resident had impaired cognitive ability/impaired thought processes related to the diagnoses of dementia. Interventions included to keep the resident's routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion.</p> <p>An Event Note, dated 3/7/25 at 5:17 a.m., indicated the resident had a fall in her room. She indicated to staff she was getting up to go to the bathroom. The resident's call light was in reach but had not been activated.</p> <p>2. Resident D's clinical record was reviewed on 4/1/25 at 3:08 p.m. Diagnoses included dementia, protein-calorie malnutrition, gastro-esophageal reflux disease (GERD), convulsions, and history of falls.</p> <p>A current care plan, revised on 5/2/23, indicated the resident had GERD. Interventions included, to avoid lying down for at least one hour after eating. Encourage resident to stand/sit upright after meals</p> <p>An Event Note, dated 3/8/25 at 7:00 a.m., indicated the resident had a fall in her room. She was observed in her room, sitting on her bottom with her back against the foot of the bed with her legs extended out. Resident was complaining about her head and the nurse observed a laceration and hematoma to the back of the resident's head.</p> <p>3. Resident E's clinical record was reviewed on 4/1/25 at 3:11 p.m. Diagnoses included dementia, moderate protein-calorie malnutrition, muscle weakness, heart failure, and dysphagia.</p> <p>A current care plan, revised 1-8/15/24, indicated the resident had specific preferences. Interventions included, that most of the time, the resident chooses not to participate in group activities and prefers to eat her meals in her room. to keep the resident's routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion.</p> <p>An Event Note, dated 3/8/25 at 2:55 p.m., indicated the resident had a fall in her room and was observed sitting on her bottom on the floor with her back against the bathroom door. Her walker was tipped over in front of her.</p> <p>4. Resident F's clinical record was reviewed on 4/1/25 at 3:19 p.m. Diagnoses included Alzheimer's disease, muscle weakness, dysphagia, major depressive disorder, and history of falls. The resident admitted to the facility 5/15/24.</p> <p>A current care plan, created 5/17/24, indicated the resident was independent/dependent on staff for meeting emotional, intellectual, physical and social needs related to cognitive deficits. Interventions included, to introduce the resident to residents with similar background, interests and encourage/facilitate interaction.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W Jackson St Muncie, IN 47304	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Event Note, dated 3/8/25 at 11:45 p.m., indicated the resident had a fall in her room. She was found lying on the floor approximately five feet from her bed, lying on her back, arms bent at elbows with hands resting on upper abdomen. Her legs were bent at the knees with the soles of her shoes on the floor. Resident's walker was observed between resident's feet and the bathroom door.</p> <p>A review of the falls on the memory care unit for a Friday, Saturday or Sunday in January, February and March were as follows: In January 2025 there were two falls; in February 2025, there were seven falls on the weekends; and in March there were a total of eight weekend falls on or following 3/7/25, following the changes on the memory care unit.</p> <p>Anonymous interviews were completed during the survey.</p> <p>During an anonymous interview on 4/1/25 at 1:56 p.m., it was indicated the removal of the chairs around the nurses' station caused a lot of confusion for the residents. The DDCS had directed the staff to take the residents from the dining room following an activity or meal to their rooms to watch TV or into the TV lounge which now had no seating.</p> <p>During a telephone interview on 4/1/25 at 2:36 p.m., the facility's previous DON who resigned recently due to the stress caused by the DDCS, indicated falls had increased on the memory care unit following the rapid changes. She knew of four falls that occurred the weekend following the removal of the seating around the nurses' station and the seating in the activities and TV lounges. The staff had verbalized concerns regarding the changes and the effect they would have on the residents. The DDCS ignored the staff concerns. The residents who fell over that weekend, were know to sit at the nurses' station when leaving the dining room before continuing to their rooms. She felt the residents routine and continuity had been affected by the multiple rapid changes. The residents were confused and upset.</p> <p>During an interview on 4/1/25 at 3:12 p.m., an anonymous resident representative indicated they visited routinely. They felt changes like the ones that had been made were difficult for memory care residents to manage. The residents loved sitting together around the nurses' station, and they were very surprised and dismayed that the facility removed the chairs. They asked the staff why the chairs had been removed and they responded that corporate said they could not have them there anymore. There's a little room that they normally used to visit their relative, and it was nice because they didn't have to squeeze into the resident's room and disturb their roommate. The TV room had seating and was mostly private for their visit. They came in for a visit, and suddenly all the furniture and seating was gone. They could not have visits in that room any longer unless they all stood, including their relative. They felt it was very inconvenient and uncaring to do this without any notice or explanation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W Jackson St Muncie, IN 47304	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/1/25 at 3: 24 p.m., the Regional Director of Clinical Services (RDCS) indicated his goal had been to improve the memory care unit and get residents more involved with activities such as using the life stations (i.e.,baby station, work bench, games, puzzles, etc.) His thought was by removing the chairs around the nurses' station, and the table and chairs out of the TV room, it might encourage the residents to use the physical objects. He now felt that removing the table and chairs from the TV room was premature when considering the residents would need a place to sit to watch the television. He and the Divisional Director of Clinical Services (DDCS) were using this facility as a pilot for memory care units in the state and were trying new things to engage the residents. They planned to ask the staff at some point for suggestions, but wanted to try some things first. He had not followed up with the memory care staff since making the changes, to see if the changes had been positive or negative, or if the changes had been effective at engaging the residents at the life stations.</p> <p>During a telephone interview on 4/1/25 at 3:53 p.m., the DDCS indicated her goal was to improve the quality of the day-to-day activities for the residents. She felt these changes would enhance the memory care unit. She felt having chairs at the nurses' station was not something she wanted to see. The residents could fall when trying to sit down. She would expect the staff to toilet the residents and encourage a nap following group activities and meals. The tables were removed from the activities room due to them being circular, and people with dementia do not do well with circular tables. The table in the activity room was square, but taller than she felt was safe, and the corners could cause injury. She also felt it was a fall hazard. Her plan was to replace the tables and chairs in time. The plan was to starting with this facility and make unit a premier memory care unit. She had not reached out to the staff, the Administrator, nor the DON to obtain feedback on the current changes that had been made. She would have liked the staff to embrace these changes better. She felt she had included the staff and asked for suggestions, but none of the staff provided any feedback.</p> <p>A current facility policy, reviewed 11/19/24, titled, Resident Rights, provided by the Administrator on 4/1/25 at 4:32 p.m., included the following: .The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section .Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>This citation relates to complaint IN00456358.</p> <p>3.1-3(u)(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W Jackson St Muncie, IN 47304	
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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40339</p> <p>Based on record review and interview, the facility failed to prevent a resident's involuntary seclusion by placing her in an activity room, alone and without explanation as to the reason for the deviation from her normal preferred activity and routine, for 1 of 1 residents reviewed for involuntary seclusion. (Resident B)</p> <p>Finding include:</p> <p>During an interview on 4/1/25 at 11:23 a.m., the Administrator indicated the Divisional Director of Clinical Services (DDCS) had been visiting the facility about once a month. She had been in the building Tuesday through Friday during the recent Annual Survey, which completed on 3/7/25. The facility's memory care unit was currently being focused on as a pilot unit for the corporation, so her main focus during her visits had been on the memory care unit.</p> <p>During an interview on 4/1/25 at 11:53 a.m., CNA 3 indicated Resident B enjoyed sitting outside the nurse's station. Resident B felt she was the Executive Director of the unit and liked to make sure things were running smoothly. During a recent visit, the DDCS moved the resident from the nurse's station area and directed her into the activities room. She had the resident sit at the counter in the room and then turned and walked away, leaving the resident alone. CNA 3 indicated she went into the activities room as Resident B appeared confused. Resident B indicated to her, What did I do wrong? Why have they put me in here by myself? Am I in trouble? CNA 3 indicated it had been upsetting seeing the resident's distress and wondered why the DDCS moved Resident B to sit in a room by herself, when her normal routine was to supervise the nurse's station.</p> <p>During an interview on 4/1/25 at 1:47 p.m., CNA 4 indicated she overheard Resident B talking with CNA 3. The resident sounded sad and confused as to why she had to sit in that room and could not understand what she had done wrong. CNA 3 removed the resident from the activities room and assisted her to the dining room with other residents.</p> <p>During an telephone interview on 4/1/25 at 3:53 p.m., the DDCS indicated having chairs around the nurses station was not something she personally wanted to see. The residents could fall when trying to sit down. She would have liked the staff to better embrace the changes being made.</p> <p>Resident B's clinical record was reviewed on 4/1/25 at 10:21 a.m. Diagnoses included Alzheimer's disease, severe protein-calorie malnutrition, and history of stroke. She admitted to the facility on [DATE].</p> <p>A significant change minimum data set (MDS) assessment, dated 3/19/25, indicated the resident had moderate cognitive impairment, used a walker for mobility, self transferred, and had no behaviors or rejection of care during the assessment period.</p> <p>A current care plan, revised on 9/16/24, indicated the resident had impaired cognitive ability and impaired thought processes related to the diagnoses of dementia. Interventions included to keep the resident's routine consistent.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Woodlands The		STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W Jackson St Muncie, IN 47304	
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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current facility policy, reviewed 11/19/24, titled, Area of Focus: Abuse & Neglect, provided by the Administrator on 4/1/25 at 4:32 p.m., included: What Each resident has the right to be free from abuse, neglect, . This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>This citation relates to complaint IN00456358.</p> <p>3.1-27(a)(4)</p>		