STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155741	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2015
NAME OF PROVIDER OR SUPPLIER FAIRWAY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203	

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F000000	This visit was for the Investigation of Complaint IN00162595. Complaint IN00162595 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-203, F-247 and F-250. Survey dates: January 12 & 13, 2015 Facility number: 004700 Provider number: 155741 AIM number: 100266630 Survey team: Diana Zgonc, RN-TC Census bed type: SNF/NF: 20 Total: 20 Census payor type: Medicare: 4 Medicaid: 12 Other: 4 Total: 20 Sample: 12 These deficiencies reflect state findings cited in accordance with 410 IAC	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	16.2-3.1. Quality review completed on January 15, 2015; by Kimberly Perigo, RN.			
F000203 SS=E	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.			

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	The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.			
	Based on record review and interview, the facility failed to ensure residents were given a written 30-day notification prior to discharge from the facility for 4 of 6 residents reviewed for discharge notification in a sample of 12 (Resident #D, #E, #F, #G). Findings include: 1). The clinical record for Resident #D was reviewed on 1/13/15 at 9:25 a.m. Diagnoses for Resident #D included, but were not limited to, diabetes, gout, dementia, schizophrenia, depressive	F000203	**Whatcorrective action (s) will be accomplished for those residents found to havebeen affected by the deficient practice;** Resident D, E, F and G no longer reside in thefacility **How other residents have the potential tobe affected by the same deficient practice will be identified and whatcorrective action (s) will be taken;** Thefive remaining female residents have the potential to be affected. The Social Service Director issued a 30 dayinvoluntary	01/23/2015

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	disorder, reflux and chronic obstructive pulmonary disease. A progress note dated 1/8/15 at 11:59 a.m., indicated the facility Social Worker contacted Resident #D's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A progress note dated 1/8/15 at 7:30 p.m., indicated the resident was transferred to another facility at that time. 2). The clinical record for Resident #E was reviewed on 1/13/15 at 9:35 a.m. Diagnoses for Resident #E included, but were not limited to, senile dementia, psychosis, hypertension, dysphagia osteoarthritis and anxiety. A progress note dated 1/6/15 at 2:36 p.m., indicated the facility Social Worker contacted Resident #E's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A progress note dated 1/8/15 at 3:15 p.m., the resident was accepted to another facility and transferred later that day. 3). The clinical record for Resident #F was reviewed on 1/13/15 at 10:00 a.m.		discharge notices for the five remaining residents affected; a careplan meeting was scheduled with resident and/or responsible party and a list offacilities within a ten mile radius was provided to assist in the discharge. **Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur;** SocialServices or designee will complete all involuntary discharges process and notification;ensuring residents are provided a 30 day discharge notice per the facilitypolicy and procedures. The ED/Designee will review all involuntary transferdischarges documentation to ensure the transfer discharge policies andprocedures are followed. TheSocial Service Consultant provided in-service to the social service staff on1-19-15 regarding involuntary 30 day discharges **Howthe corrective action (s) will be monitored to ensure the deficient practicewill not recur, i.e, what quality assurance program will be put into place and** SocialServices is responsible for completing the Involuntary Discharge ContinuouslyQuality Improvement tool weekly times 4 weeks and monthly times 6 months andthen quarterly thereafter. The results of	

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	Diagnoses for Resident #D included, but were not limited to, osteoporosis, delusional disorder, dementia, diabetes, Alzheimer's, hypertension and depressive disorder. A progress note dated 1/7/15 at 2:35 p.m., indicated the facility Social Worker contacted Resident #F's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A Progress note dated 1/12/15, indicated the resident was transferred to another facility. 4). The clinical record for Resident #G was reviewed on 1/13/15 at 12:25 p.m. Diagnoses for Resident #E included, but were not limited to, reflux, depressive disorder, aphasia, dementia, anxiety and hypertension. A progress note dated 1/7/15 at 1:53 p.m., indicated the facility Social Worker contacted Resident #G's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A progress note dated 1/8/15 at 3:13 p.m., indicated the resident had been accepted to another facility and was transferred the same day.		these audits will be reviewed by theCQI committee overseen by the ED. If threshold of 95% is not achieved an actionplan will be developed. **Bywhat date the systemic changes will be completed.** January23, 2015	

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	During an interview with Resident #G's responsible party, he indicated the Social Worker called to inform him the building was changing to an all male facility and Resident #G would have 2 weeks to find another facility to reside. The four clinical records lacked any written documentation the residents, or their responsible parties were provided a written 30-day notice of the intent to transfer for Resident #D, #E, #F or #G. During an interview with the Social Worker on 1/13/15 at 8:20 a.m., she indicated she was instructed to call the residents' responsible party and inform them they had 2 weeks to find alternate placement for the residents, because the building was changing to an all male building. We have been assisting them in finding alternate placement if needed. On 1/13/15 at 9:25 a.m., the Administrator provided the Involuntary Discharge/Transfer policy dated 5/2003 and revised 1/2006, and indicated the policy was the one currently being used by the facility. Review of the policy indicated, "... Procedure ... A copy of the notice of involuntary discharge or transfer must be included in the resident's clinical record ... and sent to the resident and responsible party, a family member			

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	of the resident, if known, the local long term care ombudsman, the person or agency responsible for the resident's placement, maintenance and care at the facility ... Such notice must be given at least thirty (30) days in advance of an involuntary discharge or transfer ..." This Federal tag relates to Complaint IN00162595. 3.1-12(a) 3.1-12(6)(A) 3.1-12(7)			
F000247 SS=E	483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on record review and interview, the facility failed to ensure residents' room change transfer notifications were documented according to the facility policy for 6 or 6 residents reviewed for intra-facility room transfers in a sample of 12 (Resident #H, #J, #K, #L, #M, #N).	F000247	F-247 **Whatcorrective action (s) will be accomplished for those residents found to havebeen affected by the deficient practice;** Resident H, J, K, L, M, N, have a signed intrafacility transfer form located in the resident's medical	01/23/2015

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	Findings include: 1). The clinical record for Resident #H was reviewed on 1/13/15 at 2:15 p.m. Diagnoses for Resident #H included, but were not limited to, osteoarthritis, reflux, dementia, psychosis, depressive disorder, anoxic brain damage and hypertension. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. 2). The clinical record for Resident #J was reviewed on 1/13/15 at 2:20 p.m. Diagnoses for Resident #J included, but were not limited to, diabetes, depressive disorder, narcolepsy, hypertension, reflux and dementia. A progress note dated 12/8/14, indicated the Social Worker followed-up with the resident after the room change for psychosocial well being. The record lacked documentation of any Intra-Facility Transfer Form as to when the resident was actually moved to a new room. 3). The clinical record for Resident #K was reviewed on 1/13/15 at 2:40 p.m.		record per facilitypolicy. **Howother residents have the potential to be affected by the same deficientpractice will be identified and what corrective action (s) will be taken;** All residents have the potential to be affected. The Social Service Consultant inserviced the SocialService Director on facility policy and procedure regarding intra facility roommoves and roommate changes on 1-19-15. All other residents charts were reviewed by theSocial Service Director to ensure if an intrafacility transfer occurredwithin the past 7 days, the documentation was complete and appropriatelysigned. .**Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur**; Social Service Consultant in serviced the SocialService Director on facility policy and procedure regarding resident room moveor roommate change on 1-19-15. All residentintra facility room changes will bediscussed and reviewed during IDT morning meetings to ensure the room changepolicy and procedures are followed. The ED will review the documentation of all roomchanges to ensure	

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	Diagnoses for Resident #K included, but were not limited to, diabetes, hypertension, anxiety, depressive disorder, reflux, chronic kidney disease and dementia. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. 4). The clinical record for Resident #L was reviewed on 1/13/15 at 2:50 p.m. Diagnoses for Resident #L included, but were not limited to, dementia, diabetes, bipolar disorder hypertension, asthma and polyneuropathy. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. 5). The clinical record for Resident #M was reviewed on 1/13/15 at 3:00 p.m. Diagnoses for Resident #M included, but were not limited to, dementia, depressive disorder, hypertension, chronic obstructive pulmonary disease and osteoporosis. An Intra-Facility Transfer Notice of		appropriate notification and signatures are present perpolicy. **Howthe corrective action (s) will be monitored to ensure the deficient practicewill not recur, i.e, what quality assurance program will be put into place and** SocialServices is responsible for completing the Intra facility transfer Continuously Quality Improvement tool weeklytimes 4 weeks and monthly times 6 months and then quarterly thereafter. Theresults of these audits will be reviewed by the CQI committee overseen by theED. If threshold of 95% is not achieved an action plan will be developed. **Bywhat date the systemic changes will be completed.** January23, 2015	

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	Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. 6). The clinical record for Resident #N was reviewed on 1/13/15 at 3:15 p.m. Diagnoses for Resident #N included, but were not limited to, dementia, reflux, psychotic disorder with hallucinations and Alzheimer's disease. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. The six residents' Intra-Facility Transfer Notice lacked any signatures on the Intra-Facility Transfer documentation and lacked the hard copy printed and retained in the medical record for Resident #H, #K, #L, #M or #N. During an interview on 1/13/15 at 1:25 p.m., with the Social Worker, she indicated she did not have any resident or their representative sign any transfer documentation when they moved from the North Unit to the South Unit. On 1/13/15 at 1:20 p.m., the Administrator provided the undated			

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	Intra-Facility Transfer policy (non-dated), and indicated the policy was the one currently being used by the facility. Review of the policy indicated, "... Procedure ... 4. The form will be signed by the resident (if they are their own legal representative) or the resident's legal representative ... 5. A copy of the form will be ... kept in the medical record (for EMR [electronic medical records] users, the form should be printed out for signatures, copied and placed in the medical record)." This Federal tag relates to Complaint IN00162595. 3.1-3(v)(2)			
F000250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview, the facility failed to ensure residents received proper documentation for 30-day discharge notices and Intra-Facility Transfer information	F000250	F 250 **What corrective action (s) willbe accomplished for those residents found to have been affected by thedeficient practice;**	01/23/2015

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	according to the current facility policy for 10 of 12 residents reviewed for transfer and discharge in a sample of 12 (Resident #B, #C, #D, #E, #F, #G, #H, #J, #K, #L, #M, #N and Social Worker). Findings include: 1). The clinical record for Resident #D was reviewed on 1/13/15 at 9:25 a.m. A progress note dated 1/8/15 at 11:59 a.m., indicated the facility Social Worker contacted Resident #D's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A progress note dated 1/8/15 at 7:30 p.m., indicated the resident was transferred to another facility at that time. The clinical record for Resident #E was reviewed on 1/13/15 at 9:35 a.m. A progress note dated 1/6/15 at 2:36 p.m., indicated the facility Social Worker contacted Resident #E's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A progress note dated 1/8/15 at 3:15 p.m., the resident was accepted to another facility and transferred later that day.		Resident D, E, F and G no longer reside in thefacility Resident H, J, K, L, M, N, have a signed intrafacility transfer form located in the resident's medical record per facilitypolicy. **How other residents have thepotential to be affected by the same deficient practice will be identified andwhat corrective action (s) will be taken;** Allresidents have the potential to be effected. The SocialService Director issued a 30 day involuntary discharge notices for the fiveremaining residents affected; a care plan meeting was scheduled with residentand/or responsible party and a list of facilities within a ten mile radius wasprovided to assist in the discharge. All other residents charts were reviewed by theSocial Service Director to ensure if an intrafacility transfer occurredwithin the past 7 days, the documentation was complete and appropriately signed **What measures will be put intoplace or what systemic changes will be made to ensure that the deficientpractice does not recur;** Social Services or designee will complete allinvoluntary discharges process and notification; ensuring residents areprovided a 30 day discharge	

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	The clinical record for Resident #F was reviewed on 1/13/15 at 10:00 a.m. A progress note dated 1/7/15 at 2:35 p.m., indicated the facility Social Worker contacted Resident #F's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A Progress note dated 1/12/15, indicated the resident was transferred to another facility. The clinical record for Resident #G was reviewed on 1/13/15 at 12:25 p.m. A progress note dated 1/7/15 at 1:53 p.m., indicated the facility Social Worker contacted Resident #G's responsible party by phone to inform them alternate placement for the resident was necessary due to the facility being changed to an all male building. A progress note dated 1/8/15 at 3:13 p.m., indicated the resident had been accepted to another facility and was transferred the same day. During an interview with Resident #G's responsible party, he indicated the Social Worker called to inform him the building was changing to an all male facility and Resident #G would have 2 weeks to find another facility to reside. The clinical records lacked any written documentation the residents, or their		notice per the facility policy and procedures. TheED/Designee will review all involuntary transfer discharges documentation toensure the transfer discharge policies and procedures are followed. Social Service Consultant in serviced the SocialService Director on facility policy and procedure regarding resident room moveor roommate change and involuntary 30 day discharges on 1-19-15. All residentintra facility room changes will be discussed and reviewed during IDT morningmeetings to ensure the room change policy and procedures are followed. The ED willreview the documentation of all room changes to ensure appropriate notificationand signatures are present per policy. **How the corrective action (s)will be monitored to ensure the deficient practice will not recur, i.e, whatquality assurance program will be put into place and** SocialServices is responsible for completing the Involuntary Discharge and Intra facility transfer Quality Improvement tools weekly times 4 weeksand monthly times 6 months and then quarterly thereafter. The results of theseaudits will e reviewed by the CQI committee overseen by the ED. If threshold of95% is not achieved an action plan will be	

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	responsible parties were provided a written 30-day notice of the intent to transfer for Resident #D, #E, #F or #G. 2). The clinical record for Resident #H was reviewed on 1/13/15 at 2:15 p.m. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. The clinical record for Resident #J was reviewed on 1/13/15 at 2:20 p.m. A progress note dated 12/8/14, indicated the Social Worker followed-up with the resident after the room change for psychosocial well being. The record lacked documentation of any Intra-Facility Transfer Form as to when the resident was actually moved to a new room. The clinical record for Resident #K was reviewed on 1/13/15 at 2:40 p.m. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. The clinical record for Resident #L was reviewed on 1/13/15 at 2:50 p.m. An		developed. **By what date the systemic changeswill be completed.** January23, 2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155741	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/13/2015
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	Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. The clinical record for Resident #M was reviewed on 1/13/15 at 3:00 p.m. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. The clinical record for Resident #N was reviewed on 1/13/15 at 3:15 p.m. An Intra-Facility Transfer Notice of Room Change dated 12/3/14, indicated the resident waived the right to a 48 hour notice and would be moved to a new unit on 12/3/14. The six residents' Intra-Facility Transfer Notice lacked any signatures on the Intra-Facility Transfer documentation and lacked the hard copy printed and retained in the medical record for Resident #H, #K, #L, #M or #N. During an interview with the Social Worker on 1/13/15 at 1:25 p.m., she indicated she didn't know she needed to provide a 30 day discharge or a room transfer document. She also indicated			

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	she wasn't sent for training until December 2014, which was after the room changes and the discharges had occurred. On 1/13/15 at 9:25 a.m., the Administrator provided the Involuntary Discharge/Transfer policy dated 5/2003 and revised 1/2006, and indicated the policy was the one currently being used by the facility. Review of the policy indicated, "... Procedure ... A copy of the notice of involuntary discharge or transfer must be included in the resident's clinical record ... and sent to the resident and responsible party, a family member of the resident, if known, the local long term care ombudsman, the person or agency responsible for the resident's placement, maintenance and care at the facility ... Such notice must be given at least thirty (30) days in advance of an involuntary discharge or transfer ..." On 1/13/15 at 1:20 p.m., the Administrator provided the undated Intra-Facility Transfer policy (non-dated), and indicated the policy was the one currently being used by the facility. Review of the policy indicated, "... Procedure ... 4. The form will be signed by the resident (if they are their own legal representative) or the resident's legal representative ...5. A copy of the form			

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	will be ... kept in the medical record (for EMR [electronic medical records] users, the form should be printed out for signatures, copied and placed in the medical record)." This Federal tag relates to Complaint IN00162595. 3.1-34(a)			