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 07/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRWAY VILLAGE	2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaints IN00151386 and IN00152137. Complaint IN00151386 - Substantiated. Federal/state deficiencies related to the allegations are cited at F223. Complaint IN00152137 - Unsubstantiated due to lack of evidence. Survey dates: July 21 and 22, 2014 Facility number: 004700 Provider number: 155741 AIM number: 100266630 Survey team: Diana Zgonc, RN-TC Census bed type: SNF: 03 NF: 33 Total: 36 Census payor type: Medicare: 03 Medicaid: 33 Total: 36 Sample: 9	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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	This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 24, 2014; by Kimberly Perigo, RN.			
F000223 SS=A	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on record review and interview, the facility failed to ensure staff did not verbally abuse a resident for 1 of 3 residents reviewed for abuse in a sample of 9 (Resident #B, Certified Nursing Assistant [CNA] #1, and RN #2). Findings include: The clinical record for Resident #B was reviewed on 7/21/14 at 12:50 P.M. Diagnoses for Resident #B included, but were not limited to depression, seizure disorder, hypertension, reflux disease, alcohol and drug abuse, and leukocytosis. The most current Quarterly MDS	F000223	Whatcorrective action (s) will be accomplished for those residents found to havebeen affected by the deficient practice; 1.Facilitynow in compliance. The CNA involved was immediately terminated and reported toISDH. Resident assessed by Attending Psychologist to ensure noemotional damages from incident Howother residents having the potential to be affected by the same deficientpractice will be identified and what corrective action will be taken 1.Allresident had the potential to be affect As stated in the Follow-up Report dated6/25/14 All staff was in-serviced regarding	08/01/2014

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	(minimum data set) assessment dated 6/3/14, for Resident #B's cognitive status indicated a BIMS (brief interview of mental status) score of "15" (intact). An "Incident Report Form" dated 6/19/14, indicated the facility had reported to the Indiana State Department of Health, CNA #1 had a verbal confrontation with Resident #B. An untitled statement dated 6/19/14, and written by RN #2 (no time noted, RN #2 worked 10 P.M. to 6 A.M. shift and was agency staff) indicated she entered the South Unit to pass night shift medications and she heard a resident yell, "Help me, help me." RN #2 also indicated she heard the CNA yell at the resident, "Shut up, there's nothing wrong with you, shut up, you better stop lying on me, don't you throw p*** on me." RN #2 indicated CNA #1 yelled at her (RN #1), "He was gonna throw p*** on me." The nurse indicated she escorted the resident back to his room and sent the CNA away from the area to find out what was happening. Resident #B indicated he asked the CNA to empty his urinal and the CNA told him he would have to wait, so he put the urinal down in the hallway and the CNA screamed at him. The RN indicated at this time she heard CNA #1 in the hallway call the resident a, "stupid		Abuse and reporting and prevention Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur 1.SystematicChanges have been implemented, Aug 1, 2014 Facility acquired by American SeniorCommunities (ASC) New Executive Director and Director of Nursing in place Allstaff in-serviced during orientation and again on 8/12 on Abuse, Elder JusticeAct and reporting. Employees are screened thoroughly according to ASCpolicy Howcorrective action will be monitored to ensure the deficient practice will notrecur i.e what quality assurance program will be put into place. 1.Ongoingin-services with all staff. Continnuous Quaility Improvements ProgramImplemented as well as ALL American Senior Communities Policy andProcedures to ensure the deficient practice does not reoccur. Bywhat date the systemic changes will be completed. E)8/1/14Systemic changes were implemented.	

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	a** liar, dumb m***** f*****" and making passive threats, "Yeah we will talk about this later." The facility records indicated the CNA was immediately suspended pending an investigation and then terminated on 6/23/14. Review of the CNA's employee file on 7/21/15 at 10:15 A.M., indicated the facility had provided resident rights and abuse training on 2/14/14. The criminal background check was completed as well as the CNA skills checklist. No previous disciplinary actions were found in the employee record. The CNA certification was current and active. Review of the facility policy provided by the DON on 7/21/14 at 8:50 A.M., indicated they followed the abuse protocol. During an interview with the DON (Director of Nursing) and QA (Quality Assurance) Nurse on 7/21/14 at 10:50 A.M., they indicated there were no known previous disciplinary actions for CNA #1. During an interview with Resident #B on 7/21/14 at 1:30 P.M., he indicated he was satisfied with the way the facility handled			

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	the situation with the aide. He also indicated there had been no further incidents since she had been fired. Observation of the resident was without signs or symptoms of distress. This Federal tag relates to Complaint IN00151386. 3.1-27(b)			