

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 02/16/2015
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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	<p>This visit was for the Investigation of Complaint IN00162966.</p> <p>Complaint IN00162966 - Substantiated. Federal /State deficiencies related to the allegations are cited at F221.</p> <p>Survey date: February 16, 2015</p> <p>Facility number: 004700 Provider number: 155741 AIM number: 100266630</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF/NF: 24 Total: 24</p> <p>Census payor type: Medicare: 5 Medicaid: 17 Other: 2 Total: 24</p> <p>Sample: 03</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.

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F000221 SS=D	<p>Quality review completed on February 17, 2015; by Kimberly Perigo, RN.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was free from a physical restraint in that a long strip of gauze dressing was positioned around a resident's lap buddy to prevent self rising from a wheelchair, for 1 of 1 resident reviewed with restraint use in a sample of 3. (Resident #A).</p> <p>Findings include:</p> <p>Review on 2/16/15 at 9:00 a.m., of a facility self reported unusual occurrence, dated 12/28/14, indicated Resident #A was observed to have a long strip of gauze dressing wrapped and tied around their lap-buddy. A lap buddy is a soft</p>	F000221	<p>What correctiveaction (s) will be accomplished for those residents found to have been affectedby the deficient practice; Restraint was immediately removed from resident. No other resident was affect by this deficientpractice. Staff member who applied the restraint is no longer employed atfacility. How other residents havethe potential to be affected by the same deficient practice will be identifiedand what corrective action (s) will be taken; All residents havethe potential to be affected. In serviced facility staff on Restraints, Abuse and Residents Rights provided by DNS on February 16th 2015. What measures will beput into place or what systemic changes will be made to ensure that</p>	02/23/2015

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	<p>device used in the lap as a reminder for a resident not to get up out of their chair with staff assistance. A confidential person witnessed the long strip of gauze dressing around Resident #A's lap buddy and informed the evening nurse. LPN #1 indicated they had applied a long strip of gauze dressing around Resident #A's lap buddy to keep the resident safe. The confidential person called the ED (Executive Director) who immediately notified the DNS (Director of Nursing Service) who called and spoke with and educated LPN #1. LPN #1 immediately took off the long strip of gauze dressing. LPN #1 indicated to the DNS they did not realized it was considered double restraining.</p> <p>The clinical record for Resident #A was reviewed on 2/16/12 at 11:00 a.m., Diagnoses included, but were not limited to: obsessive compulsive disorder and dementia senile with delusions.</p> <p>The quarterly MDS (Minimum Data Set) assessment completed on 11/14/15, assessed Resident #A as requiring assistance of 1 person to ambulate. Resident #A had a BIMS (brief initial mental status) score of 2, an indication of severe cognitive impairment.</p> <p>Review of physician's orders dated</p>		<p>thedeficient practice does not occur; Daily rounds each shifts will be conducted by ED, DNS andManagement Team and Charge nurses to ensure residents are free frominappropriate restraints. All employees will be inserviced on restraints quarterly by DNS. How corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e whatquality assurance programs will be put into place and DNS or designee to complete Continuous Quality Improvementtool on Physical Restraints , weekly times 4 weeks and monthly times 3. Therresults of these audits will be reviewed by the CQI committee overseen by theED. If threshold 100% is not achieved an action plan will be developed. By what date thesystemic changes will be completed. February 23, 2015</p>	

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	<p>11/15/14, and remained current at time of survey, indicated there was an order for a lap buddy. No other devices were indicated.</p> <p>Interview with DNS on 2/16/15 at 10:00 a.m., indicated she was called regarding LPN #1 having placed of a long strip of gauze dressing around Resident #A's lap buddy. LPN#1 indicated they did not realize they were doing anything wrong. They were just trying to keep the resident safe. Resident #A was continuing to remove the lap buddy and attempting to get up. DNS and ED indicated LPN #1 no longer works at the facility.</p> <p>On 2/16/15 at 1:00 p.m., attempts were made to call both Resident #A's family and staff involved and were unsuccessful.</p> <p>On 2/16/15 at 9:45 a.m.,the DNS provided the Restrictive Devices policy, dated 9/2013, and indicated the policy was the one currently being used by the facility. The policy indicated, "...the facility prohibits the use of restrictive devices for the purpose of discipline or convenience...a physical restraint is defined as any manual method...material...attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access</p>						

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	to one's body...." This Federal tag relates to Complaint IN00162966. 3.1-3(w)				