

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/02/2024
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 9745 OLYMPIA DR, FISHERS, , 46038			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00417075, IN00419230, and IN00419251 completed on 10/20/2023. This visit was in conjunction with the Investigation of Complaints IN00421384, IN00424469, and IN00426816. Complaint IN00417075 - Corrected Complaint IN00419230 - Corrected Complaint IN00419251 - Corrected Complaint IN00421384 - State deficiencies related to the allegations are cited at R216. Complaint IN00424469 - No deficiencies related to the allegations are cited.	R 0000			

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Complaint IN00426816 - No deficiencies related to the allegations are cited.

Survey dates: February 1, 2, 2024

Facility number: 002999

Residential Census: 73

Independence Village of Fishers South was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00417075, IN00419230, and IN00419251.

Quality review completed on February 5, 2024

This visit was for a Post Survey Revisit (PSR) to Investigation of Complaints IN00417075, IN00419230, and IN00419251 completed on 10/20/2023.

This visit was in conjunction with the Investigation of Complaints IN00421384, IN00424469, and IN00426816.

Complaint IN00417075 - Corrected

Complaint IN00419230 - Corrected

Complaint IN00419251 - Corrected

Complaint IN00421384 - State deficiencies related to the

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	allegations are cited at R216. Complaint IN00424469 - No deficiencies related to the allegations are cited. Complaint IN00426816 - No deficiencies related to the allegations are cited. Survey dates: Feburary 1, 2, 2024 Facility number: 002999 Residential Census: 73 Independence Village of Fishers South was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00417075, IN00419230, and IN00419251. Quality review completed on Febraury 5, 2024			
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and	R 0052		

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	(6) involuntary seclusion.			
R 0053	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse.	R 0053		
R 0091	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(h)(1-4) (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request.	R 0091		
R 0120	Personnel - Noncompliance 410 IAC 16.2-5-1.4(e)(1-3) (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall	R 0120		

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include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:

(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.

(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.

(3) Inservice records shall be maintained and shall indicate the following:

(A) The time, date, and location.

(B) The name of the instructor.

(C) The title of the instructor.

(D) The names of the participants.

(E) The program content of inservice.

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	The employee will acknowledge attendance by written signature.			
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.	R 0240		
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE