STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE WEST	55 N MISSION DR, INDIANAPOLIS, , 46214

(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 the Investigation of Intake 467257. Intake 467257 - State deficiencies related to the allegations are cited at R0041. Survey date: April 22, 2026 Facility number: 011840 Residential Census: 23 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 4, 2026.	R 0000	**The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirement and continue to provide quality care to our residents.**	
R 0041	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(o)(4) (4) The facility shall develop and implement policies for investigating and responding to complaints when made known and grievances made by:	R 0041	**R-041 Residents' Rights** The facility does develop and implement policies for investigating and responding to complaints and grievances when made known.	05/07/2026

	(A) an individual resident; (B) a resident council or family council, or both; (C) a family member; (D) family groups; or (E) other individuals. Based on interview and record review, the facility failed to follow the facility's Complaint/Grievance policy and conduct a thorough investigation of an allegation of verbal abuse for 1 of 3 residents reviewed for dietary services. (Resident B) Findings include: A facility Report of Concern, dated 1/4/26, submitted by Resident B, was provided on 4/22/26 at 11:47 a.m., by the Director of Nursing (DON). The Nature of Concern was indicated as: "More abuse in the Dining Room by [Former Dietary Manager (FDM)]." Resident B indicated she had come to the dining room at 12:45 p.m. She had asked the servers for food. The FDM indicated to her that she would have to wait until the end of the meal period to order food and that she could only have the "special." The FDM indicated in a rude and abusive tone of voice that she had not		**I. Action Taken:** The Administrator and Dietary Manager during the 1/4/2026 report of concern are no longer employed by the facility. The process of completing a ticket to be served first in the dining room was discontinued January 2026 and currently residents are served upon coming to the dining room at the time of their preference. The Director of Nursing and the new Administrator were re-in serviced on Resident Rights, Grievances/Concerns and Abuse to include investigation if warranted. **II. How other residents were identified:** The facility Management met with the residents to review Resident Rights, Grievance/Concern procedure, and Abuse. No concerns were raised/reported at the time of the meeting. All staff were re-in serviced on Resident Rights, Grievances/Concerns and Abuse to include reporting and investigation. **III. System in Place:** The facility management staff met with residents to review Resident Rights, Complaints/Grievances and Facility Suggestion process. Forms are readily	

	provided a meal ticket. Resident B indicated she had handed the meal ticket to the FDM. The FDM was talking down to her, and she indicated to the FDM that she felt abused. The FDM was yelling at her in a derogatory manner. On 1/5/26, a statement was added and signed by the former Administrator and the DON as follows: "[former Administrator and DON] spoke to [Resident B's] father about the situation. [Resident B] is aware of the order that the kitchen serves food, first come first serve. If tickets are not turned in resident will be served after the other residents who have turned in the meal tickets." During an interview on 4/22/26 at 1:24 p.m., Resident B indicated the FDM had always been abrupt and abrasive when speaking to her. She seemed very controlling. She recalled telling her she had felt abused when she had yelled at her. She would talk to her loudly in front of other people and she had made her feel awful. She recalled her saying several times in a loud voice, "tell her she has to wait until everyone else has their food," when she would ask for second helpings. It made her feel very low. The rules of the kitchen kept changing. She had no memory of the former Administrator or		available located throughout the facility and given to the supervisor/staff on duty. The facility management staff have an “open-door policy” for residents to voice concerns, as well as monthly resident meetings to encourage open dialog for opportunities to improve resident satisfaction, share any concerns/suggestions and to improve resident satisfaction. Concerns/Grievances are documented and acted upon as appropriate. The resolution of Grievances/Concerns will be discussed with the individual voicing the Concern/Grievance. Any Grievances/Concerns will be discussed in the morning meeting with members of appropriate management staff. Every effort will be made to resolve the Grievance/Concern by the management members of the facility. Any Grievances/Concerns requiring further validation/investigation will be completed by the Administrator/Designee. The outcome will be discussed with the Individual who filed the Concern/Grievance with the intent to resolve the Concern/Grievance. **IV. As a means of Quality**	

	DON following up with her regarding her complaint form. A review of Resident B's clinical record was completed on 4/22/26 at 1:15 p.m. Diagnoses included depression, anxiety, schizoaffective disorder bipolar type, and borderline personality disorder. During an interview on 4/22/26 at 11:59 a.m., the DON indicated she realized that the follow-up note, dated 1/5/26, on the Report of Concern form regarding the incident on 1/4/26, appeared to blame the resident for not having turned in her meal ticket, despite her saying she had turned it in to the FDM. She had not spoken with the FDM regarding the allegation, and she cannot recall if the former Administrator had said anything to the FDM. She realized that Resident B had indicated she felt abused on her statement, but this was somewhat of a pattern with Resident B when she had not gotten her way. During an interview on 4/22/26 at 12:46 p.m., Dietary Aide (DA) 4 indicated the FDM had been moody and would talk-back to residents at times. She had an aggressive tone when communicating. She had a meal ticket arrangement that if you had not brought your meal ticket, you had to wait to be served the special or alternative		**Assurance,** the Administrator/Designee shall be responsible to Audit/Review Grievances/Concerns forms for completion, to include validation/investigation when warranted and confirm compliance at least three times weekly for four weeks, once weekly for two months, and then at least monthly for three months, ensuring monitoring for six months. Should concerns be identified, immediate corrective action shall be taken, re-education provided, and the frequency of auditing increased or extended as warranted.	

meal until all others were served. Her reasoning was so she made enough food, which confused him because she had not received the meal tickets until the time of the meal. She had not "pre-made" food, so what had been the point. But she had been insistent on receiving the meal tickets or you wait.

A current facility policy, dated 2023, titled, "Complaint/Grievance Policy," provided by the Director of Activities and Dietary on 4/22/26 at 3:00 p.m., included the following: "Policy: This facility shall both investigate and respond to complaints and grievances made by an individual resident...Procedure:...2. Upon receipt, the administrator shall, if necessary, take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated. 3. An investigation shall be initiated immediately by the administrator or his/her designee as warranted."

This citation related to Intake 467257.

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	TITLEHFA	(X6) DATE05/17/2026

PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREChristopher Cook		