

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 02/01/2024	
NAME OF PROVIDER OR SUPPLIER INDEPENDENCE VILLAGE OF FISHERS EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 12950 TALBLICK STREET, FISHERS, , 46037					
(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 Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00410420 on 8/2/23. This visit was in conjunction with the PSR to the Investigation of Complaints IN00419078, IN00417996, IN00418354 and IN00417289 on 10/6/23. This visit was in conjunction with the Investigation of Complaints IN00421699, IN00421835, IN00423264, IN00423452, and IN00423726 completed on 2/1/2024 Complaint IN00410420 - Corrected. Complaint IN00417996 - Corrected Complaint IN00417289 - Corrected Complaint IN00419078 - State	R 0000					

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deficiencies related to the allegations are cited at R0091.

Complaint IN00418345 - State deficiencies related to the allegations are cited at R0091.

Complaint IN00421699 - No deficiencies related to the allegations are cited.

Complaint IN00421835 - No deficiencies related to the allegations are cited.

Complaint IN00423264 - No deficiencies related to the allegations are cited.

Complaint IN00423452 - No deficiencies related to the allegations are cited.

Complaint IN00423726 - No deficiencies related to the allegations are cited.

Survey date: January 31 and February 1, 2024

Facility number: 013945

Residential Census: 68

Independence Village Of East Fishers was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to the State Residential Licensure Survey and Investigation of Complaint IN00410420.

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Quality review completed on
February 5, 2024

This visit was for the Post
Survey Revisit (PSR) to the
State Residential Licensure
Survey and Investigation of
Complaint IN00410420 on
8/2/23.

This visit was in conjunction with
the PSR to the Investigation of
Complaints IN00419078,
IN00417996, IN00418354 and
IN00417289 on 10/6/23.

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the Investigation of Complaints
IN00421699, IN00421835,
IN00423264, IN00423452, and
IN00423726 completed on
2/1/2024

Complaint IN00410420 -
Corrected.

Complaint IN00417996 -
Corrected

Complaint IN00417289 -
Corrected

Complaint IN00419078 - State
deficiencies related to the
allegations are cited at R0091.

Complaint IN00418345 - State
deficiencies related to the
allegations are cited at R0091.

Complaint IN00421699 - No
deficiencies related to the
allegations are cited.

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	Complaint IN00421835 - No deficiencies related to the allegations are cited. Complaint IN00423264 - No deficiencies related to the allegations are cited. Complaint IN00423452 - No deficiencies related to the allegations are cited. Complaint IN00423726 - No deficiencies related to the allegations are cited. Survey date: January 31 and February 1, 2024 Facility number: 013945 Residential Census: 68 Independence Village Of East Fishers was found to be in compliance with 410 IAC 16.2-5 in regards to the PSR to the State Residential Licensure Survey and Investigation of Complaint IN00410420. Quality review completed on February 5, 2024			
R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed:	R 0036		

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	(1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.			
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for	R 0117		

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	which they are trained to perform. Employee duties shall conform with written job descriptions.			
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 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	R 0120		

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	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. The employee will acknowledge attendance by written signature.			
R 0187	Physical Plant Standards - Deficiency 410 IAC 16.2-5-1.6(k) (k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit.	R 0187		
R 0217	Evaluation - Deficiency 410 IAC 16.2-5-2(e)(1-5) (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be	R 0217		

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provided by the facility, as follows:

(1) The services offered to the individual resident shall be appropriate to the:

(A) scope;

(B) frequency;

(C) need; and

(D) preference;

of the resident.

(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.

(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.

(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.

(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.

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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		
R 0272	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(e) (e) All food shall be served at a safe and appropriate temperature.	R 0272		
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.	R 0273		

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R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2) (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.	R 0298		
R 0301	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(5) (5) Labeling of prescription drugs shall include the following: (A) Resident ' s full name. (B) Physician ' s name. (C) Prescription number.	R 0301		

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	(D) Name and strength of the drug. (E) Directions for use. (F) Date of issue and expiration date (when applicable). (G) Name and address of the pharmacy that filled the prescription. If medication is packaged in a unit dose, reasonable variations that comply with the acceptable pharmaceutical procedures are permitted.			
R 0356	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(i)(1-8) (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following: (1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth. (2) The resident ' s hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident ' s physician of record. (5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or	R 0356		

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	death. (6) Information on any known allergies. (7) A photograph (for identification of the resident). (8) Copy of advance directives, if available.			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.	R 0407		
R 0414	Infection Control - Deficiency 410 IAC 16.2-5-12(k) (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	R 0414		

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FORM APPROVED

OMB NO. 0938-0391

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