

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

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2018	
NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
(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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00256117.</p> <p>Complaint IN00256117 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: March 8, 2018</p> <p>Facility number: 000383 Provider number: 155721 AIM number: 100289610</p> <p>Census Bed Type: SNF/NF: 37 Total: 37</p> <p>Census Payor Type: Medicare: 5 Medicaid: 30 Other: 2 Total: 37</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 9, 2018</p>			F 0000	<p>CCN/Provider Number: 155721 AIM Number: 100289610 Facility ID: 000383</p> <p>March 24, 2018</p> <p>Re: Survey Event ID 005E11</p> <p>Indiana State Department of Health Long-term Care Division</p> <p>Please accept this as the official request from Lawrence Manor to have our plan of correction dated 3-24-18 considered for paper review and compliance.</p> <p>If any further documentation is required please do not hesitate to contact us at the number listed below.</p> <p>Thank you</p> <p>Tiffany M Ross Administrator Lawrence Manor Healthcare Center 317-898-1515</p>		
F 0600 SS=D Bldg. 00	<p>483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident</p>						

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.

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

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2018	
NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
(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		
	<p>property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on interview and record review, the facility failed to ensure residents' were free from verbal abuse for 1 of 3 residents reviewed for abuse. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 3/8/18 at 3:25 p.m. The diagnoses included, but were not limited to, depression, lack of coordination and epilepsy.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 12/15/17, noted a Brief Interview for Mental Status (BIMS) score of 15 that indicated Resident E was cognitively intact.</p> <p>An Interdisciplinary Team (IDT) Note, dated 3/5/18, indicated the following, "...IDT met to discuss incident from 3/4/18...Staff reported to Administrator that housekeeping employee [Housekeeping Staff 3] was using inappropriate words towards Res [Resident E]...."</p> <p>An investigative file, involving an incident with Resident E, was reviewed on 3/8/18 at 4:45 p.m. A statement, dated 3/5/18, indicated the following, "...Writer spoke with [name of Resident E] regarding the incident that occurred on 3-4-18. The</p>	F 0600	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>F 600 Freedom from Abuse, Neglect, and Exploitation</p> <p>1.The employee involved in the incident was immediately suspended pending investigation and subsequently terminated by the facility. Resident E showed no injury from the incident.</p> <p>2.All residents have the potential to be affected. The facility staff was provided testing on abuse to</p>		04/07/2018		

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

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2018	
NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
(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			
	<p>resident stated that he was trying to apologize for a statement he made to [name of Housekeeping Staff 3] a few weeks ago and she became upset and told him to leave her alone. He stated that he told her he was just trying to say he was sorry but if she did not want to listen them [sic] forget about it. This resident stated that [name of Housekeeping Staff 3] began cussing at him using the word M-----r multiple times...." This statement was signed by the Administrator.</p> <p>An interview conducted with Qualified Medication Aide (QMA) 4, on 3/8/18 at 2:05 p.m., indicated Housekeeping Staff 3 went into the break room and was followed by Resident E. A few minutes later, Housekeeping Staff 3 stated "get him [Resident E] away from me, I'm tired of him". The Housekeeping Staff 3 also mentioned something in regards to her not caring if Resident E was in a wheelchair and then proceeded to curse in front of him.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) 5, on 3/8/18 at 2:21 p.m., indicated Resident E was in the breakroom with Housekeeping Staff 3. Housekeeping Staff 3 proceeded to walk to the nurses' station and was irate. She commented "you guys need to get his [Resident E's] perverted a--". Resident E was at the nurses' station when Housekeeping Staff 3 was making these comments. Resident E was trying to apologize to Housekeeping Staff 3 and she called Resident E a "M-----n pervert" "you guys need to get his M-----n a-- out of here".</p> <p>An interview conducted with Resident E, on 3/8/18 at 2:12 p.m., indicated Housekeeping Staff 3 called him a derogatory term and was cursing at him. He attempted to apologize to Housekeeping Staff 3 for what he said to her earlier but she wouldn't accept his apology.</p>		<p>include verbal abuse prior to 4-7-18</p> <p>3. Facility staff will be tested on abuse to include verbal abuse and reporting on or before 4-7-18. Staff will be in-serviced in various modes, group setting, home study, and 1:1 education periodically x 6 months and upon hire on abuse and neglect. The Administrator or designee will test a staff samples' knowledge of the abuse protocol 3 times a week times 4 weeks, one time a week times 4 weeks, once every two weeks times 2 months then every month times two months for a total of 6 months.</p> <p>4. The administrator or designated staff member will meet with residents in resident council on or prior to 4-7-18 to explain types of abuse, how to report abuse, and the facility policy on abuse to residents. The SSD or designee will interview a facility sample of residents and staff (if resident is not interviewable SSD or designee will interview family member, guardian, or POA on their behalf) 3 x per week x 4 weeks, then 1 times per week times 4 weeks, once every 2 weeks times two months, then 1 time per month times 2 months for a total of 6 months; asking CMS abuse questions QP 253 or similar. All results will be reviewed in daily QA times 6 months and in QAPI 1 time per month times 6 months. Results will be presented to the QAPI committee 1 time per month times 6 months. If a threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>				

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

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2018	
NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
(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
F 0689 SS=D Bldg. 00	<p>A policy titled "Abuse and Neglect", revised 8/5/16, was provided by the Administrator on 3/8/18 at 4:47 p.m. The policy indicated the following, "...Policy...Each resident has the right to be free from abuse, neglect, and misappropriation of resident property. All allegations will be reported according to State and Federal Law and investigated...Verbal Abuse is the use or oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability to comprehend, or disability...."</p> <p>3.1-27(b)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to act timely when a resident was identified as missing that resulted in an elopement for 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed 3/8/18 at 8:25 a.m. The diagnoses included, but were not limited to, schizophrenia, generalized anxiety disorder and bipolar disorder.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 12/5/17, noted a Brief Interview</p>			F 0689	<p>The QAPI committee will determine after 6 months if monitoring can be discontinued.</p> <p>E. Date of compliance 4-7-18</p> <p>F689 Free of Accident Hazards/Supervision/Devices</p> <p>1.The resident was located by facility staff on the same day of the occurrence and returned to the facility without incident. The resident was immediately placed on 1:1 supervision. 2.No other residents were affected however all residents were assessed for elopement potential. Those identified as being at risk for elopement were care planned,</p>		04/07/2018

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

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2018	
NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
(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
	<p>for Mental Status (BIMS) score of 15, indicating Resident B was cognitively intact.</p> <p>The investigative file for the elopement, involving Resident B, noted the following statement, " ...Today at 7:34 AM [sic] I was notified by the nursing staff at [name of facility] that one of our residents was not in the facility. After a search of the interior of the facility an external search was conducted without success. The facility staff was directed to call 911. The facility nurse contacted the agency staff that worked on the night shift of 3-6-18. The nurse was [name of nurse] and the CNA was [name of CNA]. Per the facility nurse the CNA was in the room of the missing resident at approx. [approximately] 3AM [sic] on 3-7-18 and the resident was not in there. He told the nurse. The nurse went to look in another residents' room where this resident is often visiting and did not locate the resident there. The nurse did not proceed to look through the facility. The nurse did not contact the Administrator. The nurse did not attempt contact with ADON or acting DON. The nurse did not mention not being able to find the resident during report given to the facility nurse at shift change. The resident was discovered and reported missing by facility staff to the Administrator and local law enforcement ...." This statement was dated for 3/7/18 and signed by the Administrator.</p> <p>An interview conducted with the Administrator, on 3/8/18 at 10:25 a.m., indicated it was determined that Resident B left the facility, at approximately 3:00 a.m., on 3/7/18. She indicated an agency nurse was working the night shift when Resident B eloped from the facility. The agency nurse checked a few areas when Resident B couldn't be found and did not continue to search for Resident B after that. It was noted by day shift staff that Resident B was unable to be found and they proceeded to look for Resident B around 7:00 a.m.</p>				<p>added to the elopement book including pictures.</p> <p>3.All staff will be in-serviced on or prior to 4-7-18 on the appropriate response when a resident is unable to be located. All new hires will be in-serviced on the elopement policy and procedure this will be ongoing. The Administrator or designee will test a staff samples' knowledge of the elopement protocol 3 times a week times 4 weeks, one time a week times 4 weeks, once every two weeks times 2 months then every month times two months for a total of 6 months. Results will be presented in the daily QA meeting by the Administrator or Designee and at the QAPI meeting 1 time per month. The facility will have a bypass entry system placed on the front door of the facility that will cause the front doors of the facility to lock after business hours except in the event the fire alarm is activated. Door codes will be changed weekly times 4 weeks times 30 days then 1 time monthly going forward and will remain ongoing.</p> <p>4.The facility elopement book will be reviewed during daily QA by the Administrator or designee for accuracy and updated as needed, this monitoring will be ongoing. Each new admission will be assessed for risk of elopement upon admission and all necessary documents placed in the elopement book; this monitoring will occur with each new admission and readmission to the facility and</p>		

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

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2018	
NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
(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			
	<p>An interview conducted with Resident B, on 3/8/18 at 11:20 a.m., indicated she wanted to leave the facility and knew the code to get out of the front door. She left the facility on her own terms in the early morning time on 3/7/18.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) 5, on 3/8/18 at 2:21 p.m., indicated she came in to work day shift on 3/7/18 at 6:00 a.m. She did not receive any information, during shift change, about the inability to locate Resident B. LPN 5 was unable to locate Resident B in her room so she initiated a facility wide search on the interior and exterior. They were still unable to locate Resident B at that time. The facility found out from another resident [Resident J] that Resident B was last seen around 3:00 a.m. by Resident J. Resident B commented to Resident J that she was planning to leave the facility at that time. LPN 5 indicated she contacted the agency staff that worked the night shift, when Resident B eloped. It was determined that Resident B was unable to be located around 3:00 a.m., on 3/7/18, but they didn't continue to search for Resident B or contact administrative staff or law enforcement.</p> <p>An interview conducted with Resident J, on 3/8/18 at 9:55 a.m., indicated around 3:00 a.m., on 3/7/18, Resident B was saying "I need to get out of here". Resident B had never expressed the thought of wanting to leave the facility prior to this event. Resident B knew the codes to all of the doors in the building.</p> <p>An interview conducted with the ADON, on 3/8/18 at 11:27 a.m., indicated they have a packet that is given to the agency nursing staff that includes contact numbers of who to notify for different situations that occur within the facility. It appeared that no one was contacted, on the night shift of</p>		<p>will be ongoing. Each resident deemed to be at risk for elopement will be assessed quarterly and with any change in condition as the change is noted, this monitoring will be ongoing. The elopement book will also be reviewed in the monthly QAPI meeting 1 time per month; this monitoring will be ongoing.</p> <p>The Administrator or designee will ensure all staff have been trained on the elopement protocol. All new hires will receive education and testing on the elopement protocol during orientation this will be ongoing. The Administrator or designee will test a staff samples' knowledge of the elopement protocol 3 times a week times 4 weeks, one time a week times 4 weeks, once every two weeks times 2 months then every month times two months for a total of 6 months. Results will be presented in the daily QA meeting by the Administrator or Designee and at the QAPI meeting 1 time per month. If a threshold of 95% is not achieved an action plan will be developed to ensure compliance. The QAPI committee will determine after 6 months if monitoring can be discontinued.</p> <p>5. 4-7-18</p>				

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

PRINTED: 04/13/2018

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/08/2018	
NAME OF PROVIDER OR SUPPLIER  LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
(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		
	<p>3/6/18-3/7/18, in regards to the inability to locate a resident.</p> <p>A policy titled "Elopement Prevention, Identification and Management", revised 1/6/16, was provided by the Administrator on 3/8/18 at 1:45 p.m. The policy indicated the following, "...It is the policy of this facility to ensure that each resident receives adequate supervision and assistive devices to prevent elopements and that all personnel will report and investigate all reports of missing residents...Elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so...1. It is the responsibility of all personnel to report any resident attempting to leave the premises, or suspected of being missing, to the charge nurse as soon as practical...5. If an employee discovers a resident is missing from the facility at any time during the day or night time, they should:...Determine if the resident is out on an authorized leave or pass; and...If not, all staff are to make a thorough search of the building(s) and premises...6. If resident is not located the charge nurse is to notify the Administrator and the Director of Nursing. The Administrator and or Director of Nursing will be responsible to delegate to or:...Notify the resident's legal representative;...Notify the attending physician;...Notify law enforcement officials;...Notify the Regional Manager and the Regional Clinical Care Coordinator...."</p> <p>This Federal tag relates to Complaint IN00256117.</p> <p>3.1-45(a)(2)</p>						