STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155741	A. BUILDING 00 B. WING	07/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FAIRWAY VILLAGE	2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00382702. Complaint IN00382702 - Substantiated. Federal/State deficiencies related to the allegations are cited at F600. Survey date: July 28, 2022 Facility number: 004700 Provider number: 155741 AIM number: 100266630 Census Bed Type: SNF/NF: 34 Total: 34 Census Payor Type: Medicaid: 26 Other: 8 Total: 34 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed August 1, 2022.	F 0000	F000 The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after September 12, 2022	
F 0600 SS=D Bldg. 00	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 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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on observation, interview, and record review, the facility failed to prevent abuse when a male resident struck 2 male residents with his cane. This resulted in one resident having a small laceration to the head and another resident a skin tear to the left hand. (Resident B, Resident C, Resident D) Finding includes: 1. During an interview on 7/28/22 at 9:10 a.m., LPN 1 (Licensed Practical Nurse) indicated she was the nurse when Resident B hit Resident C with his cane. Resident B and Resident C were roommates at that time. She was sitting at the nurse's station and she heard someone say stop it. She went to Resident B and C's room. Resident C was standing up holding his head and indicated Resident B hit him. Then Resident B indicated he hit Resident C because Resident C was coming at him. Resident C had a small laceration to the top of his head. The clinical record for Resident B was reviewed on 7/28/22 at 8:54 a.m. The diagnoses included, but were not limited to, Alzheimer's disease and cognitive communication deficit. A Quarterly MDS (Minimum Data Set) assessment, dated 6/28/22, indicated Resident B was not cognitively intact. A Progress Note, dated 6/12/22 at 1:12 p.m.,	F 0600	**F 600 Freedom from Abuse, Neglect, and Exploitation** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident C has had no signs of psycho-social distress. Remains in the facility and participates in daily routine as per usual. Resident D has had no signs of psycho-social distress. Remains in the facility and participates in daily routine as per usual. Resident B has had no signs of psycho-social distress. Interventions put in to place and plan of care updated. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents have the potential to be affected by the alleged deficient practice. Staff will be in-serviced by the Director of Nursing/designee on Abuse Prevention on or before	08/27/2022

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	indicated Resident B had an altercation with his roommate. Resident B assisted by staff to leave the room and was taken into another room. Resident B's was redirected and was easily calmed down. A Social Service Progress Note, dated 6/13/22 at 7:50 p.m., indicated Resident B used his cane to hit Resident C. On 7/28/22 at 8:50 a.m., Resident B was observed sitting up in bed. At that time, Resident B indicated he had no recollection of any incident with another resident nor staff. The clinical record for Resident C was reviewed on 7/28/22 at 9:01 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, Parkinson's disease, anxiety disorder, and bipolar disorder. A Significant Change MDS assessment, dated 7/14/22, indicated Resident C was not cognitively intact. A Progress Note, dated 6/12/22 at 12:59 p.m., indicated Resident C's roommate made contact with the left side of Resident C's head resulting in small abrasion approximately 2 cm (centimeters) by 2 cm. On 7/28/22 at 9:05 a.m., observed Resident C sitting up in wheelchair. Resident C denied any incident with another resident in the past few months. Resident C denied any pain in the head area and there was no bruising nor laceration noted at the time of observation. 2. During an interview on 7/28/22 at 9:10 a.m., LPN 1 indicated there was an incident yesterday, when		September 12, 2022 **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** Staff will be in-serviced by the Director of Nursing/designee on Abuse Prevention on or before September 12, 2022 Interactive dementia training for all staff and ongoing with new hires. Individualized activity tables for residents identified as increased risk for intrusive wandering Psych provider to complete dementia in-servicing training for all staff Stop signs secured to door frame for identified residents with increased risk for behaviors Stagger memory care activity assistance hours to encourage resident engagement **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** To ensure compliance, the DNS/Designee is responsible for the completion of the Abuse – Resident to Resident QAPI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters.	

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	she was working, when Resident B accidentally hit Resident D's hand with his cane. She got to Resident B's room, and she saw a resident trying to walk into Resident B's and Resident D's room. Resident B was sitting up in bed and swinging his cane to stop the other resident from walking in the room. As she was attempting to re-direct the resident from walking in the room, Resident D stood up and tried to help stop the resident from entering the room and Resident B's cane hit Resident D's left hand. Resident D had a skin tear on his left hand. The clinical record for Resident B was reviewed, on 7/28/22 at 8:54 a.m. The diagnoses included, but were not limited to, Alzheimer's disease and cognitive communication deficit. A Quarterly MDS (Minimum Data Set) assessment, dated 6/28/22, indicated Resident B was not cognitively intact. A Progress Note, dated 7/26/22 at 6:20 p.m., indicated writer was in hallway when loud voices were heard from resident room. Upon arrival at Resident B's room, writer noted resident from other unit standing in threshold and Resident B was sitting up in bed waving cane near the doorway in an effort to shoo resident from doorway. Cane made contact with Resident D's hand A Progress Note, dated 7/27/22 at 11:19 a.m., indicated Resident B attempted to shoo resident out of his room and in the process his cane made contact with roommate Resident D, resulting in a skin tear on left hand. The clinical record for Resident D was reviewed on 7/28/22 at 9:55 a.m. The diagnoses included,		The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.	

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	but were not limited to, dementia and atrial fibrillation. An Admission MDS assessment, dated 6/10/22, indicated Resident D was not cognitively intact. A Progress Note, dated 7/26/22 at 6:20 p.m., indicated writer was in hallway when loud voices were heard from resident room. Upon arrival at Resident B's room writer noted resident from other unit standing in threshold and Resident B was sitting up in bed waving cane near the doorway in an effort to shoo resident from doorway. Cane made contact with Resident D's hand A Progress Note, dated 7/27/22 at 10:36 a.m., indicated IDT (Interdisciplinary Team): The Director of Nursing Services and MDS Coordinator spoke to Resident D this morning about the events resulting in his skin tear. Resident D stated he has known his roommate for 1 year and does not remember why the incident happened. IDT is aware that Resident D was involved in an altercation on 7/26/22 involving Resident B (roommate). Resident S wandered into this resident's room... at this time, Resident D does not believe that the contact made was accidental but states he will not retaliate. On 7/28/22 at 10:04 a.m., Resident D was resting in his recliner. Observed a skin tear to the left hand. At the time of the observation, Resident D was not able to recall how he got the skin tear. On 7/28/22 at 9:19 a.m., the Director of Nursing provided a copy of a facility policy, titled "Abuse Prohibition, Reporting and Investigation," dated 2/2020, and indicated this was the current policy used by the facility. A review of the policy indicated "It is the policy of American Senior			

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	Communities to provide each resident with an environment that is free from abuse..." This Federal tag relates to Complaint IN00382702. 3.1-27(a)(1)			