

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155780	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER  HOMESTEAD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 7465 MADISON AVE INDIANAPOLIS, IN 46227		
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00347986 and IN00348360.</p> <p>Complaint IN00347986 - Substantiated. Federal/State deficiencies related to the allegations are cited at F557 and F919.</p> <p>Complaint IN00348360 - Substantiated. Federal/State deficiencies related to the allegations are cited at F624 and F695.</p> <p>Survey dates: March 2 and 3, 2021</p> <p>Facility number: 012225 Provider number: 155780 AIM number: 200983560</p> <p>Census Bed Type: SNF/NF: 63 Total: 63</p> <p>Census Payor Type: Medicare: 5 Medicaid: 50 Other: 8 Total: 63</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on March 09, 2021.</p>	F 0000	<p>The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.</p>	
F 0557  SS=E Bldg. 00	483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:			

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 other safeguards 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 disclosed 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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	<p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Based on record review and interview, the facility failed to ensure residents were treated with respect and dignity by nursing staff for 5 of 6 residents reviewed for dignity (Residents E, G, H, I, and J) and for 5 residents who attended resident council meetings of 63 who resided in the nursing facility (J, K, L, M, and N).</p> <p>Findings include:</p> <p>Interview of Resident E, on 3/3/21 at 10:00 a.m., indicated at different times and different days staff had spoken to her in a disrespectful way. When staff answered her call light, the staff's response to her makes her feel like she was "interrupting the staff for no apparent reason." She had also heard her roommate being talked to in a "disrespectful tone," more than once.</p> <p>Interview of Resident H (Resident E's roommate), on 3/21/21 at 11:00 a.m., indicated there were times when she was in need of assistance, she would put on the call light, and when the staff came in they spoke to her like she was bothering them. Staff would say, "what do you want" and not what did I need.</p> <p>Interview with Resident G, on 3/3/21 at 10:30 a.m., indicated she was tired of being treated and talked to "like a dog" in the facility. She indicated staff had talked to so disrespectfully, she would cry.</p> <p>Interview with Resident I, on 3/3/21 at 10:33 a.m.,</p>	F 0557	<p>1. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:</p> <p>Resident #E, #G, #H, # I, #L, #, J, #K, #L, #M, and #N are confidential as part of the complaint survey.</p> <p>2) How the facility identified other residents:</p> <p>All residents have the potential to be affected by this deficient practice. Interviews were conducted to identify if any other residents were affected by the deficient practice. Any residents identified will have family, MD, ED and any other appropriate parties notified per facility policy.</p> <p>3) Measures put into place/ System changes:</p> <p>All staff will be educated on the facilities policies identified as, "Resident Rights" and "Indiana Abuse &amp; Neglect &amp; Misappropriation of Property" with emphasis on dignity and respect.</p>	03/24/2021

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	<p>indicated the facility needed staff who took care of the residents, "not tear them down and talk disrespectfully to them."</p> <p>Interview with Resident J, on 3/3/21 at 3:00 p.m., indicated she was leaving the facility on Friday, because she couldn't take the "disrespect" she and other residents were receiving from the staff.</p> <p>Resident E's clinical record was reviewed on 3/2/21 at 1:05 p.m., Diagnoses include, but were not limited to: spinal stenosis, morbid obesity and diabetes. The quarterly Minimum Data Set (MDS) assessment, dated 2/1/21 indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Resident H's clinical record was reviewed on 3/2/21 at 1:20 p.m. Diagnoses include, but were not limited to: Parkinson's disease. The admission MDS assessment, dated 11/4/20, indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Resident G's clinical record was reviewed on 3/2/21 at 1:40 p.m. Diagnoses include, but were not limited to: end stage renal disease, pvd (peripheral vascular disease), and diabetes. The quarterly MDS assessment, dated 2/11/21, indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Resident I' clinical record was reviewed on 3/3/21 at 250 p.m. Diagnoses include, but were not limited to: COPD (chronic obstructive pulmonary disease). The yearly MDS assessment, dated 2/11/21, indicated the resident was cognitively intact in their ability to understand their surroundings.</p>		<p>4) How the corrective actions will be monitored:</p> <p>Guardian Angel rounds will be conducted at least 5 times per week at varied times/shifts with increased focus on dignity and respect. Activity Director will bring any dignity/respect/allegations concerns to ED immediately if mentioned in resident council meeting 5x week for 12 weeks. Results will be reviewed in QAPI monthly x 6 months.</p>	

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	<p>Resident J's clinical record was reviewed on 3/3/21 at 3:30 p.m. Diagnoses included, but were not limited to: COPD. The quarterly MDS assessment, dated 12/20/20, indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Review, on 3/3/21 at 3:50 p.m., of Resident Council minutes, dated for January and February of 2021, indicated residents listed as attended were J, K, L, M, and N. Indicated concerns discussed were residents having felt they have been "disrespected and not treated like human beings" by nursing staff. The staff have "bad attitudes and no respect."</p> <p>On 3/3/21 at 11:00 a.m., the Interim DON provided the CNA (certified nurse aide) position description, revised June 2019, and indicated the description was currently being used by the facility. A review of the description indicated CNA's were to ensure all residents were treated fairly and with kindness, dignity and respect.</p> <p>On 3/3/21 at 11:00 a.m., the Interim DON provided the policy and standard procedures for Nursing revised 03/29/2016, and indicated the policy was currently being used by the facility. A review of the policy indicated, "...CNA's will routinely monitor resident/patients for routine care, needs and safety ... care for residents will be provided in a safe and respectful manner ... Residents will be treated with dignity and respect ... Staff will speak respectfully to resident. Residents have a right to be treated with dignity and respect...."</p> <p>This Federal tag relates to Complaint IN00347986.</p> <p>3.1-3(t)</p>				

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F 0624 SS=D Bldg. 00	<p>483.15(c)(7) Preparation for Safe/Orderly Transfer/Dschrg §483.15(c)(7) Orientation for transfer or discharge.</p> <p>A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.</p> <p>Based on observation, record review, and interview, the facility failed to provide and document sufficient preparation and orientation to resident to ensure safe and orderly transfer to the hospital emergency room for 1 of 3 residents reviewed for preparation for transfer/discharge. (Resident B)</p> <p>Findings include:</p> <p>During interview, on 3/2/2021 at 9:50 a.m., Resident B indicated he was transported to the hospital by Emergency Medical Services (EMS) on 02/20/2021, and the facility had not provided a Resident Information Sheet or a Hospital Transfer form to the Paramedic.</p> <p>The clinical record for Resident B was reviewed on 3/2/2021 at 12:40 p.m. Diagnosis included, but were not limited to, chronic obstructive pulmonary disease with acute exacerbation. An admission Minimum Data Set (MDS) assessment, dated 12/28/2020, indicated the resident was cognitively intact.</p> <p>During interview, on 3/2/2021 at 1:00 p.m., Paramedic 1 indicated, on 3/20/2021 at approximately 8:30 p.m., she requested a copy of Resident B's transfer information sheet and/or</p>		F 0624	<p>Resident B was part of a confidential complaint survey and could not be identified.</p> <p>2) How will the facility identified other residents:</p> <p>All resident discharged to the hospital have the potential to be affected by the deficient practice. An audit was conducted for transfers to the hospital in the last 2 weeks any resident identified as not having appropriate transfer paperwork and remained in the hospital had their transfer paperwork sent to the hospital to ensure complete records.</p> <p>3. Measures put into place/ System changes:</p> <p>All licensed nurses have been educated on the facility's policy identified as, "Transfer and Discharge Policy" with emphasis on appropriate documentation and paperwork for those residents that are transferred to the hospital.</p>

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F 0695 SS=D Bldg. 00	<p>hospital transfer form however, a form was not provided. Resident B was transferred to the emergency room without documentation related to his medical condition and/or medical history.</p> <p>The hospital emergency room medical record for Resident B was reviewed on 3/3/21 at 12:55 p.m. Resident B arrived at the emergency room on 02/20/21 at 8:49 p.m. Means of arrival was Indianapolis EMS. Transported from Homestead Healthcare Center without a transfer information sheet and/or hospital transfer form.</p> <p>During interview, on 3/3/2021 at 1:30 p.m., the Director of Nursing (DON), indicated the facility failed to complete a hospital transfer form for Resident B on 2/20/2021.</p> <p>This Federal tag relates to Complaint IN00348360.</p> <p>3.1-12(a)(21)</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen therapy was administrated as directed by a physician's order for 1 of 3 residents reviewed for</p>		F 0695	<p>4. How the corrective actions will be monitored:</p> <p>DON/UM/ designee will audit the medical record of those residents who returned to hospital for appropriate transportation paperwork as such: 5 residents a week for 4 weeks, then 3 residents a week for 4 weeks, then 5 residents monthly for 4 months. All audits and findings will be reviewed in QAPI for no less than 6 months.</p> <p>1. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:</p>	03/24/2021

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	<p>respiratory care. (Resident B)</p> <p>Findings include:</p> <p>On below dates and times Resident B was lying in bed, in their room. Oxygen (O2) was observed to be being administered at 3 L/min (liters per minute) via nasal cannula on the following dates and times:</p> <ul style="list-style-type: none"> <li>a. 3/2/2021 at 9:30 a.m.</li> <li>b. 3/2/2021 at 11:00 a.m.</li> <li>c. 3/2/2021 at 1:38 p.m.</li> <li>d. 3/3/2021 at 11:45 a.m.</li> <li>e. 3/3/2021 at 3:00 p.m.</li> </ul> <p>The clinical record for Resident B was reviewed on 3/2/2021 at 12:40 p.m. Diagnosis included, but were not limited to, chronic obstructive pulmonary disease with acute exacerbation.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 12/28/2020, indicated the resident was cognitively intact. Care plans dated 1/20/2021 and current through 3/3/2021, indicated O2 therapy as ordered by the Physician. Physician's orders, dated February and March 2021, indicated resident did not have an order for O2 use. Medication Administration Record (MAR) dated, February and March 2021, indicated resident did not have an order for O2 use.</p> <p>During interview, on 3/2/2021 at 9:50 a.m., Resident B indicated he used O2 via nasal cannula for shortness of breath.</p> <p>During interview, on 3/3/2021 at 10:20 a.m., Licensed Practical Nurse (LPN) 2 and LPN 3 indicated Resident B used O2 via nasal cannula for shortness of breath and the resident did not have a current Physician's order for the use of O2.</p>		<p>Resident B is part of a confidential compliant and could not be identified.</p> <p>2. All other resident receiving oxygen therapy have the potential to be affected. A 100% audit was conducted on all residents in the facility to identify those receiving oxygen therapy. Those residents identified had their physician orders and plan of care reviewed to ensure all physician orders and plan of care were current and reflect the residents' needs.</p> <p>3) Measures put into place/ System changes: The DON/designee has educated all licensed nurses on the facility's policy identified as, "Oxygen-Medical Gas Use" with emphasis on obtaining physician orders for oxygen use and updating the residents plan of care.</p> <p>4) How the corrective actions will be monitored: The DON/designee will observe 5 random residents weekly for 4 weeks, then 3 random residents for 4 weeks, then 2 random resident for 4 weeks, then 5 random residents monthly for 3 months to ensure all orders and plan of care including but not</p>	

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F 0919 SS=E Bldg. 00	<p>LPN 2 and LPN 3 indicated they refer to the MAR for guidance on how to provide and monitor any resident receiving O2 therapy. Review, at that time, of Resident B's MAR indicated no orders for O2 therapy.</p> <p>During interview, on 3/3/2021 at 1:30 p.m., the Director of Nursing (DON) indicated the facility failed to ensure Resident B had a Physician's order for O2 use.</p> <p>On 3/3/2021 at 2:40 p.m., DON provided a policy titled, "Oxygen-Medical Gas Use", dated 5/30/2021, and indicated the policy was currently being used by the facility. A review of the policy indicated, but was not limited to, the following procedures:</p> <ul style="list-style-type: none"> <li>a. Oxygen will be ordered by a physician</li> <li>b. Oxygen will be provided under the supervision of a licensed professional</li> <li>c. Oxygen will be monitored by licensed personnel for the use and potential adverse events</li> </ul> <p>This Federal tag relates to Complaint IN00348360.</p> <p>3.1-47(a)(6)</p> <p>483.90(g)(2) Resident Call System §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area.</p> <p>§483.90(g)(2) Toilet and bathing facilities.</p> <p>Based on observation, record review, and</p>	F 0919	<p>limited to oxygen are being followed accordingly. All audits and findings will be reviewed in the facility's QAPI for no less than 6 months.</p> <p>1.What corrective actions will be accomplished for those residents</p>	03/24/2021

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	<p>interview, the facility failed to ensure residents' call lights would be answered in a timely manner, for 5 of 6 residents reviewed for the call lights (Resident E, G, H, I J) and 5 residents who attended resident council meetings of 63 who resided in the nursing facility. ( Residents J, K, L, M, and N).</p> <p>Findings include:</p> <p>Observation of residents' call lights (from the dining room across from the call light system in the nurses' station) on 3/3/21 at 10:20 a.m., indicated residents lights for 2 rooms lights were observed to be on for over a 10-minute period. Observed 2 nurses at the nurses' station in front of computers talking to each other. LPN 1 (Licensed Practical Nurse) got up from her chair, went to her book bag and pulled out two packs of fruit snacks, gave a fruit snack to LPN 2, and then proceeded to sit back down with lights still on.</p> <p>Interview with LPN 1, on 3/2/21 at 10:30 a.m., indicated she was the nurse for the hall with 2 call lights on. When asked about the call lights being on, she indicated there was a CNA (Certified Nursing Aide) back there and they would take care of them.</p> <p>Continued observation of call lights, on 3/3/21 at 10:00 a.m. , indicated other call lights were on. One staff member walked right by the call light and 2 other staff members were standing in the hall. Of the 3 staff in the hall, not one was observed to answer the call light for over a 10-minute observation time. Call lights were working above the door and were audible without problem.</p> <p>Interview of Resident E, on 3/3/21 at 10:00 a.m.,</p>			<p>found to have been affected by the deficient practice?</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #E, #G, #H, #I, #L, #J, #K, #L, #M, and #N are confidential as part of the complaint survey.</p> <p>2. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</p> <p>All other residents residing in the facility have the potential to be affected.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur?</p> <p>All staff has been educated on the facility's policy identified as, "Resident Rights" with emphasis on answering call lights in a timely manner.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur, and what quality assurance program?</p> <p>The Administrator, or designee, will observe 5 random call light</p>

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	<p>indicated at different times and different days she had placed her light on for "toileting" needs and had been ignored numerous times, or it "seemed like an eternity."</p> <p>Interview of Resident H, on 3/21/21 at 11:00 a.m., indicated she has been ignored when she had placed her call light on for assistance when her Parkinson was flaring up and needed help to the bathroom. She would put on the call light and it, "seemed to be over 30 minutes."</p> <p>Interview with Resident G, on 3/3/21 at 10:30 a.m., indicated she was tired of having to wait for assistance to the bathroom. Resident G indicated the waiting was noted on all shifts. The wait time could be anywhere from 15 to 40 minutes</p> <p>Interview with Resident I, on 3/3/21 at 10:33 a.m., indicated the length of time the call light was on was frequently, and the staff would just walk by them without checking to see what the residents' needed, anywhere from 20 minutes to over an hour.</p> <p>Interview with Resident J, on 3/3/21 at 3:00 p.m., indicated that the call lights' were never getting answered, anywhere from 20 minutes to over an hour.</p> <p>Resident E's clinical record was reviewed on 3/2/21 at 1:05 p.m. Diagnoses include, but were not limited to: spinal stenosis, morbid obesity and diabetes. The quarterly Minimum Data Set (MDS) assessment, dated 2/1/21 indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Resident H's clinical record was reviewed on 3/2/21 at 1:20 p.m. Diagnoses include, but were</p>			response times on various shifts and on various units to ensure call lights are responded to promptly daily for 4 weeks, then weekly for 8 weeks, then monthly for 3 months. All findings and audits will be reviewed in the facility's QAPI meeting for no less than 6 months.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155780</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/03/2021</b>	
NAME OF PROVIDER OR SUPPLIER <b>HOMESTEAD HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP COD <b>7465 MADISON AVE INDIANAPOLIS, IN 46227</b>		
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	<p>not limited to: Parkinson's disease. The admission MDS assessment, dated 11/4/20, indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Resident G's clinical record was reviewed on 3/2/21 at 1:40 p.m. Diagnoses include, but were not limited to: end stage renal disease, pvd (peripheral vascular disease), and diabetes. The quarterly MDS assessment, dated 2/11/21, indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Resident I's clinical record was reviewed on 3/3/21 at 2:50 p.m. Diagnoses include, but were not limited to: COPD (chronic obstructive pulmonary disease). The yearly MDS assessment, dated 2/11/21, indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Resident J's clinical record was reviewed on 3/3/21 at 3:30 p.m. Diagnoses included, but were not limited to: COPD. The quarterly MDS assessment, dated 12/20/20, indicated the resident was cognitively intact in their ability to understand their surroundings.</p> <p>Review, on 3/3/21 at 3:50 p.m., of resident council minutes, dated for January and February of 2021, indicated the following residents attended, J, K, L, M, and N. Indicated concerns discussed where call lights not being answered timely. Residents felt they had to wait "a long time" before their call light was answered by staff.</p> <p>On 3/3/21 at 2:00 p.m., the Interim DON provided the Policy and Standard Procedures for Nursing revised 03/29/2016, and indicated the policy was currently being used by the facility. A review of</p>				

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	<p>the policy indicated, "The call light or bell access will be within reach of the resident.... Staff will answer call needs promptly. Any staff within the vicinity will answer a call light."</p> <p>This Federal tag relates to Complaint IN00347986.</p> <p>3.1-19(u)</p>			