

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

PRINTED: 10/07/2022

FORM APPROVED

OMB NO. 0938-039

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|---|---|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155741 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 09/16/2022 | |
| NAME OF PROVIDER OR SUPPLIER FAIRWAY VILLAGE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (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 a Recertification and State Licensure Survey.</p> <p>Survey dates: September 12, 13, 14, 15, and 16, 2022</p> <p>Facility number: 004700 Provider number: 155741 AIM number: 100266630</p> <p>Census Bed Type: SNF/NF: 36 Total: 36</p> <p>Census Payor Type: Medicaid: 29 Other: 7 Total: 36</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 19, 2022.</p> | | | F 0000 | | | |
| F 0814 SS=C Bldg. 00 | <p>483.60(i)(4) Dispose Garbage and Refuse Properly §483.60(i)(4)- Dispose of garbage and refuse properly.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the facility's dumpster container lids were kept closed when not in use for 2 of 2 observations.</p> <p>Findings include:</p> <p>During an observation with the Dietary Manager</p> | | | F 0814 | <p><u>F814 – Dispose Garbage and Refuse Property</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>·No residents were identified as</p> | | 10/10/2022 |

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 disclosable 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>(DM), on 9/12/22 from 10:05 a.m. to 10:10 a.m., the dumpster container area, located adjacent to the kitchen's rear exit door was observed. The dumpster container had 2 separate top lids. Both lids were observed to not be closed. Inside the dumpster container, multiple filled trash bags were visible. The dumpster container was 2/3 full of trash bags. Multiple large black flies were observed flying around and inside the trash bags. No staff were observed near the dumpster area.</p> <p>During an observation with the DM, on 9/14/22 from 11:23 a.m. to 11:27 a.m., the dumpster container area, located adjacent to the kitchen's rear exit door was observed. The dumpster container had 2 separate top lids. The lid on the left side of the container was observed to not be closed. Inside the dumpster container, multiple filled trash bags, a used mattress, and a mattress cover were visible. Half of the mattress cover was observed hanging outside of the dumpster container. Multiple large black flies were observed flying around and inside the trash bags. No staff were observed near the dumpster area.</p> <p>During an interview on 9/12/22 at 10:15 a.m., the DM indicated the dumpster lids were to be kept closed when not in use.</p> <p>On 9/14/22 at 1:09 p.m., the Director of Nursing Services provided a copy of the Trash Removal policy, dated April 2018, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...always dispense trash in container outside...if trash area is getting unsightly, clean it up or alert your supervisor..."</p> <p>On 9/14/22 at 3:30 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated,</p> | | | | <p>being affected by the alleged deficient practice. Dumpster doors are closed when not in use.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> ·All residents that reside in the facility have the potential to be affected by the alleged deficient practice ·Signage placed in area of dumpster informing all that dumpster must be closed when not in use by 10/10/22 ·The Dietary Manager/designee will complete observation rounds daily to ensure dumpster door is closed when not in use ·All staff will be in-serviced by the ED/designee on ensuring the dumpster doors are closed when not in use by 10/10/22 <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> ·All staff will be in-serviced by the ED/designee on ensuring the dumpster doors are closed when not in use by 10/10/22 ·The Dietary Manager/designee will complete observation rounds daily to ensure dumpster doors | | |

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| | <p>"...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside..."</p> <p>3.1-21(i)(2) 3.1-21(i)(5)</p> | | | <p>are closed when not in use How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place; ·The DM/designee will be responsible for the completion of the Dumpster Closure QA tool weekly times 4 weeks, monthly times six and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. Date of Compliance: 10/10/22</p> | | | |