STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Investigation of Complaints IN00403387 and IN00403602. Complaint IN00403387 - No deficiencies related to the allegations are cited. Complaint IN00403602 - State deficiencies related to the allegations are cited at F9999. Survey date: March 10, 2023 Facility number: 000172 Provider number: 155272 AIM number: 100267130 Census Bed Type: SNF/NF: 129 Total: 129 Census Payor Type: Medicare: 8 Medicaid: 102 Other: 19 Total: 129 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 14, 2023	F 0000		
F 9999 Bldg. 00	Based on interview and record review, the facility failed to ensure the death of a resident, that was	F 9999	- what corrective action(s) will be accomplished for those residents found to have been	03/30/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tara Schwab	Executive Director	03/28/2023

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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	unusual and/or suspicious, was reported to Indiana Department of Health for 1 of 1 resident reviewed for death. (Resident B) Findings include: The clinical record for Resident B was reviewed on 3/10/23 at 11:00 a.m. The diagnoses included, but were not limited to, anxiety disorder, bipolar disorder, convulsions, and history of traumatic brain injury and cerebral infarction without residual deficits. Resident B was admitted to the facility on 2/27/23. A progress note, dated 3/3/23 at 3:55 p.m., indicated Resident B was interviewed and he was deemed as cognitively intact. A progress note, dated 3/6/23 at 7:03 a.m., indicated Resident B had signed out at approximately 7:00 p.m. on 3/5/23 with the reason being on going to the gas station. Resident B had not returned to the facility. A progress note, dated 3/6/23 at 8:00 a.m., indicated the following, "...this writer spoke with mom of [name of Resident B] to discussed [sic] him being LOA [leave of absence] and had not returned from last night; discussed he came home (mom) and stated his friend had emergency and he was going to help him. stated he would not probably returned [sic]...." An interview conducted with the Director of Nursing (DON), on 3/10/23 at 10:30 a.m., indicated Resident B was found deceased on 3/8/23 by the building that was located behind the nursing facility. There was no detail report that indicated the death		affected by the deficient practice; Resident B no longer resides in the community and IDOH is aware of the unusual occurrence. - 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; Any resident involved in an unusual occurrence has potential to be affected. There are no other residents with an unusual occurrence at this time. - what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; RDCO and/or RDO will educate ED and DON on the incident reporting policy (“Long-Term Care Abuse and Incident Reporting Policy”) to include the definition of an unusual occurrence. ED and/or DON will educate facility staff on incident reporting policy (“Long-Term Care Abuse and Incident Reporting Policy”) to include the definition of an unusual occurrence and immediately reporting of all incidents to the ED	

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	of Resident B was reported to the Indiana Department of Health. A policy titled "Long-Term Care Abuse and Incident Reporting Policy", effective dates: 12/08/2022 - 12/08/2023, indicated the following, "...To facilitate compliance with state and federal law and regulation, as applicable, related to reporting of abuse and incidents in licensed long-term care facilities in Indiana...Policy Statement...Abuse and incidents will be reported and submitted to the Indiana Department of Health in compliance with federal regulations and/or state rules and this policy, as applicable...COMPREHENSIVE CARE FACILITIES...B. Types of Incidents Reportable Under Federal and State Rules...2. Death of a resident that is unusual, violent, suspicious, or resulted from an accident...." This Federal Tag relates to complaint IN00403602.		and DON. - 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; and - RDCO and/or RDO will be notified of all incidents that meet the requirements of IDOH incident reporting and provide guidance on reporting. RDCO and/or RDO will audit internal incident investigations for appropriate reporting weekly x 4 weeks, 2x/month x 1 month, and monthly x 4 months. - - - by what date the systemic changes will be completed. After submitting an acceptable Plan of Correction, if it is determined that the correction will not be completed by the date previously submitted, The Division needs to be contacted as soon as possible. The facility will need to submit an amended plan of correction with the updated plan of correction date. 3/30/2023	