

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

PRINTED: 04/01/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/21/2025	
NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227			
(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 000	<p>INITIAL COMMENTS</p> <p>This visit was for Investigation of Complaints IN00453246 and IN00454758.</p> <p>Complaint IN00453246 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00454758 - Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Survey date: March 21, 2025</p> <p>Facility number: 000537 Provider number: 155409 AIM number: 100267270</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicare: 2 Medicaid: 61 Other: 5 Total: 68</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 000			
F 602 SS=D	<p>Free from Misappropriation/Exploitation CFR(s): 483.12</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This</p>			F 602			

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.

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F 602	<p>Continued From page 1</p> <p>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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect the residents' rights to be free from misappropriation of property for 1 of 3 residents reviewed for misappropriation of medications. (Resident C)</p> <p>Finding includes:</p> <p>On 3/21/25 at 9:50 a.m., the clinical record for Resident C was reviewed. The diagnoses included, but were not limited to, Type 2 diabetes mellitus (a chronic condition affecting blood sugar levels).</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 2/7/25, indicated Resident C was cognitively intact.</p> <p>A physician's order, initiated 2/8/25 and discontinued on 3/1/25, indicated Resident C had tirzepatide (an antidiabetic medication used to treat type 2 diabetes and for weight loss) 15 mg (milligrams)/0.5 mL (milliliters) ordered to be given by subcutaneous (under the skin) injection once weekly on Saturdays.</p> <p>A physician's order, initiated on 3/7/25 and with no end date, indicated Resident C had tirzepatide, 15 mg/0.5 mL ordered to be given by subcutaneous injection once weekly on Fridays.</p> <p>During an interview on 3/21/25 at 10:30 a.m., the Administrator indicated on 3/3/25, it had been</p>	F 602	Past noncompliance: no plan of correction required.		

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F 602	<p>Continued From page 2</p> <p>reported to the former DON (Director of Nursing) by LPN 4 that Resident C had missing insulin medication noted. LPN 4 was in the medication room looking for another resident's insulin medication, and noted that Resident C had only one Mounjaro (tirzepatide) injection in the box and asked if it was the old box. LPN 3 indicated no, that was a new box (the medication boxes come with four pre-filled syringes of the medication dosage at a time) and it should have had only one missing used on Saturday 3/1/25. When the former DON came to check the medication box in the medication room, the one dose that had been there was also missing. It could not be determined by internal investigation who had taken the pre-filled syringes of medication, but the medications were located in the locked medication room behind the nursing station. Only staff members had access to the locked medication room.</p> <p>On 3/21/25 at 11:45 a.m., the Administrator provided a copy of the facility's abuse policy, titled "Abuse Prevention Program", dated 10/22/22, and indicated it was the policy in use by the facility. A review of the policy indicated that residents are to be free from abuse, including, but not limited to, misappropriation of resident property.</p> <p>The deficient practice was corrected on 3/19/25 after the facility implemented a systemic plan that included the following actions: the facility inserviced the staff on misappropriation of resident property and ongoing monitoring.</p> <p>This citation relates to Complaint IN00454758.</p> <p>3.1-28(a)</p>	F 602			

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