

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

PRINTED: 06/04/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/28/2025
NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86TH ST INDIANAPOLIS, IN 46260		
(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 the Investigation of Complaints IN00455338, IN00458980 and IN00459493.</p> <p>Complaint IN00455338-No deficiencies related to the allegations were cited.</p> <p>Complaint IN00458980-Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00459493-No deficiencies related to the allegations were cited.</p> <p>Survey dates: May 27 and 28, 2025.</p> <p>Facility number: 000074 Provider number: 155154 AIM number: 100290050</p> <p>Census Bed Type: SNF/NF: 76 SNF: 7 Total: 83</p> <p>Census Payor Type: Medicare: 7 Medicaid: 61 Other: 15 Total: 83</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on June 3, 2025.</p>	F 000			
F 689 SS=G	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains</p>	F 689			

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 689	<p>Continued From page 1</p> <p>as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a staff member followed the facility policy and procedure related to the use of a gait belt during a transfer which resulted in a resident fall for 1 of 3 residents reviewed for accidents. (Resident B) This deficient practice resulted in an abrasion on the resident's forehead and a fracture of the right femur. The deficient practice was corrected on 5/5/25, prior to the start of the survey, and therefore was past noncompliance.</p> <p>Findings include:</p> <p>During a telephone interview, on 5/27/25 at 8:47 a.m., Resident B's family indicated the resident was a fall risk. He was in the hall, heard a thump, and entered to find the resident on the floor. The resident had blood coming from her head. The CNA did not have a gait belt. He told the facility to call the paramedics. He indicated the resident sustained a right femur fracture (broken bone in the upper leg) and had emergency surgery the following day.</p> <p>The clinical record for Resident B was reviewed on 5/27/25 at 9:15 a.m. The diagnoses included, but were not limited to, muscle weakness, chronic respiratory failure, and chronic kidney disease with heart failure.</p> <p>A fall risk assessment, dated 4/1/25, indicated</p>	F 689	<p>Past noncompliance: no plan of correction required.</p>		

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F 689	<p>Continued From page 2</p> <p>Resident B was at a high fall risk.</p> <p>A care plan, dated 4/2/25, indicated Resident B was a new admission and required implementation of services. An intervention, dated 4/2/25, indicated to provide fall prevention interventions.</p> <p>A physician's order, dated 4/23/25, indicated the resident could get up when she wanted with assistance of a staff member.</p> <p>A Minimum Data Set (MDS) assessment, dated 4/29/25, indicated Resident B required substantial/maximal assistance to transfer from sitting to standing and was cognitively intact.</p> <p>A facility falls event document, dated 5/4/25, indicated Resident B had a witnessed fall. The resident hit her head, said her head hurt, and it was decided the resident needed to go to the emergency room for further evaluation. The CNA was transferring the resident from the bed to the wheelchair and the resident fell backwards.</p> <p>A hospital emergency room note, dated 5/4/25 at 4:08 p.m., indicated Resident B presented to the emergency department. The resident's son was present and indicated he knocked on the resident's door at the facility, heard a loud thump from the resident's room, entered, and observed his mother on the floor with the aid standing there. He told the emergency room staff the CNA was transferring his mother to the wheelchair, slipped, and dropped her. The resident had sustained an abrasion to the right side of the forehead and the right leg was resting in an external rotation.</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>A radiology report, dated 5/4/25, indicated Resident B had sustained a nondisplaced intertrochanteric fracture of the proximal right femur.</p> <p>A facility document, titled "Approaches on Profile," undated, indicated Resident B was an assistant of 1 person with transfers.</p> <p>A facility document, titled "Employee Communication Form," indicated, on 5/4/25, CNA 2 failed to use a gait belt during a transfer which resulted in a fall with injury. CNA 2 was aware all transfers required the use of a gait belt if a mechanical lift was not used. The document was signed by CNA 2 and the Director of Nursing on 5/4/25 and by the Executive Director on 5/5/25.</p> <p>During an interview, on 5/27/25 at 10:15 a.m., the Director of Therapy indicated Resident B's therapy evaluation indicated a stand assist of one (1), standing pivot transfer with a gait belt on.</p> <p>During a telephone interview, on 5/27/25 at 10:56 a.m., CNA 2 indicated Resident B had experienced loose stools all day. The resident wanted to get up and go to the bathroom. The wheelchair was present at the side of the bed. The resident stood up and CNA 2 was holding the resident's pants. The resident fell back onto her side. CNA 2 indicated the resident had a small amount of blood from the right temple area. The resident was a one person transfer per care sheet (a sheet which told the interventions/needs the resident required). CNA 2 indicated she did not have a gait belt on Resident B and there were no care sheets available that day or the day prior. The facility had a policy to use gait belts and told staff to use gait belts. The resident's family</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>member was at the facility when the incident occurred.</p> <p>During an interview, on 5/27/25 at 12:19 p.m., the Director of Nursing indicated the use of a gait belt was standard and CNA 2 should have used a gait belt. Gait belts were provided upon hire as part of the uniform.</p> <p>During an interview, on 5/28/25 at 9:56 a.m., CNA 3 indicated gait belts were to be used anytime a resident needed to stand/transfer if they did not require a mechanical lift.</p> <p>During an interview, on 5/28/25 at 9:49 a.m., RN 4 indicated a gait belt should be used anytime a resident needed to be transferred.</p> <p>During an interview, on 5/28/25 at 9:48 a.m., CNA 5 indicated the gait belt was to be used anytime staff helped a resident transfer.</p> <p>A facility document, titled "Nurse Aide/Certified Nurse Aide Job Specific Orientation Plan," dated as completed 6/24/24 and received from the Director of Nursing on 5/28/25 at 9:50 a.m., indicated CNA 2 had completed her CNA training including, but not limited to, " ...Gait belt policy/Proper body mechanics...."</p> <p>A current facility procedure, titled "Transfer to Wheelchair," dated as last reviewed in 9/2023 and received from the Director of Nursing on 5/27/25 at 12:10 p.m., indicated "...Procedure Steps...place gait belt around resident's waist...Grasp belt securely on both sides...Help resident to pivot to front of wheelchair...remove gait belt...."</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>A current facility policy, titled "Gait Belts," dated 2/20/20 and received from the Director of Nursing on 5/27/25 at 12:19 p.m., indicated "...Use of gait belts serves to reduce the risk of injury to patient/resident as well as to staff members...It is the policy for all Therapy and Wellness staff to utilize gait belts to assist patients who are not independent with transfers and ambulation...Failure to comply will result in disciplinary action and may lead to termination...."</p> <p>The deficient practice was corrected by 5/5/25 after the facility implemented a systemic plan which included an investigation, education on gait belt use, and audits were initiated for other residents and for ensuring staff had and were using gait belts.</p> <p>This citation relates to Complaint IN00458980.</p> <p>3.1-45(a)(2)</p>	F 689			