

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

PRINTED: 05/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155409		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/21/2023	
NAME OF PROVIDER OR SUPPLIER  WATERS OF INDIANAPOLIS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227			
(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	<p>This visit was for the Investigation of Complaints IN00406235, IN00406673, and IN00406951.</p> <p>Complaint IN00406951 - Federal/State deficiencies related to the allegations are cited at F609.</p> <p>Complaint IN00406235 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406673 - No deficiencies related to the allegations are cited.</p> <p>Survey date: April 21, 2023</p> <p>Facility number: 000537 Provider number: 155409 AIM number: 100267270</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 13 Medicaid: 52 Other: 7 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 25, 2023.</p>			F 0000	<p>May 5, 2023</p> <p>Preparation or 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. The Plan of Correction is prepared and executed solely because it is required by Federal and State law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during the Complaint Survey on April 21, 2023. Please accept this plan of correction as the provider's credible allegation of compliance. We respectfully request a desk review.</p>		
F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment,</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Nicole Fields

Administrator

05/08/2023

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 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 30 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>the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to immediately report to the state survey agency an allegation of sexual abuse for 1 of 1 allegations reviewed. (Resident D, Resident E)</p> <p>Finding includes:</p> <p>During an interview on 4/21/23 at 11:00 a.m., the DON indicated on 4/16/23 there was allegation of sexual abuse from Resident D towards Resident E.</p>			F 0609	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The allegation regarding sexual abuse by Resident D toward Resident E was reported to the Indiana Department of Health on April 21, 2022.</p>		05/15/2023

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	<p>During an interview with the Administrator on 4/21/23 at 3:00 p.m., the Administrator indicated the facility reports to the state survey agency when there was an allegation of abuse. She indicated she was notified of the incident but was waiting on additional information before sending the report to the state survey agency.</p> <p>On 4/21/23 at 1:00 p.m., the DON provided the facility abuse prevention program policy, undated. The policy indicated the facility will notify state licensing certification agency immediately of allegations of abuse.</p> <p>This Federal tag relates to Complaint IN00406951.</p> <p>3.1-28(c)</p>				<p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>All residents have the potential to be affected by this alleged deficient practice. The Administrator or designee will interview alert and oriented residents to ensure residents feel safe and secure in the facility. Identified allegations that meet the Indiana Department of Health definition of a reportable occurrence will be promptly reported and investigated.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>The Administrator or designee will reeducate staff and ancillary providers on the policy and procedure for reporting Unusual Occurrences. <b>(Attachment A)</b></p> <p><b>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?</b></p> <p>Interviews will be conducted by the</p>		

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			Administrator/designee weekly times 8 weeks, then monthly times 4 months to validate compliance with federal and state law. The results of the audit will be reviewed, reported and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter until substantial compliance is achieved.		