

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

PRINTED: 02/07/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155072		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/22/2025	
NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 2002 ALBANY ST BEECH GROVE, IN 46107			
(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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00449983 and IN00451300. This visit included a State Residential Licensure Survey.</p> <p>Complaint IN00449983 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451300 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 15, 16, 17, 21 and 22, 2025</p> <p>Facility number: 000029 Provider number: 155072 AIM number: 100275200</p> <p>Census Bed Type: SNF/NF: 84 SNF: 9 Residential: 7 Total: 100</p> <p>Census Payor Type: Medicare: 4 Medicaid: 70 Other: 19 Total: 93</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 27, 2025.</p>			F 0000	<p>To Whom It May Concern:</p> <p>Beech Grove Meadows recently had a recertification survey, that occurred January 15, 16, 17, 21, and 22 2025. Our plan of correction is attached. We are requesting paper compliance for our deficiencies. Please let me know if you need any additional documentation.</p> <p>Thank you, Jeremiah Johnson</p>		
F 0644 SS=D	483.20(e)(1)(2) Coordination of PASARR and Assessments						

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

TITLE

(X6) DATE

Jeremiah Johnson

Executive Director

02/04/2025

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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Bldg. 00	<p>Based on record review and interview, the facility failed to ensure a resident was referred to the State-designated authority contractor for a Level II Preadmission Screening and Resident Review (PASRR) evaluation for a new mental illness diagnosis for 1 of 1 resident reviewed for PASRR. (Resident 65)</p> <p>Finding includes:</p> <p>On 1/16/25 at 10:40 a.m., Resident 65's clinical record was reviewed. The diagnosis included, but was not limited to, delusional disorder.</p> <p>Resident 65 was admitted to facility on 12/15/23 with a PASRR Level I completed. On 10/15/24, a new diagnosis of delusional disorder was added without a new Level II PASRR evaluation.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 10/28/24, indicated Resident 65 was severely cognitively impaired.</p> <p>During an interview on 1/16/25 at 11:19 a.m., the Administrator indicated that a PASRR Level II evaluation was not completed for the new diagnosis of delusional disorder for Resident 65.</p> <p>On 1/16/25 at 1:27 p.m., the Administrator provided a copy of an American Senior Communities Indiana PASRR Policy, undated, and indicated that it was the current policy being followed by the facility. The policy indicated a screening was completed to identify residents who had mental illness.</p> <p>3.1-16(d)(1)(A) 3.1-16(d)(1)(B)</p>			F 0644	<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?A New accurate PASRR has been submitted and approved by ascend for Resident # 65</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?All Residents have the potential to be affected. A full facility audit of current PASRRs and Resident Diagnosis will be completed to ensure accuracy of PASRR Screening.</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?Facility Management (IDT) will be in-serviced by the Regional Social Wellness & Enrichment Support related to the PASSR process, including the addition of diagnoses by DATE. Addition of Diagnosis Change will be reviewed daily during Administrative Meeting. Psychiatric specific documentation will be reviewed and discussed daily during Clinical Meeting</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?Executive Director designee will complete the PASRR Accuracy QAPI</p>		01/24/2025

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F 0814 SS=C Bldg. 00	<p>483.60(i)(4) Dispose Garbage and Refuse Properly</p> <p>Based on observation, interview, and record review, the facility failed to ensure the area next to the trash dumpster container was free from rubbish for 2 of 2 observations.</p> <p>Findings include:</p> <p>1. During the initial facility tour with the Dietary Manager (DM), on 1/14/25 from 9:25 a.m. to 9:30 a.m., the dumpster, located at the end of the facility parking lot on the west side of the building, was observed. The following was observed at the dumpster container site:</p> <ul style="list-style-type: none"> - Three large trash bags were observed laying on the ground next to the dumpster. The untied trash bags were filled with soiled briefs and other unidentifiable debris. - Multiple used plastic gloves and other debris were observed laying on the ground next to the dumpster container. 		F 0814	<p>tool weekly for one month, bi-weekly for two months, and then monthly for six months. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If the threshold of 95% is not achieved an action plan will be developed to ensure compliance. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice? No Residents were found to have been affected by this practice. All Debris Removed from dumpster area. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. The Dietary Manager/designee will complete observation rounds daily to ensure dumpster area is clean and free of debris and the lid is closed</p> <ul style="list-style-type: none"> - All staff will be in-serviced by the ED/designee on ensuring the dumpster area is free of debris and clean by Friday 01/24/2025 <p>What measures will be put into</p>		01/24/2025	

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	<p>- Two large partially filled clear trash bags were laying on the ground near the dumpster. The trash bags were partially covered with snow.</p> <p>- No staff were visible in the area at that time.</p> <p>During an interview at that time, the DM indicated all trash bags were to be tied and placed into the dumpster container. The ground surrounding the dumpster container was to be kept free of debris.</p> <p>During an interview on 1/14/25 at 9:35 a.m., the Assistant Director of Nursing Services (ADNS) indicated all trash bags were to be tied and placed into the dumpster container. The dumpster area was to be kept free of any debris.</p> <p>2. During a follow-up observation with the Maintenance Director on 1/16/25 at 2:00 p.m., the dumpster area was observed. Multiple used plastic gloves and other debris were observed on the ground near and around the dumpster area. No staff were visible in the area at that time.</p> <p>During an interview at that time, the Maintenance Director indicated all trash was to be placed inside the dumpster and the area was to be kept free of debris.</p> <p>On 1/16/25 at 3:45 p.m., the Administrator 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 document indicated, "...always dispense trash in container outside...if the area is getting unsightly, clean it up or alert your supervisor..."</p> <p>On 1/17/25 at 2:15 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated,</p>				<p>place or systematic changes made to ensure that the deficient practice will not recur?All staff will be in-serviced by the ED/designee on ensuring the dumpster area is free of debris and clean by Friday 01/24/2025. Dumpster area will be checked daily for debris by Culinary staff using the Culinary Manager Daily AM Checklist</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?The Dumpster Area Monitoring Tool will be completed weekly x 4 weeks, monthly x 3 months and quarterly until the QAPI committee determines that substantial compliance has been accomplished. If 95% compliance is not achieved, then an action plan will be implemented."</p>		

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R 0000 Bldg. 00	<p>"...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside...accumulation of debris...are minimized...effective cleaning is facilitated around...the unit..."</p> <p>3.1-21(i)(2) 3.1-21(i)(5)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey and the Investigation of Complaints IN00449983 and IN00451300.</p> <p>Complaint IN00449983 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00451300 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 15, 16, 17, 21 and 22, 2025</p> <p>Facility number: 000029</p> <p>Residential Census: 7</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p>			R 0000	<p>To Whom It May Concern:</p> <p>Beech Grove Meadows recently had a recertification survey, that occurred January 15, 16, 17, 21, and 22 2025. Our plan of correction is attached. We are requesting paper compliance for our deficiencies. Please let me know if you need any additional documentation.</p> <p>Thank you, Jeremiah Johnson</p>		
R 0155 Bldg. 00	<p>410 IAC 16.2-5-1.5(l) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dumpster's side sliding doors were kept closed when not in</p>			R 0155	<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?No Residents</p>		01/24/2025

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	<p>use for 8 of 9 observations.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 1/14/25 at 8:20 a.m., the facility's dumpster container, located on the east side of the facility and near the entrance door to the residential unit was observed. The dumpster was observed to have side sliding doors on the left and right sides of the container. The dumpster's left side sliding door was observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time. 2. On 1/14/25 at 2:00 p.m., the same dumpster container was observed. The side sliding door, on the left side of the dumpster, was observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time. 3. On 1/16/25 at 8:20 a.m., the same dumpster container was observed. The side sliding door, on the left side of the dumpster, was observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time. 4. On 1/16/25 at 4:20 p.m., the same dumpster container was observed. The side sliding door, on the left side of the dumpster, was observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time. 5. On 1/17/25 at 8:15 a.m., the same dumpster container was observed. The side sliding door, on the left side of the dumpster, was observed not to be closed. Multiple filled trash bags were 				<p>were found to have been affected by this practice. All Debris Removed from dumpster area. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. The Dietary Manager/designee will complete observation rounds daily to ensure dumpster areas are clean and free of debris and the lids are closed</p> <p>·All staff will be in-serviced by the ED/designee on ensuring the dumpster area is free of debris and clean by Friday 01/24/2025</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur? All staff will be in-serviced by the ED/designee on ensuring the dumpster area is free of debris and clean by Friday 01/24/2025. Dumpster area will be checked daily for debris by Culinary staff using the Culinary Manager Daily AM Checklist</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? The Dumpster Area Monitoring Tool will be completed weekly x 4 weeks, monthly x 3 months and quarterly until the QAPI committee determines that substantial compliance has been accomplished. If 95% compliance is not achieved, then an action</p>		

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	<p>observed inside the container. No staff were visible in the area at that time.</p> <p>6. On 1/17/25 at 3:00 p.m., the same dumpster container was observed. The side sliding doors, on the right and left sides of the dumpster, were observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time.</p> <p>7. On 1/21/25 at 8:15 a.m., the same dumpster container was observed. The side sliding doors, on the right and left sides of the dumpster, were observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time.</p> <p>8. During a facility tour with Culinary Aide 3, on 1/21/25 at 12:40 p.m., the same dumpster container area was observed. The side sliding doors, on the right and left side of the dumpster, were observed not to be closed. Multiple filled trash bags were observed inside the container. No staff were visible in the area at that time. During an interview at that time, Culinary Aide 3 indicated the dumpster's side sliding doors were to be kept closed.</p> <p>During an interview on 1/21/25 at 12:45 p.m., the Dietary Manager indicated the dumpster side sliding doors were to be kept closed when not in use.</p> <p>On 1/22/25 at 9:04 a.m., the Administrator provided a copy of the Food Safety policy, dated June 2023, and indicated it was the current policy in use by the facility. A review of the document indicated, "...receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered...with tight-fitting lids or doors if</p>				plan will be implemented."		

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	kept outside..." On 1/17/25 at 2:15 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated, "...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside..."						