

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155717	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/01/2020
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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME - A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00328879 and IN00328929. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00328879 - Substantiated. Federal deficiencies related to the allegations are cited at F558.</p> <p>Complaint IN00238929 - Substantiated. Federal deficiencies related to the allegations are cited at F558.</p> <p>Survey dates: May 29, and June 1, 2020.</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Census Bed Type: SNF/NF: 44 Total: 44</p> <p>Census Payor Type: Medicare: 19 Medicaid: 21 Other: 4 Total: 44</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 9, 2020.</p>	F 0000		
F 0558 SS=D Bldg. 00	<p>483.10(e)(3) Reasonable Accommodations Needs/Preferences</p>			

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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	<p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident had access to their call light for 1 of 3 residents reviewed for accommodation of needs (Resident B).</p> <p>Findings include:</p> <p>On 5/29/20 at 12:44 p.m., Resident B was observed lying in bed. The call light was not within her reach. The call light was observed, plugged into the wall, across the room from the bed, and not able to reach the bed.</p> <p>Resident B's record was reviewed on 5/29/20 at 12:14 p.m. The resident was admitted to the facility on 3/20/20.</p> <p>Diagnoses on the resident's profile included, but were not limited to, dementia (a group of thinking and social symptoms that interferes with daily functioning) in other diseases classified elsewhere without behavioral disturbance.</p> <p>A nursing admission assessment, dated 3/21/20, indicated the resident verbalized and demonstrated the ability to use the call light.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 3/31/20, indicated the resident had a severe cognitive impairment and required extensive assistance with activities of daily living (ADL's).</p>	F 0558	<p><b>Alpha Home</b> <b>2460 Cold Spring Road,</b> <b>Indianapolis, Indiana 46222</b></p> <p><b>DISCLAIMER STATEMENT:</b> Preparation and/or execution of this plan of correction in general, or this corrective action, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth this statement of deficiencies. The plan of correction and specific corrective actions are prepared/and/or executed in compliance with state and federal laws.</p> <p>This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.</p> <p><b>With the documents submitted we respectfully request a desk review.</b></p> <p><b>F-558</b> <b>1. Corrective Actions Taken.</b> <b>It is the intent of the facility per regulation, to provide Reasonable Accommodations of the residents Needs and or preferences. Resident B bed</b></p>	06/26/2020

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	<p>During an interview, on 5/29/20 at 12:45 p.m., Certified Nursing Assistant (CNA) 6 indicated Resident B's bed had been moved across the room, to be in view of the window. She was not sure when the bed was moved. The call light had not reached the bed since it was moved. She was not sure if a touch pad call light had been tried with the resident. An extension for the call light cord was not provided. The call light should have reached the resident's bed.</p> <p>During an interview, on 6/1/20 at 10:57 a.m., the Administrator indicated the resident's bed was moved to the window area on 4/30/20. Prior to the bed being moved, the call light was within the resident's reach.</p> <p>On 6/1/20 at 10:58 a.m., the Administrator provided a document titled, "CALL LIGHTS," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: ...The call system will be available in the resident's room as well as in the resident's bathroom. Procedure: ...9. Always be sure that the resident has a functioning call light that is the easiest type for them to use. Always place the call light in an accessible location to where the resident is located in their room. Tell the resident where it is. Be sure they know how to use it...."</p> <p>This Federal tag relates to Complaints IN00328879 and IN00328929.</p> <p>3.1-3(v)(1)</p>		<p><b>was moved back to the original location until the morning when a new cord with pressure pad alert was delivered and installed. Resident B is no long at the facility. The entire building call lights were audited by Maintenance.</b></p> <p><b>1. All others with potential to be affected: All residents could be affected by this deficient practice</b></p> <p><b>2. Measures to Prevent Reoccurrence: The Maintenance Director and/or designee performed a facility wide audit of all call light cords for functionality. Additionally, the DON and or designee evaluated all residents for proper call lights. All employees were in-serviced by the DON or designee by 6/26/20 on the "Call Light" policy. Anyone who fails to comply with the results of the in-serviced may be further educated.</b></p> <p><b>1. Monitoring Corrective Action: The DON and/or designee will utilize the QAPI tool entitled "Call Light" for 5 rooms per day, 5 days a week for four weeks. Then 5 rooms per day 3 days a week, then 5 rooms</b></p>				

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			<p><b>once a day per month for 4 months. Any concerns identified will be immediately corrected. Additionally, any trends will be further discussed in QAPI as needed. Additional action may be developed.</b></p> <p><b>Date of compliance June 25, 2020</b></p>		