

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

PRINTED: 12/10/2024

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 11/14/2024	
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	This visit was for the Investigation of Complaint IN00445597. Complaint IN00445597 - Federal/State deficiencies related to the allegations are cited at F600. Survey date: November 14, 2024 Facility number: 000537 Provider number: 155409 AIM number: 100267270 Census Bed Type: SNF/NF: 67 Total: 67 Census Payor Type: Medicare: 3 Medicaid: 59 Other: 5 Total: 67 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed November 21, 2024.			F 0000			
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuse by a CNA for 1 of 5 resident reviewed for abuse. (CNA 3, Resident B) Finding includes:			F 0600	F 600 Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission of agreement by this facility of the facts alleged or conclusions set		12/12/2024

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

TITLE

(X6) DATE

Alicia Harris

Administrator

12/05/2024

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 disclosed 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>On 11/14/24 at 9:25 a.m., the clinical record of Resident B was reviewed. The diagnoses included, but were not limited to, cerebral infarction (a reduction of blood flow to the brain), encephalopathy (a brain disorder), and cognitive communication deficit.</p> <p>On 11/14/24 at 9:35 a.m., the Administrator provided a facility reportable incident, dated 10/18/24. The incident indicated that on the previous evening shift, on 10/17/24, CNA 3 spoke to Resident B in an upsetting tone. CNA 3 was suspended pending investigation of the allegations and was terminated the same day after obtaining interviews from Resident B and other witnesses present.</p> <p>During an interview on 11/14/24 at 10:20 a.m., a witness to the 10/17/24 smoking break incident said that CNA 3 was upset about taking the residents out for their evening smoke break because it wasn't CNA 3's assignment. CNA 3 was observed by the witness screaming and yelling at Resident B both inside the building and outside during the actual smoke break, up until they came back inside the building. The witness described that CNA 3 stood on a chair at the nurses' station screaming at Resident B when Resident B asked who would be taking them out to smoke as residents were late for the 6:30 p.m. smoke break. Resident B had asked CNA 3 to stop talking to her and CNA 3 was described as going on and on to Resident B, taunting her and calling her a snitch. The witness described CNA 3 as being "very verbally abusive".</p> <p>During an interview on 11/14/24 at 11:50 a.m., the Administrator indicated that CNA 3's behavior on 10/17/24 was not in line with facility policies regarding freedom from abuse. The Administrator</p>				<p>forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is (12-12-24) Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p> <p>It is the intent of this facility for the residents to be free from abuse, neglect, misappropriation of resident's property and exploitation.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident B had psycho-social follow up completed by Social Service Director on 10/17/24 with no negative psycho-social affects noted from alleged abuse. CNA 13 was terminated on October 18, 2024 by the Administrator/Designee.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All residents that currently reside in the facility have the potential to be affected by the alleged deficient practice. A facility wide skin sweep was completed by the DON/Designee on 10/25/24 on</p>		

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	<p>indicated that CNA 3 was suspended and then terminated on 10/18/24 after obtaining statements from Resident B and other witnesses.</p> <p>On 11/14/24 at 10:45 a.m., the Administrator provided an undated policy titled Abuse Prevention Program, and indicated it was the current policy in use by the facility. A review of the policy indicated it was the policy of the facility to prevent resident abuse, neglect, mistreatment, and misappropriation of resident property. The policy further includes a description of verbal abuse as, "Any use of oral, written [sic] or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend [sic] or disability."</p> <p>This citation relates to Complaint IN00445597.</p> <p>3.1-27(b)</p>				<p>residents with a Bim's of 12 or less. Abuse questionnaires were completed by the SSD/Designee on 10/25/24 for all residents with a Bim's score of 13 or higher. Any concerns for addressed or reported as needed.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur. The DON or designee completed education with facility staff on the Abuse Prevention Program including ensuring residents were free from abuse on 10/31/24 and again on 11/20/24. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place.</p> <p>The Activity Director or designee will conduct interviews on 10 random residents a week x 4 weeks, then 5 random residents a week x 4 weeks, then 3 random residents once a month x 4 months. Results forwarded to QAPI committee for further recommendations and resolution as necessary.</p> <p>If the facility is within 95% compliance at the end of the 6</p>		

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					months; then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns will be identified. Any needed Action Plan will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until resolved. By what date the systemic changes for each deficient will be completed. Date: 12/12/2024		