

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

PRINTED: 05/19/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 04/29/2025	
NAME OF PROVIDER OR SUPPLIER FIVE STAR RESIDENCES OF BANTA POINTE				STREET ADDRESS, CITY, STATE, ZIP COD 6510 U.S. 31 SOUTH 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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00457589.</p> <p>Complaint IN00457589 - State deficiencies related to the allegations is cited at R0053.</p> <p>Survey date: April 29, 2025</p> <p>Facility number: 014018</p> <p>Residential Census: 48</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 2, 2025.</p>			R 0000	/p>="" p="">		
R 0053 Bldg. 00	<p>410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuse for 1 of 3 residents reviewed. (Resident B)</p> <p>Findings include:</p> <p>During an interview on 4/29/25 at 10:40 a.m., the Administrator indicated QMA 1's employment with the facility had been terminated due to QMA 1 using foul language while speaking to Resident B.</p> <p>During an interview on 4/29/25 at 1:20 p.m., QMA 2 indicated, on 4/14/25 around 2:00 p.m., Resident B was complaining of having pain and requested pain medication from QMA 1. QMA 1 stated to</p>			R 0053	<p>R053 – RESIDENTS RIGHTS – DEFICIENCY</p> <p>WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? RESIDENT B NO LONGER RESIDES IN THE COMMUNITY; THEREFORE, NO FURTHER CORRECTIVE ACTION COULD BE TAKEN FOR THIS RESIDENT.</p> <p>2 HOW OTHER RESIDENTS, HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME</p>		05/28/2025

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 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>Resident B, "You are a complaining [expletive] [expletive] now shut the [expletive] up!" CNA 1 took Resident B to her room to get her away from the situation. QMA 1 seemed to be having a bad day, but staff were not supposed to talk to residents in a rude way.</p> <p>During an interview on 4/29/25 at 2:05 p.m., CNA 1 indicated, on 4/14/25 around 2:00 p.m., Resident B was asking for pain medication. CNA 1 took her to the nurse's station and asked QMA 1 if the resident could have some pain medication. QMA 1 stated medication would not help her and told the resident to "Shut the [expletive] up and quit [expletive] complaining all the time!" CNA 1 removed the resident from the area and took her back to her room. QMA 1 was uncharacteristically in a foul mood, but that was no excuse for speaking to a resident in a rude way.</p> <p>On 4/29/25 at 11:10 a.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, dementia and anxiety disorder.</p> <p>On 4/29/25 at 2:30 p.m., the Administrator provided the Resident Rights, undated, and indicated these were the resident rights currently used by the facility. A review of the policy indicated, "Residents have the right to be free from verbal abuse".</p> <p>This citation relates to Complaint IN00457589.</p>				<p>DEFICIENT PRACTICE, WILL BE IDENTIFIED, AND WHAT CORRECTIVE ACTION (S) WILL BE TAKEN?</p> <p>ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED. THE DHW COMPLETED AN AUDIT TO DETERMINE WHAT IF ANY RESIDENTS ARE AT RISK. SERVICE PLANS WERE UPDATED AS NEEDED.</p> <p>3 WHAT MEASURES WILL BE PUT INTO PLACE AND WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</p> <p>STAFF WILL BE INSERVICED OF RESIDENT RIGHTS, AND ALL NEW EMPLOYEES WILL RECEIVE RESIDENT RIGHTS IN SERVICE TRAINING DURING INITIAL NEW EMPLOYEE ONBOARDING. THE ED, AND OR THEIR DESIGNEEE WILL MONITOR ALL NEW EMPLOYEES TO ENSURE COMPLETION OF RESIDENT RIGHTS TRAINING DURING THE NEW EMPLOYEE ONBOARDING PROCESS FOR A PERIOD THIRTY (30) DAYS.</p> <p>4 HOW WILL THE CORRECTIVE ACTION (S) BE MONITORED?</p> <p>THE ED, AND OR THEIR DESIGNEE WILL BE RESPONSIBLE FOR</p>		

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					MONITORING THAT ALL NEW EMPLOYEES RECEIVE TRAINING ON RESIDENT RIGHTS DURING THE INITIAL NEW EMPLOYEE ON BOARDING PROCESS FOR A PERIOD OF THIRTY DAYS (30). ANY IDENTIFIED CONCERNS WILL BE PROMPTLY ADDRESSED WITH THE RESPONSIBLE INDIIVIDUAL (S). 5 COMPLETION DATE: 5/28/25		