

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

PRINTED: 09/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155291		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/17/2023	
NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214			
(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 Complaint IN00413195.</p> <p>Complaint IN00413195 - Deficiencies related to the allegation are cited at F584.</p> <p>Survey dates: August 17, 2023.</p> <p>Facility number: 000188 Provider number: 155291 AIM number: 100266310</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 5 Medicaid: 47 Other: 21 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 24, 2023.</p>			F 0000	<p>This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's Inspection Report. Eagle Valley Meadows respectfully requests consideration for a desk review of this plan of correction in lieu of post survey revisit.</p>		
F 0584 SS=E Bldg. 00	<p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p>						

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

TITLE

(X6) DATE

Nicole Holder

Executive Director

09/07/2023

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>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>A. Based on observation, interview, and record review, the facility failed to ensure all resident rooms were adequately cleaned for 19 of 20 residents reviewed for cleanliness and home-like environment (Resident B, C, D, E, G, H, J, L, N, O,</p>			F 0584	This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission or agreement with the deficiencies		09/06/2023

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	<p>P, Q, R, S, T, U, V, W, and X).</p> <p>B. Based on observation, interview, and record review, the facility failed to ensure a memory care (MC) resident's refrigerator did not contain spoiled, undated food for 1 of 1 MC refrigerators reviewed for spoiled, undated food (Resident D) and failed to ensure other resident refrigerators had completed refrigerator temperature sheets for 4 of 4 residents' refrigerator observed (Resident F, J, and L).</p> <p>C. Based on observation, interview, and record review, the facility failed to keep a hall clear of open soiled bags of linen and trash outside a resident's room for 1 of 15 resident rooms observed (Resident M).</p> <p>Findings include:</p> <p>A. On 8/17/23 at 9:35 a.m., during a general observation of the building, only one housekeeping cart was observed by a resident's room on the B Wing.</p> <p>On 8/17/23, during a continuous observation of the MC common areas and MC resident rooms from 10:09 a.m., to 10:37 a.m. These issues were observed:</p> <p>a. A partially crushed, plastic drinking cup was observed, on the floor, in the MC lounge.</p> <p>b. Resident N had a lot of dead bugs in her rectangular bathroom light cover.</p> <p>c. Resident D's refrigerator top was covered in dust. Her over the bed table was cracked badly on one end and had no trim around it. The 2 layers of wood were exposed. Resident D indicated that she used to that a nice over the bed table, but someone came and took her table and left her with this one. The over the bed table was not clean.</p>				<p>or conclusions contained in the Indiana Department of Health's Inspection Report. Eagle Valley Meadows respectfully requests consideration for a desk review of this plan of correction in lieu of post survey revisit.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>A deep clean has been completed for 20 of 20 identified rooms – B, C, D, E, G, H, J, L, N, O, P, Q, R, S, T, U, V, W and X residential rooms and housekeeping assignments have been updated to ensure a regular schedule is in place. Spoiled, undated food was removed from the refrigerator for Resident D. Resident refrigerator temperature sheets were completed. Open soiled bags of linen and trash outside of the resident's room were promptly removed and properly stored.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected by the alleged deficient practices.</p> <p>Audit was completed for the memory care unit to ensure cleanliness of residential rooms, refrigerators, and general are and</p>		

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	<p>The two cup holders on her recliner had the debris from food in them.</p> <p>d. Resident C indicated she and Resident D used to have trash cans in their rooms. Now, there was nowhere to throw any trash. There were no trash cans observed in their rooms.</p> <p>e. In a shared bathroom, by Resident C and Resident D, trash and debris were observed on the floor and fecal matter was observed inside the toilet on the side of the bowl.</p> <p>f. Resident E's room had dust and debris all over the floor. She indicated the floor was not clean. Her bathroom sink was dirty, a bottle cap was observed obscuring the sink's drain. Dried food debris was observed in the corner of the bathroom. The bathroom floor was sticky.</p> <p>g. Resident O's room had debris on the floor. There were a lot of bugs in her rectangular bathroom light, and something that looked like a string.</p> <p>h. Resident P's room had debris on the floor, needed swept and mopped. There was glitter, on the floor, by the PTAC (personal heating and air conditioning unit).</p> <p>i. Resident P and Resident B's shared bathroom was observed to have yellow and brown spots, on the floor, near the toilet. Resident B indicated the bathroom needed cleaned.</p> <p>j. Resident Q and Resident R's shared room had debris on the floor.</p> <p>k. The MC Activity/Dining Room had some a few paper bits and a little food on the floor, mostly under the tables.</p> <p>On 8/17/23, during a continuous observation of the B Wing, resident rooms were observed from 10:38 a.m. to 10:53 a.m.</p> <p>a. Resident G and Resident H's room had debris on the floor. Resident H had debris between his bed and the wall, a bottle cap and bed controls</p>				<p>to ensure refrigerator temperature sheets were present and complete. Memory care environment to be reviewed daily during GEMBA rounds for cleanliness and homelike environment. Memory Care Support Specialist/Designee to conduct an in-service with memory care and housekeeping staff regarding memory care unit environment.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Inservice all memory care and housekeeping staff on cleanliness of residential rooms, refrigerators and general area to be completed by Memory Care Support Specialist/Designee.</p> <p>Memory care environment to be reviewed daily during GEMBA rounds for cleanliness and homelike environment, and to ensure temperature sheets for refrigerator are present and complete.</p> <p>ED/Designee to round daily to ensure Memory Care environment is clean, halls are clear and temperature sheets for refrigerator are present and complete.</p> <p>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</p>		

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	<p>were observed. Resident H's strips are loose and lifting from the floor in front of the bed. They were a potential tripping hazard. Resident H's bed was observed with black bits of debris on his bed. Their bathroom floor was not clean.</p> <p>b. Resident T and Resident U's floor was not clean. Used tissues and a snack wrapper was on the floor.</p> <p>c. A shared bathroom for Resident S, Resident T, and Resident U was observed with a urine hat (for collection of urine) with a toilet paper roll in it. A shower in the bathroom had used, wadded-up paper towels in it. The shower floor was dirty.</p> <p>d. Resident S' room floor was sticky.</p> <p>On 8/17/23, during a continuous observation of the D Wing, resident rooms were observed from 11:23 a.m., to 11:38 a.m.</p> <p>a. Resident J indicated her room was not exactly clean. Paper bits were observed on her floor.</p> <p>b. Resident V's room had a used disposable glove on the bottom of the over the bed table. Under her bed were two open packages of disposable briefs, and small, plastic bag of clothes.</p> <p>c. Resident J and Resident V shared a bathroom with Resident L and Resident W. The bathroom had an excrement odor. The toilet bowl was unflushed with green water and feces. The toilet side of the bathroom was in semi-darkness due to a light being very dim.</p> <p>d. Resident X and Resident W room had bits of paper and a folded Hoyer pad (used with equipment to lift residents) on the floor. The D Wing hallway had bits of paper debris on the floor.</p> <p>e. Resident L's room had used tissues, part of a plastic wrapper, and bits of paper on the floor.</p> <p>On 8/17/23 at 11:57 p.m., Resident Y's bathroom smelled badly. She indicated she took herself to</p>				<p>into place:</p> <p>Ø POC QAPI tools to monitor refrigerator temperature and cleanliness and memory care unit environment cleaning logs will be utilized weekly x 4 weeks then monthly x 6 months, with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director</p> <p>Ø If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p> <p>By what date the systemic changes will be completed: 9/6/2023</p>		

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	<p>the bathroom and was able to change her own disposable briefs. The facility did not give her plastic bags to seal the odors in. She has to wait for housekeeping to come and empty it. It was observed full with one disposable brief fallen to the floor.</p> <p>On 08/17/23 at 12:07 p.m., the Housekeeping/Laundry Supervisor (HLS) indicated she was working alone today. A full-time housekeeper, Housekeeper 6 was off today. Another full-time housekeeper, Housekeeper 7 was off because she was in a full-time CNA class this week. She was interviewing for four part-time housekeepers. The HLS indicated she was trying to run through all the rooms today, but the Activity Director took some of the residents to the State Fair today. So, the HLS did the Coffee Hour activity for her. She noted another activity aide was in the CNA class too. The HLS indicated some of the rooms weren't very clean. She planned to do the D Wing first, then the A Wing, B Wing, and MC last. No staff were observed assisting her.</p> <p>On 08/17/23 at 2:27 p.m., the Executive Director (ED) indicated the facility had an opening for one part-time housekeeper.</p> <p>A job description titled, "Housekeeping Aide," dated 12/2014, was provided by the ED, on 8/17/23 at 1:21 p.m. A review of the job description indicated, " ...The Housekeeping Aide provides cleaning services for a safe, sanitary, comfortable, and homelike environment for resident, staff, and the public"</p> <p>A current policy titled, "SNF/Housekeeping," dated 12/21, was provided by the ED, on 08/17/23 at 1:21 p.m. A review of the policy indicated, "</p>						

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	<p>...Resident rooms...Clean and disinfect restroom, replenish soap paper towels and toilet tissue, clean/disinfect horizontal surfaces including commonly touch [sic] items, clean over bed light and bedside table, remove refuse/clean container/replace liner, sweep and mop floor"</p> <p>B. On 8/17/23 at 10:13 a.m., Resident D's refrigerator smelled bad upon opening. There was undated, spoiled restaurant food in a black and clear container. An open, undated can of partially dried out Vienna sausages. There was no temperature sheet to monitor safe temperatures for stored food.</p> <p>On 8/17/23 at 10:24 a.m., Resident E's refrigerator had no temperature sheets to monitor safe temperatures for stored food.</p> <p>On 8/17/23 at 10:38 a.m., Resident F's refrigerator temperature sheet was missing the temperature for 8/16/23.</p> <p>On 08/17/23 at 11:24 a.m., Resident J's refrigerator temperature sheet was missing the temperature for 8/8/23, 8/12/23 and 8/13/23.</p> <p>On 08/17/23 at 11:38 a.m., Resident L's refrigerator temperature sheet was missing the temperature for 8/11/23, 8/12/23, and 8/13/23.</p> <p>On 8/17/23 at 12:11 p.m., the Housekeeper Laundry Supervisor (HLS) indicated the housekeeping staff should have been checking the temperatures on the resident refrigerators daily.</p> <p>On 8/17/23 at 4:10 p.m., the Director of Nursing (DON) indicated she was unable to determine what the spoiled, undated food was in the black</p>						

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	<p>and clear restaurant container.</p> <p>On 08/17/23 at 1:21 p.m., the Executive Director (ED) indicated she was unable to find a resident refrigerator policy, but indicated there should have been some way to ensure the resident foods were safe to eat when stored in a personal refrigerators.</p> <p>C. On 8/17/23 at 11:50 a.m., outside Resident M's room, a large, open bag of soiled linen and a large, open bag of trash were observed. The bags were not full but observed laying on the carpet. They had fallen over.</p> <p>A current policy, titled, "Laundry/Linen," dated 12/2021, was provided by the Executive Director (ED), on 8/17/23 at 1:21 p.m. A review of the policy indicated, " ...Soiled linen ...Place in container in soiled linen room for holding until picked up by laundry"</p> <p>A job description titled, "Charge Nurse," dated 1/2014, was provided by the ED, on 8/17/23 at 1:21 p.m. A review of the job description indicated, " ...The Charge Nurse...Coordinates resident care and non-resident care (cleaning, etc.)"</p> <p>This Federal tag relates to Complaint IN00413195.</p> <p>3.1-18(a) 3.1-19(f)(5)</p>						