

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155717	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/02/2022
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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 Complaint IN00374274.</p> <p>Complaint IN00374274 - Substantiated. Federal/state deficiencies related to the allegations are cited at F0584.</p> <p>Survey dates: March 2, 2022.</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 6 Medicaid: 37 Other: 16 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 17, 2022.</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by Federal and State law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during survey event ID UOX611. Please accept this plan of correction as the provider's credible allegation of compliance</p> <p>We respectfully request a desk review for compliance.</p>	
F 0584 SS=D 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>			

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>The facility must provide-</p> <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>Based on observation, interview, and record review, the facility failed to identify and repair a sink without running water in the residents' bathroom for 2 of 2 residents who resided in the</p>	F 0584	<b>F 584 Safe Clean/Comfortable/Homelike Environment</b>	03/31/2022

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	<p>room (Residents B and C).</p> <p>Findings includes:</p> <p>On 3/2/22 at 8:10 a.m., during a random tour of the facility, on the 100 Hall two notes were observed taped to a door. The plaque outside the door indicated Mechanical Room. The notes were dated 2/24/22, and both indicated "Room [Residents' B and C room number] has no running water."</p> <p>On 3/2/22 at 8:15 a.m., during an observation and interview, Residents B and C were observed in their beds having breakfast. Resident B indicated there had not been running water in his bathroom for about 3 weeks. He had told everyone. His "Lady Friend" had brought him some wipes so he could wash his hands and clean up between showers. He pointed to a package of moistened "bath wipes" on his dresser. He had been able to take showers because the shower room was down the hall, and the water worked in there. The bathroom sink was observed with a pink wash basin in it. The basin was a third full of clear water. The faucets did not give water when turned on. The toilet was able to be flushed.</p> <p>On 3/2/22 at 8:30 a.m., during a tour of the facility with the Administrator, the bathroom sinks were checked for running water. No additional rooms without running water were identified.</p> <p>On 3/2/22 at 8:51 a.m., an attempt was made to interview Resident C, he was not interviewable and only grunted when greeted. He only nodded when addressed. He did not converse. At that time Resident B asked the surveyor to speak with his "Lady Friend" on the telephone. He indicated</p>		<p>It is the practice of this community to ensure that our residents have a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Residents B and C bathroom sink was repaired shortly after it was discovered they had no water. No other bathroom or shower room was without running water. Ring binders that contain work orders were both replaced to ensure that staff could complete a work order when needed. All residents residing in the facility have the potential to be affected; however, no resident was affected.</p> <p>All departments were educated by Administrator or DON on completing on the location of work orders and the process of completing form.</p> <p>Administrator or Maintenance man we check residents' rooms to ensure there is running water. Will check 1 room on each hall 5 days a week for 1 month; then 4 days a week for 1 month; then 3 days a week for on month; then 2 days a week for 1 month; then 1 day a week for 1 month; then weekly for 1 month. Any concerns will be addressed if found. Results of the monitoring will be presented to the QAPI committee weekly</p>	

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	<p>he had gone out to the emergency room by ambulance a couple nights ago.</p> <p>On 3/2/22 at 8:57 a.m., during a telephone interview, Resident B's "Lady Friend" indicated he had not had any water in his bathroom for several weeks. She had told administration and so had Resident B. No one did anything about it. "There are a lot of questionable things going on in that place." Some things she had seen there were "just downright neglectful."</p> <p>On 3/2/22 at 9:15 a.m., during an observation and interview with the Administrator (ADM), the ceiling at the start of the 100 hall had 4 tiles with large brown circles and a hole in the center. She indicated there had been a broken water pipe in the ceiling in February. It had occurred over a weekend and staff did not call administration, they just put a trash can under the leak. The pipe had been repaired on February 11, 2022, by (Name of Contracted Company). At that time the water had been shut off for a couple hours to complete the repairs. All of the residents had been told the water was turned off, prior to turning it off. She was not aware there were any residents still without water. That was the only plumbing issue there had been at the facility. If there were maintenance requests staff should complete a form and give it to the maintenance person. The forms were usually in a binder at the nurses' station. The Administrator provided a copy of the invoice for repairs, dated 2/11/22, by (Name of Contracted Company).</p> <p>On 3/22/22 at 9:20 a.m., during a telephone interview with (Name of Contractor), he indicated he had been in the facility on 2/11/22 to make repairs to a leak in the plumbing. His company had only been there for that one day and</p>		<p>until compliance is achieved. Any patterns identified will be addressed immediately. The facility through the QAPI program, will review, update, and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months. Any written Action Plan will be monitored by the Administrator or designee until resolved.</p> <p>Administrator or Maintenance man will check to ensure there is a work order binder at each care center. They will check each care center 5 days a week for 1 month; then 4 days a week for 1 month; then 3 days a week for one month; then 2 days a week for 1 month; then 1 day a week for 1 month; then weekly for 1 month. Any concerns will be addressed if found. Results of the monitoring will be presented to the QAPI committee weekly until compliance is achieved. Any patterns identified will be addressed immediately. The facility through the QAPI program, will review, update, and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months. Any written Action Plan will be monitored by the Administrator or designee until resolved</p>	

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	<p>all of their work had been completed. During their work the water had been turned off for about 2 hours, to the building. They had not received any additional requests for repairs or concerns.</p> <p>On 3/22/22 at 9:40 a.m., during a telephone interview, an Emergency Medical Technician (EMT) indicated he had helped transport Resident B back from the hospital emergency room on 2/25/22, on night shift, around 3:00 a.m. . Resident B had told the ambulance and hospital staff he had concerns about his care at the facility. There was no running water in his bathroom. He had not cleaned up or washed his hands with soap and water for over a week. The EMT had checked the bathroom and found no running water in the sink and the toilet was full of feces and not flushed. There was a strong odor of feces in the room and hall. He told the staff at the nurses' station. They had indicated they were aware of the problem. The EMT asked the staff to fill out a maintenance request form and they indicated they did not know how to do that.</p> <p>On 3/2/22 at 9:50 a.m., Resident B's medical record was reviewed. The most recent quarterly Minimum Data Set (MDS) assessment, dated 12/19/21 indicated Resident B was cognitively intact. The diagnoses included, but were not limited to left leg amputation, below the knee, amputation of right leg, below the knee and type 2 diabetes.</p> <p>A nursing note dated 2/25/22 at 7:01 a.m., indicated Resident B was "...back from hospital @ [at] 2 am via ambulance carried by two staff. No new order."</p> <p>On 3/2/22 at 10:00 a.m., the medical record was</p>			

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	<p>reviewed for Resident C. His diagnoses included but were not limited to dementia and stroke. His most recent quarterly MDS indicated he was moderately mentally impaired.</p> <p>On 3/2/22 at 11:35 a.m., during an interview with the Director of Nursing (DON), she indicated the Maintenance Man (MM) was always kept busy. He was here until 9 p.m. working on things. When repairs needed done the staff told him directly or told her. She did not know there was no water in Resident B and C's bathroom until she saw the sign taped on the Mechanical Room door. She wasn't sure why they had done that, they usually just told them. Resident B never mentioned it. He complained about "a lot of things" but he never told anyone he was using bath wipes. The facility did not allow bath wipes because they clogged up the toilet. He never used that bathroom anyway. He used a urinal and the staff emptied it. Staff didn't wash their hands in the resident rooms, so they would not have known the water did not work. They use a lot of hand gel. She was not knowledgeable of where the resident had bowel movements, she would have to ask. The staff would bring him water to wash up if he asked. He never asked. They talked to (Name of Lady Friend) all the time. She had never mentioned anything about water or having to bring him wet wipes. Sometimes he refused showers. Resident C's family visited often. They would have been upset if he was not clean. They always inquired if he has been taking his showers. Staff took residents down the hall to the shower room; they got their showers when they did not refuse them.</p> <p>On 3/2/22 at 9:15 a.m., the Administrator indicated it was the policy of the facility to let someone know about repairs that needed done.</p>			

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	<p>There had been maintenance log/request forms in a binder at the nurses' station, with the policy. At that time, she was unable to locate them and would continue to look. The policy or maintenance log form was not provided for review.</p> <p>This Federal tag relates to Complaint IN00374274.</p>			