

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

PRINTED: 05/20/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155780		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/23/2025	
NAME OF PROVIDER OR SUPPLIER HAWTHORNE HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7465 MADISON AVE INDIANAPOLIS, IN 46227			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00457472. This visit resulted in a Partially Extended Survey- Substandard Quality of Care- Immediate Jeopardy.</p> <p>Complaint IN00457472 - Federal/State deficiencies related to the allegations are cited at F689 and F9999.</p> <p>Survey dates: April 22 and 23, 2025</p> <p>Facility number: 012225 Provider number: 155780 AIM number: 200983560</p> <p>Census Bed Type: SNF/NF: 61 Total: 61</p> <p>Census Payor Type: Medicare: 4 Medicaid: 50 Other: 7 Total: 61</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 29, 2025.</p>			F 0000			
F 0689 SS=J Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices Based on observation, interview, and record review, the facility failed to provide supervision to prevent a cognitively impaired resident who resided on the secured memory care unit from</p>			F 0689	Facility was granted past non compliance for the date of 4/14/25 on tag F-0689 SS J		04/24/2025

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

TITLE

(X6) DATE

Jakob Barbour

ED

05/19/2025

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>exiting the facility property without staff knowledge. The resident was found approximately 1.5 miles from the facility. (Resident B)</p> <p>This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on, 4/13/25 at approximately 1:00 a.m., when the facility failed to provide supervision to a cognitively impaired resident, that resided on the memory care unit, to prevent an elopement. The Administrator, Director of Nursing, and Regional Director of Nursing were notified of the Immediate Jeopardy on 4/22/25 at 12:35 p.m. The Immediate Jeopardy was removed, and the deficient practice corrected, 4/14/24, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Findings include:</p> <p>On 4/22/25 at 8:48 a.m., the Administrator provided a copy of a facility reportable incident, dated 4/13/25 at 4:45 a.m. A review of the reportable incident indicated Resident B walked out of the facility through an emergency exit door. Resident B was located and returned to the facility by the police.</p> <p>On 4/22/25 at 9:00 a.m., the Administrator provided a copy of the following staff witness statements:</p> <p>- CNA 1, dated 4/13/25, indicated CNA 1 left the secured memory care unit to go outside to her car. On CNA 1's walk back into the facility she was made aware that Resident B exited the facility. CNA 1 was told Resident B tried to exit the secured memory care unit using the front entrance to the unit but when staff heard Resident B knocking on that door they redirected him to his room. Then the alarm on the emergency exit door</p>						

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	<p>located at the back of the unit had begun to sound.</p> <p>- CNA 2, undated, indicated CNA 2 heard a door alarm sounding, so CNA 2 went to the secured memory care unit and the emergency exit door at that back of the unit was open.</p> <p>The clinical record for Resident B was reviewed on 4/22/25 at 9:08 a.m. The diagnoses included, but were not limited to, Alzheimer's disease and dementia.</p> <p>An order appointing guardian over ward, dated 7/18/23, indicated Resident B was an incapacitated person and was appointed a guardian over person and estate.</p> <p>A Nursing Admission Evaluation, dated 4/9/25 at 4:59 p.m., indicated Resident B had not shown exit seeking behavior since admission, but had a history of wandering, exit seeking behaviors, elopement, and told the nurse he wanted to go home.</p> <p>A Brief Interview for Mental Status (BIMS) assessment, dated 4/10/25, indicated Resident B was severely cognitively impaired.</p> <p>A care plan, dated 4/9/25, indicated Resident B was at risk for an elopement. The interventions included, but were not limited to, provide diversionary activities as needed (initiated 4/9/25), redirect Resident B when appropriate and assess for hunger, thirst, ambulation, and toileting needs (initiated 4/9/25).</p> <p>A care plan, dated 4/10/25, indicated Resident B required a secured unit. The interventions included, but were not limited to, educate</p>						

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	<p>Resident B and Resident B's representative of the need for a secured unit to maintain Resident B's safety (initiated 4/10/25) and provide diversionary activities as needed (initiated 4/10/25).</p> <p>A progress note, dated 4/9/25 at 6:33 p.m., indicated Resident B's family had come to visit and stated that Resident B was exit seeking and that when Resident B realized that he could not get out of the facility, he would start screaming. Writer assured family that Resident B was in a safe, secure environment. Resident B's son stated that Resident B exited their home and was picked up wandering the streets.</p> <p>A progress note, dated 4/10/25 at 11:04 p.m., indicated Resident B had been exit seeking multiple times throughout shift. Staff continued re-directing resident which was somewhat effective.</p> <p>A progress note, dated 4/12/25 at 11:40 a.m., indicated Resident B was confused and wandering that morning and asked about leaving.</p> <p>A progress note, dated 4/13/25 at 5:23 a.m., indicated Resident B had exited the facility and was returned to the facility by police escort.</p> <p>During an interview on 4/22/25 at 10:43 a.m., the Administrator indicated, on 4/13/25 at approximately 1:15 a.m., he was notified that staff were unable to locate Resident B. Resident B was located approximately 1.5 miles north on a main road. The CNA that was working on the secured memory care unit that night had a personal emergency and had to leave the secured memory care unit to go outside to her car. There were no staff members on the secured memory care unit when Resident B exited the facility through the</p>						

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	<p>emergency exit door on the secured memory care unit.</p> <p>On 4/22/25 at 11:00 a.m., the path Resident B walked when he exited the facility was observed. From the facility Resident B walked north on the main road. There was a concrete sidewalk and parking lots that lined the road for the entire distance. The area that the Administrator reported Resident B was located by the police was near a busy intersection approximately 1.5 miles from the facility.</p> <p>On 4/23/25 at 10:30 a.m., the Administrator provided the as worked clinical schedule, dated 4/12/25. A review of the schedule indicated CNA 1 was the only CNA schedule for the 500 hall (secured memory care unit).</p> <p>On 4/22/25 at 9:00 a.m., the Administrator provided a copy of an undated facility policy, titled Elopement Prevention and Management Overview, and indicated this was the current policy used by the facility. A review of the policy indicated an elopement is defined as a resident that leaves the premises or a safe area without authorization or any necessary supervision and places the resident at risk for harm.</p> <p>The past noncompliance Immediate Jeopardy began on 4/13/25. The Immediate Jeopardy was removed and the deficient practice corrected by 4/14/25 after the facility implemented a systemic plan that included the following actions: audits of elopement evaluations and care plans, inservicing staff on elopement procedures, and ongoing monitoring.</p> <p>This citation relates to Complaint IN00457472.</p>						

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F 9999 Bldg. 00	<p>3.1-45(a)(2)</p> <p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to:</p> <p>This state rule is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the Dementia Disclosure Agreement to operate the secured memory care unit was submitted to the State by 12/31/24.</p> <p>Findings include:</p> <p>On 4/22/25 at 8:00 a.m., the entry doors to the secured memory care unit were observed. To the</p>			F 9999	<p>F9999 Administration and Management</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged practice: No residents were affected by the alleged practice.</p> <p>Identification of other residents having the potential to be affected by the same alleged practice and corrective action taken: No residents have the potential to be affected. Facility completed and got approved DISCLOSURE FOR HOUSING WITH SERVICES ESTABLISHMENTS and ALZHEIMER'S/DEMENTIA CARE UNIT forms on 4/22/25 and a copy of both were given to complaint surveyor on 4.23.25. Facility will update these forms in May and December yearly when due.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficit practice does not recur: Administrator to complete and submit forms yearly as they are due</p>		04/24/2025

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	<p>right of the doors was a numbered keypad to enter a code to unlock the door.</p> <p>During an interview on 4/23/25 at 10:17 a.m., Regional Nurse 2 indicated the facility could not provide the State Dementia Disclosure Agreement. It had not been submitted.</p> <p>On 4/23/25 at 1:50 p.m., the facility was unable to provide a policy regarding the Dementia Disclosure Agreement.</p> <p>This citation tag relates to Complaint IN00457472.</p>				<p>How the corrective measures will be monitored to ensure the alleged deficit practice does not recur: The executive director will ensure forms are completed, accurate and submitted yearly when due.</p>		