STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155741	A. BUILDING -- B. WING	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FAIRWAY VILLAGE	2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203

(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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 03/13/25 Facility Number: 004700 Provider Number: 155741 AIM Number: 100266630 At this Emergency Preparedness survey, Fairway Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 53 certified beds. At the time of the survey, the census was 46. Quality Review completed on 03/14/25	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 03/13/25 Facility Number: 004700 Provider Number: 155741 AIM Number: 100266630 At this Life Safety Code survey, Fairway Village was found not in compliance with Requirements	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patrick Ngene	HFA	03/21/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	155741	A. BUILDING 01 B. WING	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FAIRWAY VILLAGE	2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203

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	for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one-story facility with a partial basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 53 and had a census of 46 at the time of this visit. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached storage shed. Quality Review completed on 03/14/25			
K 0355 SS=E Bldg. 01	NFPA 101 Portable Fire Extinguishers Based on observation and interview, the facility failed to ensure 1 of 16 portable fire extinguishers were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 1-6.3 states Fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of a fire. Preferably they shall be located along normal paths of travel, including exits from areas. This deficient practice could affect as many as 12 residents, 4 staff, and 2 visitors. Findings include:	K 0355	K 355 The food cart was removed away from obstructing the portable fire extinguisher on 3/13/2025 -All residents have the potential to be affected by this deficiency practice. - The maintenance director or designee will walk the halls and inspect all the portable fire extinguishers in the facility are not obstructed and are free of any food	03/25/2025

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	155741	A. BUILDING 01 B. WING	03/13/2025

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	Based on observations during a tour of the facility with the Maintenance Director on 03/13/25 at 11:45 a.m. the ABC portable fire extinguisher located in the corridor between resident rooms #212 and #214 was obstructed by a food cart from the kitchen. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned fire extinguisher was obstructed and not readily accessible, adding that staff knew better than to leave the food cart there unattended. This item was discussed with the Maintenance Director, the Field Maintenance Supervisor, and the Executive Director at the exit conference. 3.1-19(b)		or medication carts. The Ed and or designee will educate all the staff in the facility about keeping all the fire extinguishers clear of any obstruction. This will be done by 03/25/2025 - The portable fire extinguishers will be inspected twice a week for eight weeks then once a week for eight weeks and monthly for two months. The results of the inspection will be reviewed by the IDT team for compliance. If 100% is not achieved, an action plan will be developed to ensure compliance including disciplinary actions on defaulters.	