STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E667	A. BUILDING 00 B. WING	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LYNHURST HEALTHCARE	5225 W MORRIS ST INDIANAPOLIS, IN 46241

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00405827. Complaint IN00405827 - Federal/State deficiencies related to the allegations are cited at F600. Survey date: April 13, 2023 Facility number: 000385 Provider number: 15E667 AIM number: 100291340 Census Bed Type: NF: 32 Total: 32 Census Payor Type: Medicaid: 31 Other: 1 Total: 32 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed April 17, 2023.	F 0000	Preparation and execution of this plan of correction does not constitute an admission to or an agreement by the provider with the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state laws. Lynhurst Healthcare maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Lynhurst Healthcare asserts that it is and was in substantial compliance with regulations governing the operation of long term care facilities and the Plan of Correction in its entirety , constitutes this facilities statement of compliance.	
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nelene Reisinger	LHFA	05/12/2023

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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	freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; Based on interview and record review, the facility failed to protect the residents right to be free from physical abuse by another resident for 1 of 3 residents reviewed for abuse. A resident punched another resident in the face. (Resident B, Resident C) Finding includes: During an interview on 4/13/23 at 8:20 a.m., Resident C indicated he hit Resident B. Resident C did not want Resident B talking to him. He hit Resident B in the face with an open hand. During an interview on 4/13/23 at 8:40 a.m., Housekeeper 1 indicated she went to Room 17 (across the hall from Room 16) to start cleaning and she heard Resident C yelling. Housekeeper 1 went to Room 16, where Resident B and Resident C reside, to see what happened. Resident C indicated to Housekeeper 1 that he needed to use the restroom, but Resident B was in the restroom. Housekeeper 1 encouraged Resident C to wait for Resident B to finish or go to the shower room, located next door to Room 16, to use the restroom. Resident C did not want to use the shower room, so Housekeeper 1 exited Room 16 and went back to Room 17. Then, Housekeeper 1 heard a loud noise so she went back to Room 16. Housekeeper 1 watched Resident C holding Resident B's shirt	F 0600	F0600 1) What action(s) will be accomplished for those residents found to have been affected? Two patient's were identified. Offending patient's BIM score shows severe cognitive impairment. Diagnosis are diabetes , schizophrenia, seizures, HX of alcohol abuse, dysphagia, and he has a court appointed guardian. -Patients were separated. -Offending patient was sent out to a psych. facility, who immediately sent him back to our facility without treatment provided. -Moved offending patient to a different room, in a different hall. -An audit of this patient's ordered medications was completed on or about 4-6-23 and a new psych medication was added. A urinalysis was also done for this patient and showed no infection. Blood work was also done in March and showed no infection. 2) How the facility will identify	05/09/2023

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	collar with one hand and with his other hand Resident C was punching Resident B in his face and in his mouth. The clinical record for Resident B was reviewed on 4/13/23 at 10:44 a.m. The diagnoses included, but were not limited to, Parkinson's disease, schizophrenia, and depression. A Quarterly MDS (Minimum Data Set) assessment, dated 3/2/23, indicated Resident B was moderately cognitively impaired. A progress note, dated 4/6/23 at 11:46 a.m., indicated Resident B was found by staff in his room getting hit in the face by his roommate (Resident C). Residents immediately separated and assessed. Vital signs stable, skin intact. Pupils equal and reactive to light and accommodation. Resident B denied dizziness, headache, nausea, blurred vision or floaters, and pain. Resident B indicated he didn't know why his roommate did that, but his roommate was upset and yelling about Resident B using the bathroom. The clinical record for Resident C was reviewed on 4/13/23 at 9:13 a.m. The diagnoses included, but were not limited to, traumatic brain injury, anxiety, schizoaffective disorder bipolar type, and bipolar disorder. A Quarterly MDS assessment, dated 1/10/23, indicated Resident C had moderate cognitive impairment. A progress note, dated 4/6/23 at 11:21 a.m., indicated Housekeeping went into room and found Resident C hitting his roommate (Resident B) in the face. She attempted to separate the two residents and Resident C grabbed her by her arm.		other residents having the potential to be affected and what corrective action will be taken? No other residents were identified and yet any patient may have the capacity for violence, the facility will take steps to prevent any recurrence. (see additional plan below) Corrective Actions; -The offending patient was placed on 15 minute checks. He was also encouraged to sit with the charge nurse by the medication cart and will be encouraged to do so on a daily basis so that he may be in 'line of sight' of staff. While there, patient will be encouraged to "fold napkins" or cardboard pieces or stacking plastic cups, as this is what he has seemed to enjoy in the past. He will be taken to activities by the activity staff, also for 'line of sight' of staff. These corrective actions will be discussed with the nursing staff by the Director of Nursing and care planned. These corrective actions will have no end date. Additionally, the facility has also adopted the following plan; -The facility will issue a 30-day notice of discharge to any patient that is physically violent or physically threatening residents or staff. (danger to self or others and zero tolerance) -Any future offender will be placed on ‘one on one supervision’ /within	

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	Another staff member was able to separate them and move Resident C outside to the hallway. Resident C was upset because he doesn't want his roommate to use the bathroom. Resident C indicated "he's [Resident B] not allowed to s*** in that bathroom." On 4/13/23 at 3:50 a.m., the Director of Nursing provided a copy of a facility policy, titled Abuse Prevention, dated 10/2/06, and indicated this was the current policy used by the facility. A review of the policy indicated every resident has the right to be free from abuse. This Federal tag relates to Complaint IN00405827. 3.1-27(a)(1)		approx. arm's reach/ until the patient is removed from the facility. (either to the emergency department, the psych unit or discharge) Admission packet will be amended to include these measures, signed by them prior to admission. (see attached) SSD will add personalized measures to the care plans as appropriate. Our SSD consultant will also be asked to help provide these. 3) What measures will be put into place or what systemic changes will be made? Changes in the measures that this facility will utilize: -The facility will issue a 30-day notice of discharge to any patient that is physically violent or physically threatening residents or staff. (danger to self or others and zero tolerance) -Any future offender will be placed on 'one on one supervision' /within approx. arm's reach/ until the patient is removed from the facility. (either to the emergency department, the psych unit or discharge)-replaces 15 min checks. Admission packet will be amended to include these measures, signed by them prior to admission. (see attached) Nursing staff will be in-serviced on activities in our facility; as a	

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			measure to provide "line of sight by staff" for any patient who is deemed to be having a difficult time socially and in-serviced on "one on one care". 4) How the corrective actions will be monitored and what quality assurance program will be put into place; who will monitor? The Director of Nurses will monitor staff in-services. The Activity Director and or the charge nurse will inform this author and or the DON or the Social Service Director, should a patient be noted to be having difficulties with other patients. This notification may be done by utilizing the daily 24 hour nursing sheet, that the DON audits daily, or by utilizing a Behavior Sheet for the SSD and or by verbal notification. The Administrator may be reached by phone or text. The DON and or her designee will meet with her nurses/or nurse on a daily basis (except weekends and some holidays) to confirm that there is no patient having a difficult time socially and document such discussions. Please note that patients who may be identified as above are also seen by medical doctors and psychologists, who will be informed of any difficulties also. The DON and or her representatives will follow up any identified patient (as above) for 48	

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			hours , with documentation to that effect kept by the DON. 5) By what date the systemic changes will be completed. 5-9-23	