

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00390136.</p> <p>Complaint IN00390136 - Substantiated. Federal/state deficiencies related to the allegations are cited at F583 and F686.</p> <p>Survey date: September 15, 2022.</p> <p>Facility number: 000074 Provider number: 155154 AIM number: 100290050</p> <p>Census Bed Type: SNF/NF: 64 SNF: 8 Total: 72</p> <p>Census Payor Type: Medicare: 8 Medicaid: 45 Other: 19 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on September 26, 2022.</p>	F 0000	Please accept State Form 2567 Plan of Correction for the Complaint Survey that was conducted on September 15, 2022. I also ask that the 2567 serve as our letter of credible allegation of compliance. The facility respectfully requests a desk review in lieu of a post survey revisit on or after October 10, 2022.	
F 0583 SS=D Bldg. 00	<p>483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</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 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>Based on observation, interview and record review, the facility failed to provide privacy for 1 of 1 resident during an examination. (Resident C)</p> <p>Finding includes:</p> <p>During a random observation, from the hall, on 09/15/22 at 12:04 p.m., Physician 2 was observed to enter Resident C's room. The resident and the</p>	F 0583	<p><b>F583</b> It is the policy of this facility to provide privacy during an examination.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p>	10/10/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>room mate were present in the room. The physician approached Resident C, who was laying with her back to the window, and explained he was going to observed a wound on her buttocks. He then moved to the back of the resident, crouched down, pulled the sheet back from the resident's buttock area, pulled the resident's pants away from the buttock area to view the wound. The physician then replaced the sheet moved to the front of the resident and explained he wanted to look at the blisters on her legs. He removed the sheet and proceeded to observe the resident's bilateral feet and lower legs. Once completed he covered the lower legs. The physician did not close the door nor draw the privacy curtain at any time during his observation of the resident.</p> <p>During an interview, upon the Physician's exit from the room, he indicated some resident's prefer the door to remain open and he thought Resident C was one which did.</p> <p>The record for Resident C was reviewed on 09/15/22 at 9:11 a.m. Diagnoses included, but were not limited to, dementia without behavioral disturbance, heart failure and hypertension.</p> <p>The Minimum Data Set (MDS- a standardized assessment tool which measured health status in nursing home residents) assessment, dated 08/10/22, indicated the resident had a Brief Interview for Mental Status (BIMS- a structured evaluation aimed at evaluating aspects of cognition in elderly patients) of 03. A score of 0-7 indicated a severe cognitive impact.</p> <p>The resident did not have a care plan indicating any behaviors.</p> <p>The resident did not have any documented</p>		<ul style="list-style-type: none"> <li>· -Resident C physician was re-educated regarding providing privacy during physician visits via review of the facility Resident Rights Policy.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· -All residents have the potential to be affected by this deficient practice.</li> <li>· - Physician 2 was re-educated regarding providing privacy during physician visits and communicating with IDT those residents who wish their doors to be left open during visits.</li> <li>· - All providers will be re-educated regarding providing privacy during physician visits via the facility Resident Rights Policy by 10-10-2022.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· -All providers will be re-educated by 10-10-2022 regarding providing privacy during physician visits via the facility Resident Rights Policy.</li> </ul> <p><b>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 into place?</b></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0686 SS=D Bldg. 00	<p>behaviors in nursing/progress notes from the date of admittance, 08/03/22, to the current date of 09/15/22.</p> <p>During an interview, on 09/15/22 at 3:46 p.m., the Executive Director indicated she was informed by the physician, Resident C would get upset when he closed the door. At that time, documentation of behaviors when the door was closed was requested.</p> <p>The facility was unable to provide documentation of behavior issues related to providing care behind closed doors.</p> <p>A facility policy, titled "RESIDENT RIGHTS," dated as revised in 01/2022 and provided by the Executive Director on 09/15/22 at 3:51 p.m., indicated "...The resident has the right to be treated with respect and dignity...The resident has a right to personal privacy...."</p> <p>This Federal tag relates to Complaint IN00390136.</p> <p>3.1-3(p)(2) 3.1-3(p)(4)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p>		<p>-Daily QA tool will be utilized daily x 4 weeks, weekly x 4 weeks, monthly thereafter for 6 months with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director.</p> <p>-If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p><b>Date of correction:</b> 10-10-2022</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, interview and record review, the facility failed to ensure off-loading boots (padded boots to redistribute pressure) were in use for 1 of 2 residents reviewed for skin integrity. (Resident C)</p> <p>Finding includes:</p> <p>During an interview, with a source who wished to remain anonymous, on 09/15/22 at 8:53 a.m., they indicated they observed Resident C had blisters on her feet and legs on 09/14/22 and it had been reported to both the QMA and Nurse which were on duty for the evening shift.</p> <p>During an observation, on 09/15/22 at 9:42 a.m., Resident C was resting in bed and had a family member present at the bed side. The family member was observed to lift the sheet at the resident's feet and look at her feet. The resident's feet were observed to be on the bed and she was wearing socks. Resident C was not observed to be wearing any pressure reduction boots nor were her heels elevated from the bed.</p> <p>During an observation of Resident C, on 09/15/22 at 10:46 a.m., with LPN 1, Resident C was found to have a large blister on her right inner foot at the instep/arch, a large blister on the inside of right leg below her knee area and a large blister on the inside of her left leg at the side of her knee. During the observation, LPN 1 indicated he was not aware of the blisters prior to that moment and the resident should have had her heels up (floating) but they were probably taken down with care.</p>	F 0686	<p><b>F686</b> It is the policy of this facility to ensure off loading boots are in place for residents requiring them.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>-Resident C off loading boots were placed by the staff.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>-Residents who require off loading boots have the potential to be affected by the alleged deficient practice.</li> <li>-An audit of all residents with orders for off loading boots was completed to ensure all residents had them available and care plans were updated if needed.</li> <li>-Nurses and aides were educated by the DNS/designee by 10-10-2022 on the facility Skin Management Program which includes placement of offloading boots.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to</b></p>	10/10/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>The record for Resident C was reviewed on 09/15/22 at 9:11 a.m. Diagnoses included, but were not limited to, dementia without behavioral disturbance, heart failure and hypertension.</p> <p>A physician's order, initiated 08/24/22, indicated to use off loading boots to the bilateral lower extremities every shift from 11:00 p.m. to 7:00 a.m., 7:00 a.m. to 3:00 p.m., and 3:00 p.m. to 11:00 p.m.</p> <p>A care plan, initiated on 09/14/22, indicated the resident had impaired skin integrity. One intervention initiated on 09/14/22 indicated off-loading boots to the BLE (bilateral lower extremities) at all times.</p> <p>A nursing note, dated 09/15/22, indicated blisters were found on Resident C's bilateral lower extremities at the right calf, right foot and left ankle.</p> <p>During an interview, on 09/15/22 at 10:51 a.m., LPN 2 indicated the resident did have off loading boots but they were probably taken to the laundry yesterday. LPN 2 indicated the resident's medication and treatment record did indicated boots were to be on from 7:00 a.m. to 3:00 p.m., he did verify the intervention by looking at the record, then would obtain the supplies. He was still passing medications and then he would put them on the resident. He could put them on anytime between 7:00 a.m. and 3:00 p.m. He did not do skin checks unless it was assigned or the CNA reported any skin issues.</p> <p>During an interview, on 09/15/22 at 10:58 a.m., the Assistant Director of Nursing indicated a skin sweep and wound care were completed yesterday (09/14/22) and the blisters were not present. Per</p>		<p><b>ensure that the deficient practice does not recur?</b></p> <p>-Nurses and aides were educated by the DNS/designee by 10-10-2022 on the facility Skin Management Program which includes placement of offloading boots.</p> <p>-Daily rounds by CARE companions will ensure off loading boots are placed for residents requiring them.</p> <p><b>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 into place?</b></p> <p>-Daily Nursing QA tool will be utilized daily x 4 weeks, weekly x 4, and monthly thereafter for 6 months with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director.</p> <p>-If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p> <p><b>Date of correction:</b> 10-10-2022</p>	

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

PRINTED: 10/13/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/15/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86TH ST INDIANAPOLIS, IN 46260
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>the resident's order, the resident was to have the boots on for all shifts and she would verify the care plan.</p> <p>During an interview, on 09/15/22 at 12:27 p.m., the Executive Director indicated the order for off loading boots was not a clear (understandable) order.</p> <p>During an interview, on 09/15/22 at 3:12 p.m., LPN 3 indicated she was not made aware of blisters on Resident C's legs during her evening shift on 09/14/22.</p> <p>During an interview, on 09/15/22 at 3:16 p.m., QMA 4 indicated she was not made aware of blisters on Resident C's legs or feet during her evening shift on 09/14/22.</p> <p>During an interview, on 09/15/22 at 3:55 p.m., the Director of Nursing indicated there was a miscommunication related to use of pressure boots, for Resident C, with LPN 2. LPN 2 meant he had until 3:00 p.m., to document in the administration record for the boots on the resident's feet. She further indicated he explained to her he passed his medications then he walked through to check if interventions were put into place.</p> <p>A policy for following physician's orders and care plan interventions was requested from the facility Executive Director on 09/15/22 at 12:27 p.m.</p> <p>A current policy, titled "IDT Comprehensive Care Plan Policy," provided by the Director of Nursing on 09/15/22 at 1:51 p.m., indicated "...The care plan will include...resident specific interventions based on resident needs...to promote the resident's highest level of functioning including medical,</p>			

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

PRINTED: 10/13/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  09/15/2022
NAME OF PROVIDER OR SUPPLIER  SPRING MILL MEADOWS			STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260		
(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	
	nursing...needs...."  At the time the Director of Nursing provided the policy, she indicated there was no real policy related to following physician orders or care plans; it was "a known nursing function".  This Federal tag relates to Complaint IN00390136.  3.1-40(a)(1)				