STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155072	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beech Grove Meadows	2002 Albany St Beech Grove, IN 46107

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 35099 Based on record review and interview, the facility failed to ensure a resident was referred to the State-designated authority contractor for a Level II Preadmission Screening and Resident Review (PASRR) evaluation for a new mental illness diagnosis for 1 of 1 resident reviewed for PASRR. (Resident 65) Finding includes: On 1/16/25 at 10:40 a.m., Resident 65's clinical record was reviewed. The diagnosis included, but was not limited to, delusional disorder. Resident 65 was admitted to facility on 12/15/23 with a PASRR Level I completed. On 10/15/24, a new diagnosis of delusional disorder was added without a new Level II PASRR evaluation. A Quarterly Minimum Data Set (MDS) assessment, dated 10/28/24, indicated Resident 65 was severely cognitively impaired. During an interview on 1/16/25 at 11:19 a.m., the Administrator indicated that a PASRR Level II evaluation was not completed for the new diagnosis of delusional disorder for Resident 65. On 1/16/25 at 1:27 p.m., the Administrator provided a copy of an American Senior Communities Indiana PASRR Policy, undated, and indicated that it was the current policy being followed by the facility. The policy indicated a screening was completed to identify residents who had mental illness. 3.1-16(d)(1)(A) 3.1-16(d)(1)(B)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. 38466 Based on observation, interview, and record review, the facility failed to ensure the area next to the trash dumpster container was free from rubbish for 2 of 2 observations. Findings include: 1. During the initial facility tour with the Dietary Manager (DM), on 1/14/25 from 9:25 a.m. to 9:30 a.m., the dumpster, located at the end of the facility parking lot on the west side of the building, was observed. The following was observed at the dumpster container site: - Three large trash bags were observed laying on the ground next to the dumpster. The untied trash bags were filled with soiled briefs and other unidentifiable debris. - Multiple used plastic gloves and other debris were observed laying on the ground next to the dumpster container. - Two large partially filled clear trash bags were laying on the ground near the dumpster. The trash bags were partially covered with snow. - No staff were visible in the area at that time. During an interview at that time, the DM indicated all trash bags were to be tied and placed into the dumpster container. The ground surrounding the dumpster container was to be kept free of debris. During an interview on 1/14/25 at 9:35 a.m., the Assistant Director of Nursing Services (ADNS) indicated all trash bags were to be tied and placed into the dumpster container. The dumpster area was to be kept free of any debris. 2. During a follow-up observation with the Maintenance Director on 1/16/25 at 2:00 p.m., the dumpster area was observed. Multiple used plastic gloves and other debris were observed on the ground near and around the dumpster area. No staff were visible in the area at that time. During an interview at that time, the Maintenance Director indicated all trash was to be placed inside the dumpster and the area was to be kept free of debris. On 1/16/25 at 3:45 p.m., the Administrator provided a copy of the Trash Removal policy, dated April 2018, and indicated it was the current policy in use by the facility. A review of the document indicated, .always dispense trash in container outside .if the area is getting unsightly, clean it up or alert your supervisor . On 1/17/25 at 2:15 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated, .receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside .accumulation of debris . are minimized .effective cleaning is facilitated around .the unit . 3.1-21(i)(2) (continued on next page)

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F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	3.1-21(i)(5)