STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER: Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE: 2140 W 86th St Indianapolis, IN 46260	

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 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Plan the resident's discharge to meet the resident's goals and needs. 36454 Based on record review and interview, the facility failed to ensure a facility arranged transfer for a resident included the correct address of the receiving facility for 1 of 1 resident reviewed for discharge. (Resident F). The deficient practice was corrected on 5/23/24, prior to the start of the survey, and therefore was past noncompliance. Finding includes: During an interview, on 8/23/24 at 9:42 a.m., Resident F's daughter indicated the resident was supposed to go to an assisted living facility right down the street from the long-term care facility. The facility had a transport company take the resident to the assisted living facility since she and her brother were working. The transport company did not take her to the assisted living facility and instead took her to the place she lived prior. The transport company driver left the resident in her wheelchair in the driveway of the house next to her previous address. The person who lived in the residence remembered the resident and called her family to let them know the resident was in her driveway. Her brother left work and went to pick up the resident. The long-term care facility told them the Social Services Director (SSD) had made a mistake and put the wrong address down for the transport company. During an interview, on 8/23/24 at 10:02 a.m., Residents F's son indicated the resident was supposed to go to her previous assisted living facility which was just a block down the street. When she was discharged , the transport company took her to her old home address and left her in the driveway in her wheelchair with her belongings. The person who lived in the house next door to her old home address called his sister. The person in the house next door tried to flag the driver down and he just left. The sister notified him, and he went to the address to get the resident. The resident had soiled her clothes. He had to clean her and change her clothes before he could take her to the assisted living facility. The clinical record for Resident F was reviewed on 8/22/24 at 3:57 p.m. The diagnoses included, but were not limited to, malignant neoplasm of an unspecified part to the lung, a fracture of the left femur with routine healing, unspecified dementia without behavioral disturbance, and generalized muscle weakness. A Brief Interview for Mental Status (BIMS) assessment, dated 4/29/24, indicated the resident had a severe cognitive impairment. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86th St Indianapolis, IN 46260	

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 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A progress note, dated 5/17/24 at 5:17 p.m., indicated the Director of Nursing at the assisted living memory care was notified of the resident's discharge date . The resident would not be able to return on the weekend and would need to return on a Monday. The son was notified of the Monday discharge and indicated he would not be able to transport the resident. The son asked the facility to set up the transportation for the resident. A progress note, dated 5/20/24 at 10:07 a.m., indicated the resident planned to discharge home today and would return to her assisted living memory care. The transport company would transport the resident back to the Assisted Living at 1:00 p.m. A progress note, dated 5/20/24 at 12:46 p.m., indicated Resident F was discharged back to her assisted living facility and all belongings were sent with the resident. The progress note did not include who was present with the resident to take her out of the facility and to the assisted living facility. A facility typed statement from the Payroll/Benefits Coordinator, dated 5/20/24, indicated she received a phone call at approximately 1:44 p.m., from Resident F's son. He was asking why his mother was dropped off in a driveway instead of her assisted living facility. At approximately 1:50 p.m., a caller who stated she was Resident F's previous neighbor called to ask why the resident was left in her driveway. The transport driver left the resident there alone and she had memory issues. The neighbor tried to yell and motion to the driver, and he just pulled away from the driveway. While on the phone, the neighbor indicated the son had arrived to pick up the resident. A facility typed statement from the Business Office Manager (BOM), dated 5/20/24, indicated at approximately 12:25 p.m., she was notified the transport company had arrived to pick up Resident F to transport her to her assisted living. The transport driver was waiting for the resident and put her in the van with her personal items. They left the facility at approximately 12:35 p.m. She was notified by the receptionist, at approximately 1:33 p.m., the resident was dropped off at a residential address instead of her assisted living facility. A person identified as the neighbor had called twice and indicated the resident was at her address. The address given to the transportation company was checked and it was noted the resident was sent to a previous home address and not the assisted living facility. The transport company was notified they were given the wrong address. The transport company dispatched a driver back to the address where the resident was left. The resident was not there when the transport company arrived. A printed email message from the owner of the transport company, dated 5/20/24 at 3:52 p.m., indicated she was addressing an incident from 5/20/24. The driver dropped off Resident F at the address given to the transport company. The driver left the resident in the driveway and a lady from the house was outside. The resident did not tell the driver she was at the wrong address. When the driver arrived back to the address, the resident was not there. The driver was notified the resident's son had picked her up. This was not the first time the transport company was given the wrong address. During an interview, on 8/22/24 at 4:18 p.m., the Director of Nursing at the assisted living facility indicated the resident returned to their facility, on 5/20/24 at 4:30 p.m., by family car. The family brought the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86th St Indianapolis, IN 46260	

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 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 8/23/24 at 10:52 a.m., the Social Services Assistant (SSA) indicated the Social Services Director (SSD) made the arrangements for the transfer. The transport company provided the transportation for residents in wheelchairs. The facility had a contract with the transportation company and would pay them for transporting residents. The transport company was given the address on the resident's face sheet instead of the address to the assisted living facility. During an interview, on 8/23/24 at 10:59 a.m., the Executive Director (ED) indicated the facility made a human error and gave the resident's old address to the transport company instead of her assisted living facility address. The resident was taken to the old address, the neighbor saw the resident being dropped off and waved to the driver. The driver just left and did not talk to the neighbors. A current policy, titled Discharge/Transfer, dated 11/15 and received from the ED on 8/27/24 at 11:22 a.m., indicated .Before a facility transfers or discharges a resident, the facility shall .Notify the resident and, if known, a family member or legal representative of the resident, in writing of the transfer or discharge and the reasons for the relocation in a language and manner they understand .Record the reasons in the resident's clinical record .Contents of the notice .The reason for transfer or discharge .The location to which the resident is transferred or discharged The deficient practice was corrected by 5/23/24, after the facility implemented a systemic plan which included audits, changes in the transportation procedure, and education to staff and transport companies. This citation relates to Complaint IN00435561. 3.1-36(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86th St Indianapolis, IN 46260	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 50901 Based on interview and record review, the facility failed to ensure the physician was notified as ordered according to the physician's ordered parameters, to hold medications according to the physician's ordered hold parameters, and to ensure medications were given as ordered for 5 of 5 residents reviewed for quality of care. (Resident J, H, K, B and 37) Findings include: 1. The clinical record for Resident J was reviewed on 8/22/24 at 3:44 p.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus, chronic kidney disease, and dementia. A care plan, dated 9/15/23 and last reviewed on 6/13/24, indicated the resident was at risk for adverse effects of hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar) related to the use of glucose lowering medication and the diagnosis of diabetes mellitus. Interventions included, but were not limited to, document the abnormal findings and to notify the physician. A physician's order, with a start date of 1/16/24 and discontinued on 8/14/24, indicated to check Resident J's blood sugar twice a day (BID), with special instructions to notify the physician if the blood sugar was below 70 or greater than 350. The Medication Administration Record (MAR), for July 2024, indicated on 7/10/24, 7/11/24, and 7/12/24, the residents blood sugars were above 350. A physician's order, with a start date of 8/16/24, indicated to check Resident J's blood sugar BID, with special instructions to notify the physician if the blood sugar was below 70 or greater than 350. The MAR, for August 2024, indicated on 8/11/24 the residents blood sugar was above 350. There was no documentation in the clinical record to indicate the physician was notified at the time the blood sugars were found to be outside the ordered parameters. During an interview, on 8/27/24 at 11:29 a.m., the Director of Nursing (DON) indicated she could not provide documentation the physician was notified at the time the blood sugars were found outside of the ordered parameter. 2. The clinical record for Resident H was reviewed on 8/23/24 at 10:58 a.m. The diagnosis included, but were not limited to, chronic systolic congestive heart failure and blood pressure with abnormal findings. A physician's order, with a start date of 7/25/24, indicated to give Hydralazine (a medication to treat high blood pressure) 10 mg (milligrams) two times a day (BID) and to hold the medication for a systolic blood pressure (SBP) above 130. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86th St Indianapolis, IN 46260	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The MAR indicated Hydralazine 10 mg was administered when the systolic blood pressure was below the ordered hold parameter: a. On 7/28/24, for the a.m. and p.m. dose. b. On 8/1/24, for the a.m. dose. c. On 8/2/24, for the a.m. dose. d. On 8/3/24, for the a.m. and p.m. dose. During an interview, on 8/26/24 at 2:37 p.m., an anonymous staff member indicated if the medication was held there would be parentheses around the initials of the nurse and a comment would have been documented on the MAR. During an interview, on 8/26/24 at 4:04 p.m., the DON indicated according to the MAR, Resident H was administered the medication when the systolic blood pressure was outside of the hold parameter. 48525 3. The clinical record for Resident K was reviewed on 8/22/24 at 3:58 p.m. The diagnoses included, but were not limited to, acute systolic heart failure, stage 3 chronic kidney disease, peripheral vascular disease, and essential hypertension. A physician's order, dated 7/2/24, indicated to give Metoprolol succinate (a medication used to lower blood pressure) extended release 100 mg at bedtime and to hold the medication if the systolic blood pressure was below 120 or the heart rate was below 60. The MAR indicated Metoprolol 100 mg was administered when the systolic blood pressure was below the ordered hold parameter: a. On 6/10/24, the systolic blood pressure was 118 and the medication was given. b. On 6/28/24, the systolic blood pressure was 118 and the medication was given. c. On 7/14/24, the systolic blood pressure was 118 and the medication was given. d. On 7/27/24, the systolic blood pressure was 118 and the medication was given. e. On 8/4/24, the systolic blood pressure was 103 and the medication was given. f. On 8/8/24, the systolic blood pressure was 118 and the medication was given. A physician's order, dated 2/7/24, indicated to give furosemide (a diuretic medication) 40 mg every day and to hold if the systolic blood pressure was below 120. The MAR indicated Furosemide 40 mg was administered when the systolic blood pressure was below the ordered hold parameter: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86th St Indianapolis, IN 46260	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. On 6/10/24, the systolic blood pressure was 118 and the medication was given. b. On 7/11/24, the systolic blood pressure was 114 and the medication was given. c. On 7/12/24, the systolic blood pressure was 111 and the medication was given. d. On 7/28/24, the systolic blood pressure was 118 and the medication was given. e. On 8/9/24, the systolic blood pressure was 112 and the medication was given. f. On 8/16/24, the systolic blood pressure was 116 and the medication was given. g. On 8/20/24, the systolic blood pressure was 108 and the medication was given. During an interview, on 8/28/24 at 9:30 a.m., the DON indicated it appeared according to the MAR, the medications were administered outside of the physician ordered hold parameters. During an interview, on 8/28/24 at 4:47 p.m., the DON indicated they did not have a policy on holding medications. 44598 4. During an interview, on 8/22/24 at 9:47 a.m., Resident B indicated there were several days she missed some of her medications. The clinical record for Resident B was reviewed on 8/22/24 at 3:55 p.m. The diagnoses included, but were not limited to, acute and chronic respiratory failure with hypoxia, sickle-cell trait, diabetes mellitus, chronic kidney disease, rheumatoid arthritis, anxiety disorder, major depressive disorder, and hypertension. A physician's order, dated 7/2/24, indicated to give 1 puff of fluticasone propionate-salmeterol (used for asthma and chronic obstructive pulmonary disease) 500-50 micrograms (mcg) twice a day. The MAR indicated the resident missed the fluticasone propionate-salmeterol dose on 7/3/24, 7/4/24, 7/5/24 and 7/6/24 between 7:00 a.m. and 11:00 a.m. A physician's order, dated 7/2/24, indicated to give 1 puff of tiotropium bromide (to prevent bronchospasms caused by chronic obstructive pulmonary disease) 500-50 micrograms (mcg) twice a day. The MAR indicated the resident missed the tiotropium bromide dose on 7/3/24, 7/5/24 and 7/6/24 between 7:00 a.m. and 11:00 a.m. A physician's order, dated 7/3/24, indicated to give 2 grams of cefazolin reconstitute (an antibiotic every eight hours. The MAR indicated the resident missed the cefazolin reconstitute dose on 7/5/24 at 6:00 a.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86th St Indianapolis, IN 46260	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A physician's order, dated 7/5/24, indicated to give 5 milliliters (ml) of nystatin suspension (used for a fungal infection) twice a day. The MAR indicated the resident missed the nystatin suspension dose on 7/5/24, 7/6/24, and 7/7/24 between 7:00 a.m. and 11:00 a.m. A care plan, dated 3/25/24, indicated the resident had the potential for impaired gas exchange and chronic respiratory failure. The interventions included, but were not limited to, administer medication per order and nebulizer treatments as ordered. There was no documentation to indicate the physician was notified of the missing doses of the antibiotics, mouthwash and the inhalers. During an interview, on 8/28/24 at 10:29 a.m., the DON indicated she would have to assume the antibiotic, mouthwash, and inhalers were not given according to the physician's order if the nurses did not sign the MAR and there was no documentation the physician was notified of the missed medication. 5. The clinical record for Resident 37 was reviewed on 8/22/24 at 3:57 p.m. The diagnoses included, but were not limited to, acute on chronic combined systolic and diastolic heart failure, end stage renal disease, peripheral vascular disease, hypertensive emergency and hypertension. A care plan, with a start date of 4/11/22, indicated the resident had ineffective tissue perfusion related to hypertension. The resident had fluctuating blood pressures and a most recent hospitalization for hypertensive emergency. Interventions included, but were not limited to, observe for and document: pallor, cyanosis, dizziness, syncope, shortness of breath, bounding/thready pulse, and headache. A physician's order, dated 7/25/24, indicated to notify the physician if the resident's systolic blood pressure was over 180 or the heart rate was over 110. A vitals log indicated the following: a. On 8/2/24, the resident's systolic blood pressure was 194 on the morning shift and 186 on the night shift. b. On 8/3/24, the resident's systolic blood pressure was 186 on the morning shift. c. On 8/9/24, the resident's systolic blood pressure was 184 on the morning shift and 186 on the night shift. d. On 8/10/24, the resident's systolic blood pressure was 187 on the morning shift. The Electronic Health Record (EHR) did not indicate the physician was notified of the blood pressure readings. During an interview, on 8/27/24 at 12:10 p.m., the DON indicated they would call the physician when blood pressures with call orders were out of the parameters, but the readings were pretty normal for Resident 37, so they put it on an acute (non-urgent) needs list for the physician instead. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER: Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE: 2140 W 86th St Indianapolis, IN 46260	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A current facility policy, titled Resident's Rights, dated 11/2015 and received from the DON on 8/28/24 at 3:51 p.m., indicated .The Resident has a right to be fully informed in advanced about care and treatment and any changes in that care of treatment that may affect the Resident's wellbeing A current facility policy, titled Medication Administration (Medication Pass Procedure), dated as revised 07/2023 and received from the Executive Director on 8/27/24 at 4:20 p.m., indicated .Medication administration will be recorded on the MAR/EMAR or TAR after given The facility did not provide a policy for notification to the physician. This citation relates to Complaint IN00439059. 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86th St Indianapolis, IN 46260	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 50901 Based on interview and record review, the facility failed to ensure the physical therapy recommended method to transfer a resident was used for 1 of 5 residents reviewed for accidents. (Resident E) The deficient practice was corrected on 3/17/24, prior to the start of the survey, and therefore was past noncompliance. Findings include: The clinical record for Resident E was reviewed, on 8/23/24 at 3:03 p.m. The diagnosis included, but were not limited to, morbid obesity, anemia, weakness, and encounter for surgical aftercare following surgery on the digestive system. An event note, dated 3/4/24, indicated Resident E was being transferred by two staff members from her bed to her wheelchair, when her legs gave out and she was lowered to the floor. A written statement by CNA 6, dated 3/4/24, indicated he and another staff member were transferring Resident E by lifting her under both arms from her bed to her wheelchair. When her leg gave out, she was lowered to the floor. A physical therapy (PT) baseline evaluation, dated 1/12/24, indicated a stand and pivot transfer was not attempted due to medical reasons and safety. A PT discharge summary, dated 1/12/24 to 3/1/24, indicated for chair/bed-to-chair transfers staff should use a Hoyer or a sit-to-stand lift. A PT recertification summary, dated 2/23/24 to 3/23/24, indicated for chair/bed-to-chair transfers staff should use a Hoyer or a sit-to-stand lift. A care plan, dated 1/15/24, indicated the resident required assistance with activities of daily living which included bed mobility, transfers, eating, and toileting. An intervention, dated 1/31/24, indicated to use a sit-to-stand lift for transfers. A physician's order for a Hoyer lift or a sit-to-stand lift was not found in the clinical record. An interdisciplinary team (IDT) progress note, on 3/5/24, indicated staff education about transfers was completed. During an interview, on 8/28/24 at 10:39 a.m., the Director of Therapy indicated during a baseline evaluation, if it was unsafe to transfer a resident, the PT would recommend the use of a mechanical lift for transfers. PT would communicate to the nursing staff the recommendation and the nursing staff would place the order. He indicated the nursing staff did put in an order for the use of a Hoyer lift but did not click the box to keep the order open ended and it was immediately discontinued. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER: Spring Mill Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE: 2140 W 86th St Indianapolis, IN 46260	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 8/28/24 at 2:35 p.m., the Director of Therapy indicated he was able to find the documentation and notes from the sit-to-stand evaluation. The sit-to-stand lift was probably added to the care plan by word of mouth. The nursing staff should not attempt to transfer the resident in any way, other than what PT had recommended. The recommendation was to continue to use the Hoyer lift, and the staff should not attempt an under the arm transfer. A current facility policy, titled Fall Management Policy, dated as last revised 8/2022, indicated .A fall refers to unintentionally coming to a rest on the ground, floor, or other lower level .Facilities must implement comprehensive, resident-centered fall prevention plans for each resident at risk for falls or with a history of falls .A care plan will be developed at time of admission with specific care plan interventions to address each resident's fall risk factor The deficient practice was corrected by 3/17/24, after the facility implemented a systemic plan which included a thorough audit of resident transfers, skills validation, and all staff members were educated on gait belt, mechanical lifts, and transfers. This citation relates to Complaint IN00429846. 3.1-45(a)(2)