

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Eagle Valley Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  3017 Valley Farms Rd Indianapolis, IN 46214	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>48226</p> <p>Based on observation, interview, and record review, the facility failed to maintain the dignity and the right to refuse services of 1 of 5 residents reviewed for resident rights (Resident S).</p> <p>Findings include:</p> <p>On 8/20/24 at 11:43 a.m., during an initial observation and interview, Resident S was observed the resident lying in bed. The call light was within reach on the right side of her bed attached to her bed rail. She was on a low air loss mattress to facilitate comfort and prevent skin breakdown. The resident was cognitively intact, alert, and pleasant. The resident indicated she was able to stand and transfer to her wheelchair with assistance from the staff. She preferred to have meals in her room, but she was able to go to the dining room. The resident indicated on 8/17/24 (she was unsure of the time), she was in the lobby with her daughter, and she removed her oxygen tubing from her nose because she did not feel any air in the tube. She indicated Licensed Practical Nurse (LPN) 5 was sitting at the nurse's desk and she asked the nurse three times for help. She indicated LPN 5 yelled at Resident S and told her she was not her nurse. Another nurse, she did not recall the nurse's name, came to the area she was at and filled the portable oxygen tank for her. Later in the evening Registered Nurse (RN) 6 came into her room to give her the evening dose of medications. Resident S saw LPN 5 come into the room with RN 6. Resident S indicated she yelled at LPN 5 to get out of her room. She told LPN 5 she did not want her in her room because she was upset over the conversation she had with her earlier at the nurse's station about her oxygen. LPN 5 yelled at Resident S and said she was not going anywhere and continued to play on her phone. Resident S indicated she knew she should not have done it, but she picked up her styrofoam water cup and threw the water towards LPN 5. The cup hit the floor and splashed onto the nurse's pants. LPN 5 threatened to call the police and remained in the room.</p> <p>On 8/20/24 at 2:00 p.m., the medical record of Resident S was reviewed. Diagnosis included but were not limited to: Chronic obstructive pulmonary disease (COPD) (a group of diseases that cause airflow blockage and breathing-related problems) with (acute) exacerbation (sudden worsening), morbid (severe) obesity due to excess calories, type 2 diabetes mellitus without complications (a disease that occurs when your blood glucose, also called blood sugar, is too high), hypertensive heart disease with heart failure, chronic systolic (congestive) heart failure (a group of heart problems that occur when high blood pressure is present over a long period of time), anxiety disorder (a feeling of fear, dread, and uneasiness).</p> <p>(continued on next page)</p>

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:  155291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Eagle Valley Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  3017 Valley Farms Rd Indianapolis, IN 46214	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Admission Minimum Data Set (MDS) assessment, dated 8/13/24, indicated the resident was cognitively intact.</p> <p>A care plan, dated 8/20/2024, indicated. Resident experienced behavior expressions such as at times cursing and yelling at staff, throwing cups at staff, refusing when offered a shower/bathing and then making accusations of staff not offering or bathing her, refusing peri care when staff offer stating No, I am asleep or No not right now and then accusing staff of not giving peri care. Approaches with start date of 8/20/2024 included continue with care in pairs, ensure safety, allow resident time to cool off, provide calm, unhurried, and supportive approach, notify family of refusals, notify MD of refusals, and remove from immediate area to further evaluate needs.</p> <p>On 8/20/24 at 2:31 p.m., during an interview with the Administrator. She indicated a care plan meeting with the resident and her daughter was completed on 8/17/24. She indicated the resident had said a nurse had spoken inappropriately to her and suggestions for her care were discussed.</p> <p>The Administrator indicated she had not received any reports from the DON or the Assistant DON (ADON), regarding reports of verbal abuse to a resident. She indicated if a resident was care planned for care to be provided in pairs it is for a specific reason. The staff member could ask another person to stand in the room if it was a non-clinical issue as a witness. A non-medical person could be a stand in if there was a need. She indicated Resident S had made false accusations against the staff and she was care planned for all care to be administered with two persons.</p> <p>A review of the progress notes lacked documentation of a care plan meeting on the date specified by the Administrator.</p> <p>On 8/20/24 at 2:45 p.m., during an interview with the DON and the Administrator. The DON indicated she had not received a report of anyone submitting a complaint about a nurse. She then indicated LPN 5 had called her regarding a situation with Resident S. She indicated Resident S, had yelled at her and she was 5 seconds from calling the police because the resident threw water on her. She indicated RN 6 was administering medication and she was there as a witness. She was on her phone looking up the resident's medication when the resident threw water on her. The DON acknowledged the nurse should have left the room when told to leave by the resident. The Administrator indicated the resident yelled and cursed at the staff and told false allegations about the staff. She indicated this was the first time she had heard about the incident; however, the staff should not be assaulted by the residents. The DON was unable to indicate why the nurse felt threatened to the point she would believe she needed to call the police for protection. The DON indicated she had not reported this to the Administrator, and she had not completed any employee education. The Administrator indicated the facility provided customer service education to all staff.</p> <p>On 8/21/24 at 10:31 a.m., during an interview with CNA 8. She indicated she has had education regarding dealing with residents with behaviors. She indicated she would leave the room if a resident request her to leave. If she was asked to be second person to assist and the resident asked her to leave, she would leave and ask another CNA to assist.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Eagle Valley Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  3017 Valley Farms Rd Indianapolis, IN 46214	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/21/24 at 10:43 a.m., during an interview with RN 9. She indicated she had no issues with residents refusing care. On August 17th she worked with Resident S for the first time and indicated the resident was very pleasant. She indicated she had received education on how to work with residents with behaviors and residents with dementia. She indicated if a resident asked her to leave their room, she would explain why she needed to be there. If the resident became upset, she would try to calm them but at some point, she would leave and ask another staff member to assist.</p> <p>On 8/21/2024 at 12:30 p.m., the provided an undated document titled, Your Rights and Protections as a Nursing Home Resident, and indicated it was the policy currently being used by the facility. The policy indicated, .At a minimum, Federal law specifies that nursing homes must protect and promote the following rights of each resident. You have the right to .Be treated with respect: You have the right to treated with dignity and respect .Be free from Abuse and Neglect .You have the right to be free from verbal abuse .Make complaints .You have the right to make a complaint to the staff of the nursing home, or any other person</p> <p>This citation relates to Complaint IN00441304.</p> <p>3.1-3(a)(1)</p>		