

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Waters of Indianapolis, The		STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S Keystone Ave Indianapolis, IN 46227	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>45292</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuse by a CNA for 1 of 5 resident reviewed for abuse. (CNA 3, Resident B)</p> <p>Finding includes:</p> <p>On 11/14/24 at 9:25 a.m., the clinical record of Resident B was reviewed. The diagnoses included, but were not limited to, cerebral infarction (a reduction of blood flow to the brain), encephalopathy (a brain disorder), and cognitive communication deficit.</p> <p>On 11/14/24 at 9:35 a.m., the Administrator provided a facility reportable incident, dated 10/18/24. The incident indicated that on the previous evening shift, on 10/17/24, CNA 3 spoke to Resident B in an upsetting tone. CNA 3 was suspended pending investigation of the allegations and was terminated the same day after obtaining interviews from Resident B and other witnesses present.</p> <p>During an interview on 11/14/24 at 10:20 a.m., a witness to the 10/17/24 smoking break incident said that CNA 3 was upset about taking the residents out for their evening smoke break because it wasn't CNA 3's assignment. CNA 3 was observed by the witness screaming and yelling at Resident B both inside the building and outside during the actual smoke break, up until they came back inside the building. The witness described that CNA 3 stood on a chair at the nurses' station screaming at Resident B when Resident B asked who would be taking them out to smoke as residents were late for the 6:30 p.m. smoke break. Resident B had asked CNA 3 to stop talking to her and CNA 3 was described as going on and on to Resident B, taunting her and calling her a snitch. The witness described CNA 3 as being very verbally abusive.</p> <p>During an interview on 11/14/24 at 11:50 a.m., the Administrator indicated that CNA 3's behavior on 10/17/24 was not in line with facility policies regarding freedom from abuse. The Administrator indicated that CNA 3 was suspended and then terminated on 10/18/24 after obtaining statements from Resident B and other witnesses.</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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/14/24 at 10:45 a.m., the Administrator provided an undated policy titled Abuse Prevention Program, and indicated it was the current policy in use by the facility. A review of the policy indicated it was the policy of the facility to prevent resident abuse, neglect, mistreatment, and misappropriation of resident property. The policy further includes a description of verbal abuse as, Any use of oral, written [sic] or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend [sic] or disability.</p> <p>This citation relates to Complaint IN00445597.</p> <p>3.1-27(b)</p>		