

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 03/21/2025
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>45292</p> <p>Based on interview and record review, the facility failed to protect the residents' rights to be free from misappropriation of property for 1 of 3 residents reviewed for misappropriation of medications. (Resident C)</p> <p>Finding includes:</p> <p>On 3/21/25 at 9:50 a.m., the clinical record for Resident C was reviewed. The diagnoses included, but were not limited to, Type 2 diabetes mellitus (a chronic condition affecting blood sugar levels).</p> <p>An Admission MDS (Minimum Data Set) assessment, dated 2/7/25, indicated Resident C was cognitively intact.</p> <p>A physician's order, initiated 2/8/25 and discontinued on 3/1/25, indicated Resident C had tirzepatide (an antidiabetic medication used to treat type 2 diabetes and for weight loss) 15 mg (milligrams)/0.5 mL (milliliters) ordered to be given by subcutaneous (under the skin) injection once weekly on Saturdays.</p> <p>A physician's order, initiated on 3/7/25 and with no end date, indicated Resident C had tirzepatide, 15 mg/0.5 mL ordered to be given by subcutaneous injection once weekly on Fridays.</p> <p>During an interview on 3/21/25 at 10:30 a.m., the Administrator indicated on 3/3/25, it had been reported to the former DON (Director of Nursing) by LPN 4 that Resident C had missing insulin medication noted. LPN 4 was in the medication room looking for another resident's insulin medication, and noted that Resident C had only one Mounjaro (tirzepatide) injection in the box and asked if it was the old box. LPN 3 indicated no, that was a new box (the medication boxes come with four pre-filled syringes of the medication dosage at a time) and it should have had only one missing used on Saturday 3/1/25. When the former DON came to check the medication box in the medication room, the one dose that had been there was also missing. It could not be determined by internal investigation who had taken the pre-filled syringes of medication, but the medications were located in the locked medication room behind the nursing station. Only staff members had access to the locked medication room.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/21/25 at 11:45 a.m., the Administrator provided a copy of the facility's abuse policy, titled Abuse Prevention Program, dated 10/22/22, and indicated it was the policy in use by the facility. A review of the policy indicated that residents are to be free from abuse, including, but not limited to, misappropriation of resident property.</p> <p>The deficient practice was corrected on 3/19/25 after the facility implemented a systemic plan that included the following actions: the facility inserviced the staff on misappropriation of resident property and ongoing monitoring.</p> <p>This citation relates to Complaint IN00454758.</p> <p>3.1-28(a)</p>