

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  06/03/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>35099</p> <p>Based on observation, interview, and record review, the facility failed to ensure a self-medication administration assessment was completed for residents with medications left at bedside for 1 of 1 random observations. (Resident 125)</p> <p>Finding includes:</p> <p>During a tour on 5/28/24 at 8:59 a.m., observed Resident 125's room, no staff were observed to be in the room or in hallway. Resident 125 was up in a wheelchair and on top of the bedside table one clear plastic cup filled with six tablets, one capsule, and one gelcap was observed.</p> <p>On 5/29/24 9:30 a.m., Resident 125's clinical record was reviewed. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, alcohol dependence, and anxiety.</p> <p>Resident 125's clinical record lacked a Self-Medication Administration Assessment.</p> <p>During an interview on 5/29/24 at 9:05 a.m., RN 2 indicated medication should not be left unattended in resident rooms.</p> <p>During an interview on 5/31/24 at 8:37 a.m., the Director of Nursing indicated that no medications are to be left in a resident's room.</p> <p>On 5/29/24 at 12:58 p.m., the Director of Nursing provided a policy titled Medication Administration, dated October 2021. A review of the policy indicated, remain with the resident to ensure that the medication is swallowed. The DON indicated that policy provided was currently being followed by facility.</p> <p>3.1-11(a)</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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45292</p> <p>Have policies on smoking.</p> <p>Based on interview and record review, the facility failed to perform safe smoking assessments per facility policy for 1 of 5 residents reviewed for safe smoking. (Resident 1)</p> <p>Findings include:</p> <p>On 5/28/24 at 1:15 p.m., Resident 1's clinical record was reviewed. The diagnoses included, but were not limited to, multiple sclerosis (a disease in which the immune system eats away at the protective covering of nerves causing muscle weakness and problems with coordination), muscle wasting and atrophy, flaccid hemiplegia (paralysis on one side of the body) affecting right dominant side, and unsteadiness on feet.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 3/21/24, indicated Resident 1 had moderate cognitive impairment.</p> <p>The Care Plan included, but was not limited to:</p> <p>Resident 1 is a supervised smoker as evidenced by current smoking assessment and must be supervised during smoking activity, initiated on 8/7/18.</p> <p>The most recent Smoking Risk Assessment in Resident 1's clinical record had an effective date of 9/19/22 and indicated the following for Resident 1:</p> <ul style="list-style-type: none"> <li>- required the use of a protective apron for smoking breaks.</li> <li>- had a moderate problem with general awareness and orientation, including the ability to understand the facility safe smoking policy.</li> <li>- had a moderate problem with injury potential for causing injury to self or others relating to smoking materials and a moderate problem with history of hazardous behavior related to smoking materials.</li> </ul> <p>During an interview on 5/30/24 at 2:25 p.m., the DON (Director of Nursing) indicated that Resident 1 should have had smoking assessments done both quarterly and annually.</p> <p>On 5/29/24 at 12:55 p.m., the DON provided an undated policy titled Smoking Policy, and indicated it was the current policy in use by the facility. A review of the policy indicated under Procedure section 6. Residents will be assessed for safe smoking behavior prior to smoking at the facility. This assessment is found on PCC [Point Click Care]. The resident will be further assessed for smoking, quarterly, annually, after an unsafe smoking episode and after a change of condition.</p>		