

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Warsaw Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E Prairie St Warsaw, IN 46580	

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 - 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>38845</p> <p>Based on record review and interview, the facility failed to implement effective interventions to prevent physical and verbal Resident to Resident abuse from recurring. This deficient practice resulted in Resident B exhibiting physically abusive behaviors which caused harm to 3 of 3 residents reviewed for abuse. (Residents C, D, & E)</p> <p>Findings included:</p> <p>1. On 8/13/2024 at 1:37 P.M., a review of a facility reported incident 8/13/2024 at 1:37 P.M., indicated the following: Incident date: 5/29/2024 at 6:30 P.M. Residents involved: Resident C with the diagnoses of dementia with mood disorder, depression and anxiety. Resident B with the diagnoses of Alzheimer's disease, psychotic disorder with delusions, depression and dementia with agitation. Description added: Staff alleged Resident B made contact with Resident C's shoulders and left forearm while ambulating in the Memory Care hallway. Action taken: Residents were immediately separated. Resident B was placed on 1:1 staff supervision. Nurse completed a skin assessment, no findings. Type of injury: Added 5/29/2024- Discolored areas noted to Resident C's left forearm. Type of preventative measures added 5/29/2024 - blank</p> <p>The record for Resident B was completed on 8/13/2024 at 1:07 P.M. Diagnoses included but were not limited to anxiety, depression, psychotic disorder with delusions, dementia with agitation, and Alzheimer's disease.</p> <p>The Nursing Progress notes included and Incident Note, dated 5/29/2024 at 6:15 P.M., which indicated the staff alleged the resident made physical contact to the shoulders of Resident C. The Residents were immediately separated, and Resident B was placed on one on one supervision</p> <p>Nursing Progress notes included A Nature of Trauma Note, dated 5/30/2024 at 11:15 A.M., which indicated Resident B put this hands on another resident (Resident C) and left bruises on her arms. Identify triggers: No known triggers. Interventions: Removed from triggering event. Notified IDT team. Notified resident representative when appropriate. Response to Interventions: Unable to recall event. Additional interventions: blank.</p> <p>Resident B was discharged to a Psychiatric hospital on 5/30/2024 and returned on 6/11/2024.</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: 155566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Warsaw Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E Prairie St Warsaw, IN 46580	
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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>The record for Resident C was completed on 8/8/2024 at 2:13 P.M. Diagnoses included, but were not limited to dementia, anxiety, depression and psychotic disorder. Resident C utilized a wheel chair and walker for mobility.</p> <p>A Behavior Note for Resident B, dated 6/16/2024 at 3:05 P.M., indicated he had returned from an outing with his family. Resident B's wife reported the resident was belligerent and had threatened to kick peoples a--- at the bowling alley.</p> <p>A Trauma Evaluation Note for Resident B, dated 6/17/2024 at 7:10 A.M., indicated: he had grabbed another resident's walker and then shoved it into her when she would not let go, which caused the other resident to fall to the floor backwards. Identify Triggers: This resident was already agitated, but all the other resident did was walk by him. Interventions: Removed from triggering event. Notified IDT team. Notified physician. Notified resident representative when appropriate. Response to Interventions: Unable to recall event. No change from baseline .</p> <p>An Incident Note, dated 6/16/2024 at 4:10 P.M., indicated he had made physical contact with a peer as Resident B resident was walking past in the hallway on the memory care unit which resulted in the peer falling.</p> <p>An Incident Note, dated 6/16/2024 at 4:10 P.M., indicated Resident B was placed on one on one monitoring.</p> <p>Resident B was discharged to a Psychiatric hospital on 6/18/2024 and returned on 7/1/2024</p> <p>A Nursing Note for Resident B, dated 6/21/2024 at 4:49 P.M., indicated the family was notified of Resident B's possible return on the 25 th. The family was concerned the facility stated he would be returning Thursday and the psychiatric hospital had done nothing for him because they could only treat the resident for behaviors that were seen while Resident B was at the hospital.</p> <p>A Behavior Note for Resident B, dated 7/1/2024 at 3:01 P.M., indicated staff alleged that he made physical contact with the left cheek of another resident, after the resident made accidental contact with her walker to his foot.</p> <p>A Behavior Note for Resident B, dated 7/3/2024 at 4:38 P.M., indicated he had been verbally aggressive with staff and other residents.</p> <p>A Behavioral Health Progress Note, dated 7/8/2024, indicated Resident B had been referred to behavioral health to establish the necessity for continued psychotherapeutic and neurocognitive assessment services via the Behavioral health provider to address cognitive and neuropsychiatric symptoms. {Resident name} is back from his psych stay, but staff report ongoing behaviors and is easily agitated which he then can become aggressive</p> <p>A Behavior Note for Resident B, dated 7/10/2024 at 6:20 P.M., indicated he had been verbally abusive to staff and other residents most of the shift. Resident B was walking up and down the unit yelling and threatening staff, stating,Keep it up and I am going to put my fist around your face.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Warsaw Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E Prairie St Warsaw, IN 46580	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>A Physician's Progress Note, dated 7/18/2024, indicated a routine follow up visit for Resident B had been completed. Staff reported the resident would be transferring to another facility either later today or tomorrow.</p> <p>2. A Behavior Note for Resident B, dated 7/22/2024 at 6:15 P.M., indicated staff alleged he approached Resident D and made physical contact with her right cheek with a photo album. The occurrence was unprovoked by Resident D.</p> <p>A facility incident report, dated 7/22/2024, indicated: Incident date: 7/22/2024 at 6:15 P.M. Residents involved: Resident D with the diagnoses of vascular dementia, depression, and delusional disorder. Resident B with the diagnoses of Alzheimer's disease, psychotic disorder with delusions, depression and dementia with agitation. Description added: Staff allege Resident B approached Resident D and made contact with Resident D's right cheek with a photo album. The incident was unprovoked by Resident D. Action taken: Residents were immediately separated. Resident B was offered an activity of interest. Type of injury: None. Type of preventative measures added: Investigation initiated. Pertinent information to be included in the 5-day follow-up. Follow up added: Let this serve as follow up to the incident. Staff allege Resident B approached Resident D and made contact with her right cheek with a photo album. The incident was unprovoked by Resident D. Residents separated. Resident B was offered and activity of his interest. It was effective. Neither resident recalled the incident and returned to their baseline. Care plans have been updated</p> <p>A Trauma Evaluation Note for Resident B, dated 7/23/2024 at 9:01 A.M., indicated: Nature of Trauma: Resident B approached Resident D with a photo album in his hand, and proceeded to use it to hit Resident D's face. Identify Triggers: Non known triggers. Interventions: Removed from triggering event. Notify IDT team. Notify resident representative when appropriate. Response to Interventions: Unable to recall event. No change from baseline. Additional interventions: blank</p> <p>3. A facility incident report, dated 7/28/2024, indicated: Incident Date: 7/28/2024 at 5:10 P.M. Residents involved: Resident E with the diagnoses of depressive disorder, dementia, delusional disorder, traumatic brain injury and insomnia. Resident B with the diagnoses of Alzheimer's disease, psychotic disorder with delusions, depression and dementia with agitation. Description Added: Staff allege Resident B entered Resident E's room without being asked in. Resident E attempted to push Resident B out of the room. Resident B then made contact with Resident E's right cheek and Resident E made contact with Resident B's forehead. Action Taken: Residents were immediately separated. Nurse completed skin assessments of both residents. Resident B was offered and activity of interest and was effective. No findings. Family, physician and police were notified</p> <p>A Behavior Note for Resident B, dated 7/28/2024 at 5:10 P.M., indicated: staff allege that Resident B entered Resident E's room without being asked. Resident E attempted to push Resident B out of the room. Resident B then made contact with Resident E's right cheek and Resident E made contact with Resident B's forehead.</p> <p>A Trauma Evaluation Note for Resident B, dated 7/29/2024 at 12:41 P.M., indicated: Nature of Trauma: Resident B went into Resident E's room uninvited, and when Resident E tried to ask Resident B to leave, Resident B swung at him and Resident E swung back. Identify Triggers: being asked to leave a room he didn't want to leave. Interventions: Removed from triggering event. Notify IDT team. Notify resident representative when appropriate. Respond to Interventions: Unaffected able to recall event</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Warsaw Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 300 E Prairie St Warsaw, IN 46580	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>A Behavioral Health Progress Note for Resident B, dated 7/29/2024, indicated the Social Service Director (SSD) reported that Resident B would be moving to {Name of other Facility} as he will be one of two residents on their memory care unit and hoped this decrease his aggressive behaviors.</p> <p>A Social Services Note-Late Entry: dated 7/30/2024 at 3:35 P.M., indicated: Resident E had no recollection of the altercation between himself & a peer on 7/28/2024.</p> <p>A canceled Care Plan, dated 4/12/2023, indicated Resident B had exhibited behaviors including: physical aggression towards peers and staff; yelling and cursing; wandering into rooms of peers, restlessness and difficulty sleeping. Interventions included, but were not limited to: Administer medications as ordered; Attempt to ascertain cause for aggression/wandering such as hunger- offer ice cream, need to toilet, pain- headaches and administer prn medication as ordered; Attempt to guide away from source of distress; Attempt to redirect me by talking to me about cars, my family; continue follow up with psych services, transfer to behavioral health initiated on 5/12/2024, placed on one on one initiated on 5/29/2024, placed on 1:1 monitoring initiated on 6/16/2024 and Transfer out to behavioral health initiated on 6/17/2024</p> <p>During an interview, on 8/13/2024 at 2:40 P.M., the Director of Nursing indicated there were no new interventions added for Resident B for the altercation's with the other residents to prevent abuse recurrence and should have been.</p> <p>On 8/7/2024 at 10:05 A.M., the Executive Director provided the policy titled, Abuse Policy, dated 9/2022, and indicated the policy was the one currently used by the facility. The policy indicated .Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents .The Facility shall have processes in place to include screening, training, prevention, identification, protection .to all allegations of potential or actual abuse and neglect</p> <p>This Federal tag relates to complaint IN00434526.</p> <p>3.1-27(a)(1)</p>		