

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Harrison Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Wellesley Blvd Indianapolis, IN 46219	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>34850</p> <p>Based on interview and record review, the facility failed to ensure the medical provider was notified for blood sugars exceeding the parameter as ordered for 1 of 5 residents reviewed for unnecessary medications. (Resident 45)</p> <p>Findings include:</p> <p>The clinical record for Resident 45 was reviewed on 8/27/24 at 12:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus and dementia.</p> <p>A care plan, dated 3/15/21, indicated, Resident is at risk for adverse effects of hyperglycemia or hypoglycemia related to use of glucose lowering medication and/or diagnosis of diabetes mellitus, insulin dependent .medications as ordered .</p> <p>A physician order, dated 5/20/21, indicated the staff was to obtain the resident's blood sugars twice a day. The staff was to notify the medical provider if the resident's blood sugar reading was greater than 300 or less than 70.</p> <p>A physician order, dated 12/19/22, indicated the resident was to receive 28 units of glargine (long acting) insulin daily.</p> <p>The August 2024 Medication Administration Record (MAR) indicated the following days and times the resident's blood sugar reading was greater than 300:</p> <p>8/1/24 at 4:00 p.m. = blood sugar reading of 345,</p> <p>8/7/24 at 4:00 p.m. = blood sugar reading of 319,</p> <p>8/10/24 at 4:00 p.m. = blood sugar reading of 320, and</p> <p>8/11/24 at 4:00 p.m. = blood sugar reading of 308.</p> <p>The resident's clinical record did not indicate the medical provider was notified of the blood sugar readings that were greater than 300.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Director of Nursing on 8/28/24 1:27 p.m. She indicated she was unable to provide documentation the staff notified the medical provider when the resident's blood sugar was greater than 300 on 8/1/24, 8/7/24, 8/10/24 and 8/11/24.</p> <p>3.1-5(a)(3)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>41129</p> <p>Based on interview and record review, the facility failed to ensure orthostatic blood pressures (a measurement of blood pressure while a person is lying, sitting, and standing) were completed as per a physician's order for 1 of 5 residents reviewed for unnecessary medications. (Resident 17)</p> <p>Findings include:</p> <p>The clinical record for Resident 17 was reviewed on 8/26/24 at 2:33 p.m. The diagnoses included, but were not limited to, chronic kidney disease, generalized anxiety disorder, and hypertension.</p> <p>An August 2024 pharmacy consultation report for Resident 17 indicated Resident 17 received doxazosin (a medication used to treat high blood pressure) 6 mg (milligrams) every morning for hypertension. It indicated doxazosin should be avoided in older adults due to the risk for adverse effects (e.g., orthostatic hypotension). The recommendation was to consider discontinuing doxazosin and if needed to control blood pressure, then initiate lisinopril (a medication used to lower blood pressure) 10 mg daily and to titrate as tolerated. The recommendations were accepted on 8/15/24, with the modification to check orthostatic vital signs and to discuss possible discontinuation of doxazosin with the family and to slow [sic, arrow pointing downward] titrate.</p> <p>A progress note, dated 8/19/2024 at 1:35 p.m., indicated new orders were received to check orthostatic blood pressures daily prior to medication administration for 14 days and to notify medical doctor or nurse practitioner if systolic (the pressure in the arteries when you heart beats and pump blood out into the body) was greater than 170 mm Hg (millimeters of mercury) or less than 100 mm Hg. It also indicated to administer 4 mg of doxazosin by mouth every morning and give 10 mg of lisinopril by mouth daily.</p> <p>The August 2024 medication administration record (MAR) for the orthostatic blood pressure readings, which were reviewed on 8/26/24 at 2:33 p.m., indicated only one blood pressure reading each day (August 20, 21, 22, 23, 24, and 25) and did not indicate if the blood pressure reading was conducted while lying, sitting, or standing.</p> <p>A progress note, dated 8/20/2024 at 1:43 p.m., indicated Resident 17's orthostatic blood pressures were:</p> <p>sitting - 128/65</p> <p>laying [sic, lying]- 134/72</p> <p>standing - 138/80</p> <p>A progress note, dated 8/21/2024 at 8:17 a.m., and recorded as a late entry on 8/26/2024 at 4:16 p.m., indicated Resident 17's orthostatic blood pressures were:</p> <p>laying 168/87 [sic]</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>sitting 158/82</p> <p>standing - 150/78</p> <p>The clinical record for Resident 17 did not contain orthostatic blood pressure readings on 8/22/24.</p> <p>A progress note, dated 8/23/2024 at 11:32 a.m., and recorded as a late entry on 8/26/2024 at 4:17 p.m., indicated Resident 17's orthostatic blood pressures were:</p> <p>I [sic, lying]- 150/74</p> <p>sitting - 146/82</p> <p>standing, - 150/88</p> <p>A progress note, dated 8/26/2024 at 11:58 a.m., indicated Resident 17's orthostatic blood pressures were:</p> <p>sitting - 136/74</p> <p>standing 140/82</p> <p>laying[sic] - 134/86</p> <p>The clinical record for Resident 17 did not contain orthostatic blood pressure readings on 8/24/24 or 8/25/24.</p> <p>An interview with the Director of Nursing (DON) was conducted on 8/27/24 at 10:01 a.m. She indicated if a resident had an order for orthostatic blood pressures, it would be the expectation to perform blood pressure checks while the resident is lying down, then sitting, then standing and the blood pressure readings for each position need to be documented in the medical record as lying, sitting and standing. The DON indicated; the facility did not have a policy on conducting orthostatic blood pressures.</p> <p>3.1-37(a)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>40287</p> <p>Based on interview and record review, the facility failed to ensure effective services for monitoring, assessment, and care was provided to relieve constipation for a resident who was incontinent of bowel and had a history of constipation, partial bowel obstruction, and ileus for 1 of 6 residents reviewed for constipation. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 8/26/24 at 3:08 p.m. The diagnoses included, but were not limited to, dementia, history of partial intestinal obstruction, and constipation.</p> <p>A discharge Minimum Data Set (MDS) assessment, dated 3/28/24, indicated always incontinent of bowel and bladder and required maximum assistance of the staff for toileting.</p> <p>A physician's order, dated 11/9/23, indicated Miralax (laxative) 17 grams should be administered daily as needed (PRN) for constipation. The order did not include sufficient information to define as needed or to determine the specific frequency for administration of the PRN medication.</p> <p>A physician's order, dated 12/12/23, indicated a Dulcolax (laxative) suppository 10 milligrams (mg) should be administered rectally daily at bedtime as needed for constipation. The order did not include sufficient information to define as needed or to determine the specific frequency for administration of the PRN medication.</p> <p>The hospital radiology reports and physician progress notes, dated from 12/15/23 through 1/25/24, indicated Resident B had a history of an ileus (an intestinal blockage) and constipation that was effectively relieved with the use of Miralax and Dulcolax suppositories.</p> <p>A care plan, last reviewed on 1/26/24, indicated that Resident B was at risk for constipation due to dementia, with a goal they would have a soft formed bowel movement at least every three days. The approaches included to perform an abdominal assessment if no bowel movement in four days for bowel sounds, abdominal distention, hyper (louder and more frequent) and hypo (less active) bowel sounds, abdominal pain or tenderness. Document the findings and notify the physician (MD) of abnormal findings, administer medications as ordered, document abnormal findings and notify MD, encourage fluids, monitor bowel function, and notify MD if no bowel movement after the third day.</p> <p>The comprehensive plan of care, dated 1/26/24, did not include interventions to evaluate or monitor the resident for signs and symptoms of ileus or partial bowel obstruction.</p> <p>The nursing progress notes, the Medication Administration Records (MAR), the bowel records, dated from 2/2/24 through 3/14/24, indicated Resident B experienced constipation that was effectively relieved with the use of Miralax and Dulcolax suppositories.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The bowel record, dated from 3/15/24 through 3/18/24, indicated Resident B did not have a bowel movement.</p> <p>The MAR, dated 3/18/24, indicated Miralax or Dulcolax was not administered when the resident experienced three days of constipation in accordance with the physician orders and the plan of care.</p> <p>The bowel records, dated 3/19/24 at 11:15 p.m., indicated Resident B had a large bowel movement.</p> <p>The bowel records, dated from 3/22/24 through 3/24/24, indicated Resident B Resident B did not have a bowel movement.</p> <p>The MAR, dated 3/24/24, indicated Miralax or Dulcolax was not administered when the resident experienced three days of constipation in accordance with the physician orders and the plan of care.</p> <p>The bowel record, dated 3/25/24, indicated Resident B did not have a bowel movement.</p> <p>The MAR, dated 3/25/24, indicated Miralax or Dulcolax was not administered when the resident experienced four days of constipation.</p> <p>The nursing assessments and progress notes, dated 3/25/24, did not include documentation to determine an abdominal assessment was performed or the physician was notified when the resident experienced four days of constipation.</p> <p>The bowel record, dated 3/26/24, indicated Resident B did not have a bowel movement.</p> <p>The MAR, dated 3/26/24, indicated Miralax or Dulcolax was not administered when the resident experienced five days of constipation.</p> <p>The nursing assessments and progress notes, dated 3/26/24, did not include documentation to determine an abdominal assessment was performed or the physician was notified when the resident experienced five days of constipation.</p> <p>During an interview on 8/29/24 at 11:46 a.m., the Clinical Nurse Consultant (CNC) indicated Resident B had a history of an ileus and an extensive history of constipation.</p> <p>During an interview on 8/28/24 at 2:43 p.m., Licensed Practical Nurse (LPN) 6 indicated that Resident B had issues with constipation since her admission to the facility. When Resident B became constipated an as needed laxative was given. LPN 6 reviewed the Bowel Report each shift she worked, and normally did not count documentation of a small bowel movement when determining if an as needed laxative needed to be given.</p> <p>During an interview on 8/28/24 at 4:11 p.m., the Director of Nursing (DON) indicated that small bowel movements were counted when determining the need for as needed laxatives. The bowel report should be run daily.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/29/24 at 9:27 a.m., LPN 7 indicated Resident B was often on the bowel report. If a resident had no bowel movement for three days, an as needed laxative was given, if no results by the fourth day, then the physician was notified. Resident B should have been closely monitored for bowel movements due to her history of constipation.</p> <p>On 8/27/24 at 11:09 a.m., the DON provided the current Bowel Elimination policy that read .It is the policy to ensure that each resident maintains a safe and health bowel elimination pattern . 3. Bowel assessment will be completed based upon each resident's specific plan of care and documented in the EMR [Electronic Medical Record]. 4. Bowel movements will be recorded on the facility EMR and/ or record daily by the direct care staff. 5. A resident bowel report will be completed by the assigned charge nurse of resident [s] who have not had a bowel movement for 3 consecutive days. 6. Any resident not having a bowel movement for 3 consecutive days, will be given a laxative or stool softener, as prescribed by the physician, at the end of the 3rd day. 7. Resident [s] no [sic] having results from the laxative or stool softener will be given a [sic] enema, if ordered by the physician. 8. If by the 4th afternoon, the resident [s] has not had results, the nurse will do an abdominal assessment, chart the results of the assessment, and notify the physician for further order .</p> <p>This citation relates to Complaint IN00436961.</p> <p>3.1-37(a)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>34850</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident receiving dialysis services was provided the therapeutic diet as ordered. (Resident 31)</p> <p>Findings include:</p> <p>The clinical record for Resident 31 was reviewed on 8/23/24 at 1:30 p.m. The diagnoses included, but were not limited to, dementia and end stage renal disease.</p> <p>A care plan, dated 11/7/18, indicated, Resident presents for nutritional risk r/t [related to] dx [diagnosis] of renal osteodystrophy [abnormal bone growth] and needs for HD [hemodialysis] to fluctuate r/t [related to] changes in fluid volumes .Approach .start date 11/30/23 ice cream with every meal .start date 10/9/22 soft & bite sized diet with no oranges, OJ [orange juice], bananas, spinach, beets, baked or sweet potatoes .</p> <p>A dialysis care plan, dated 11/7/18, indicated the resident was at risk for complications. The resident received dialysis on Tuesdays, Thursdays, and Saturdays. She had a left upper chest port and left arm fistula. The interventions on the care plan included, but were not limited to, the staff was to provide diet as ordered.</p> <p>An observation was conducted of Resident 31 eating breakfast on 8/28/24 at 8:29 a.m. The resident was observed being assisted by Certified Nurse Aide (CNA) 4 with breakfast. The resident was not observed being fed ice cream with her breakfast bowl. A cup with a lid containing an orange liquid was sitting in front of the resident at the table. CNA 4 then removed the breakfast bowl from the table and walked away. At that time, the resident picked up the cup with the lid and drank the orange liquid. CNA 4 then returned to the table. CNA 4 indicated, at that time, the drink sitting in front of the resident was orange juice. She was unaware the resident was on dialysis and was not supposed to receive orange juice. After, CNA 4 removed the resident from the table and took her out of the dining area. During that time, License Practical Nurse (LPN) 3 indicated CNA 4 was new to the unit and was unaware Resident 31 was to receive cranberry juice and not orange juice. The resident was a good eater, and she would eat everything the dietary department brought her. The dietary staff did not bring ice cream for the resident to eat that morning as ordered. If dietary brought the ice cream; she would have eaten it.</p> <p>An interview was conducted with the Culinary Manager on 8/28/24 at 8:56 a.m. She indicated the dietary staff had forgot to send the ice cream down to Resident 31.</p> <p>A diet orders policy was provided by the Director of Nursing on 8/28/24 at 3:00 p.m. It indicated, .Policy: In order to help maintain/improve nutrition and quality of life, liberalized diets will be offered. The Registered Dietitian, or designee, will evaluate the need for more restricted diet therapy according to each resident's individual medical condition, needs, desires, and rights .</p> <p>3.1-46(a)(2)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34850</p> <p>Based on observation, interview and record review, the facility failed to ensure the flooring, and the ceiling vents were kept clean in the kitchen and to ensure an ice machine on the Meridian unit was kept clean and sanitary by having a black substance growing on internal components within the ice bin. This had a potential to affect 70 of 70 residents that consume food from the kitchen had the potential to affect 23 of 23 residents who reside on the Meridian unit. (Facility)</p> <p>Findings include:</p> <p>1. An observation was made of the kitchen with the Culinary Manager on 8/23/24 at 11:23 a.m. The dishwasher area's flooring along the back wall under the dishwasher was observed with a black substance on it. The ceiling vents above the food prep area was observed with a gray substance within the metal plates of the vent.</p> <p>During a kitchen tour with the Culinary Manager on 8/27/24 at 11:30 a.m., the dishwasher area flooring was observed with a black substance along the back wall under the dishwasher. Ceiling vents in the food prep area were observed with a gray substance within the metal plates of the vent.</p> <p>An interview was conducted with the Culinary Manager on 8/27/24 at 11:30 a.m. She indicated she had received a power washer, and it should remove the black substance. The ceiling vents were cleaned by the maintenance department, and she was unsure when the last time the ceiling vents were cleaned.</p> <p>The July 2024 and August 2024 cleaning schedules were provided by the Interim Administrator on 8/28/24 at 10:01 a.m. The cleaning schedules indicated on Saturdays the staff were to clean the wall and baseboard behind the dishwasher. The staff were to clean and mop the dishwasher area daily.</p> <p>An interview was conducted with the Interim Administrator on 8/27/24 at 1:24 p.m. He indicated the maintenance department was looking into the last date the overhead vents in the kitchen were cleaned. The Culinary Manager had completed a kitchen inspection log and had noticed the flooring under the dishwasher needed to be scrubbed prior to the kitchen tour.</p> <p>At the time of exit on 8/29/24, the Interim Administrator had not provided documentation regarding the last time the ceiling vents were cleaned by the maintenance department.</p> <p>A floor care policy was provided by the Interim Administrator on 8/27/24 at 2:53 p.m. It indicated .Policy: Kitchen floors and floor care equipment will be well maintained, clean, and odor free. Procedure. 1. Floors will be swept at a minimum of twice daily and mopped with appropriate floor cleaning solution at least once daily, or more frequently as needed. A desk brush should be used to scrub floors of build-up and debris, as needed .</p> <p>41129</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>2. A random observation of the Meridian unit ice machine was conducted on 8/27/24 at 9:52 a.m. The ice machine was observed having a blanket/towel on the floor in front on the ice machine. The ice machine had dust and dried droplets of a reddish substance visible on its outer surfaces. The lid of the ice machine was opened to view the cleanliness of the inside. The inside of the ice machine contained a black substance on the area where the ice drops into the storage bin.</p> <p>An interview and observation with the Interim Administrator were conducted immediately following the observation of the ice machine. He indicated, the maintenance department was responsible for the cleaning and sanitation of the ice machines.</p> <p>An interview with Maintenance Supervisor (MS) was conducted on 8/27/24 at 1:28 p.m. He indicated the last time the Meridian unit ice machine was cleaned was on July 8, 2024. He indicated TELS (a building management system) had the cleaning and sanitation of the ice machines scheduled for every three months or quarterly. He indicated if the machine was not keeping temperature, it can cause mold to grow much quicker. He indicated the towel on the floor in front of the ice machine was there due to the unit having draining issues that he had yet to work on. He indicated the ice machine probably needed to be replaced.</p> <p>A copy of the TELS ice machine maintenance was provided by the Interim Administrator on 8/27/24 at 10:18 a.m. It indicated to check filters (if present), clean coils, sanitize interior and delime as necessary. This was to be conducted every 3 months. The instructions included, but were not limited to, sanitize interior of ice machine per manufacturer's instructions and to clean out and sanitize the ice bin.</p> <p>The manufacturer's instructions were provided by the Interim Administrator on 8/27/24 at 1:15 p.m. They indicated De-scale and sanitize the ice machine every six months for efficient operation. If the ice machine requires more frequent de-scaling, consult a qualified service company to test the water quality .An Extremely dirty ice machine must be taken apart for de-scaling and sanitizing .Detailed De-scaling and Sanitizing Procedures .Ice machine sanitizer disinfect and removes algae and slime.</p> <p>3.1-21(i)(1)</p> <p>3.1-21(i)(2)</p> <p>3.1-21(i)(3)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Dispose of garbage and refuse properly.</p> <p>34850</p> <p>Based on observation and interview, the facility failed to ensure trash was contained in receptacles for 70 of 70 residents in the facility.</p> <p>Findings include:</p> <p>During a kitchen tour with the Culinary Manager, on 8/27/24 at 11:23 a.m., two outside dumpsters were observed. One of the dumpster's had one sliding side door opened with trash bags inside. The ground around the dumpsters and along the fence line in the parking lot was observed with paper and plastic debris, medication cups and gloves scattered around the dumpsters and grass area. The Culinary Manager indicated the sliding side doors should be shut, and the maintenance department maintains the surrounding area around the dumpsters and the grass area.</p> <p>An observation was made of the dumpster area with the Maintenance Supervisor on 8/27/24 at 11:46 a.m. The dumpster area and grass area along the fence was observed with plastic bottles, paper product debris, medication cups, gloves, plastic silverware, food wrappers and cups.</p> <p>An interview was conducted with the Maintenance Supervisor on 8/27/24 at 11:50 a.m. He indicated the maintenance department was responsible for maintaining the grounds. He does not observe the surrounding area by the dumpsters on a regular basis.</p> <p>3.1-21(i)(5)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Harrison Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 1924 Wellesley Blvd Indianapolis, IN 46219	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>34850</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the kitchen was free of flying insects. This had a potential to affect 70 to 70 residents that receive food out of the kitchen.</p> <p>Findings include:</p> <p>An observation was made of the kitchen with the Culinary Manager on 8/23/24 at 11:23 a.m. The dishwasher area and the storage area was observed with flying insects.</p> <p>During a kitchen tour with the Culinary Manager, on 8/27/24 at 11:23 a.m., the dishwasher area and the back door area was observed with flying insects. A red bucket containing soiled rags was observed with flying insects sitting on top of the soiled rags. At that time, the Culinary Manager grabbed a trash bag and removed the soiled rags from the bucket disrupting the flying insects. Several flying insects were observed flying from the bucket. After, the food prep area wall was observed with one flying insect.</p> <p>An interview was conducted with the Culinary Manager on 8/27/24 at 11:30 a.m. She indicated the flying insects had been in the kitchen area for at least two weeks. The rags should have not been left in the bucket.</p> <p>The exterminator service visit, dated 6/4/24, indicated the kitchen area was observed with small flies in the dishwasher area. Please clean in and around drains frequently to help prevent pest breeding sites.</p> <p>The exterminator service visit, dated 8/5/24, indicated no rodent or insect activity.</p> <p>3.1-19(f)(4)</p>		