

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7465 Madison 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38466</p> <p>Based on observation, interview, and record review, the facility failed to ensure a comprehensive person-centered care plan was developed for 1 of 2 residents reviewed for catheter care. (Resident 3)</p> <p>Finding includes:</p> <p>On 11/6/24 at 11:20 a.m., Resident 3 was observed resting in bed using his laptop computer. A covered urinary catheter bag was observed hanging on the bed frame.</p> <p>On 11/7/24 at 9:21 a.m., Resident 3 was observed resting in bed using his laptop computer. A covered urinary catheter bag was observed hanging on the bed frame. During an interview at that time, Resident 3 indicated he had the indwelling urinary catheter for about a month.</p> <p>On 11/8/24 at 10:00 a.m., Resident 3's clinical record was reviewed. The diagnosis included, but was not limited to, neuromuscular dysfunction of bladder (a condition that causes bladder control issues due to damage to the nervous system).</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 8/27/24, indicated Resident 3 was cognitively intact.</p> <p>Physician's orders included, but were not limited to, indwelling urinary catheter, start date of 10/1/24, and with no end date noted.</p> <p>Resident 3's clinical record lacked a comprehensive person-centered care plan related to the indwelling urinary catheter.</p> <p>During an interview on 11/8/24 at 11:34 a.m., the Corporate Clinical Nurse Consultant indicated Resident 3 had an indwelling urinary catheter since 10/1/24. No indwelling urinary catheter care plan had been developed for Resident 3. A care plan should have been developed.</p> <p>On 11/13/24 at 8:25 a.m., the Corporate Clinical Nurse Consultant provided a copy of Plan of Care Overview policy, dated 2017, and indicated it was the current policy in use by the facility. A review of the document indicated, .written treatment provided for a resident that is resident-focused and provides for optimal personalized care .</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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3.1-35(b)(1)

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38466</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner for 3 of 4 kitchen observations. Staff hair was not covered while in the kitchen. (Dietary [NAME] 2)</p> <p>Findings include:</p> <p>On 11/6/24 from 11:20 a.m. to 11:23 a.m., Dietary [NAME] 2 was observed walking near the steam table area, located next to the grill and steamer, where the noon foods were being held. Dietary [NAME] 2 was observed to have facial hair, approximately one-half inch in length, above and below the lips. The facial hair was observed to not be covered.</p> <p>During a follow-up kitchen observation on 11/6/24 from 11:35 a.m. to 11:40 a.m., Dietary [NAME] 2 was observed at the steam table area taking the noon meal starting temperatures and plating the noon meal. Dietary [NAME] 2 was observed to have facial hair, approximately one-half inch in length, above and below the lips. The facial hair was observed to not be covered.</p> <p>On 11/6/24 from 12:12 p.m. to 12:20 p.m., Dietary [NAME] 2 was observed at the steam table plating the noon meal. Dietary [NAME] 2 was then observed taking the noon meal ending temperatures. Dietary [NAME] 2 was observed to have facial hair, approximately one-half inch in length, above and below the lips. The facial hair was observed to not be covered. During an interview at that time, the Regional Dietary Consultant indicated that staff hair, including facial hair, was to be kept covered while in the kitchen.</p> <p>On 11/6/24 at 12:45 p.m., the Administrator provided a copy of the Staff Attire policy, dated September 2017, and indicated it was the current policy in use by the facility. A review of the policy indicated, .all staff members will have their hair .confined in a hair net .and facial hair properly restrained .</p> <p>On 11/6/24 at 3:00 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated, .food employees shall wear hair restraints such as .hair coverings or nets, beard restraints .that are designed and worn to wear effectively keep their hair from contacting .exposed food .</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 - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>38466</p> <p>Based on observation, interview, and record review, the facility failed to ensure the ground next to the kitchen's rear door was free from rubbish and failed to ensure the dumpster sliding side panel door was kept closed when not in use for 2 of 3 observations.</p> <p>Findings include:</p> <p>1. During the initial facility tour with the Dietary Manager on 11/6/24 at 9:35 a.m., the following was observed:</p> <ul style="list-style-type: none"> - On the ground just outside the kitchen's rear door was a large cardboard box that had unidentifiable debris inside the uncovered box. On the ground near the box, the following was observed: used cups, rags, and other various unidentifiable debris. - The dumpster container area, located approximately 100 yards from the kitchen's rear door was observed. The dumpster area had 2 large dumpster containers. The east dumpster container had 2 sliding side panel doors. The sliding side panel door on the left side of the dumpster container was observed to not be closed. No staff were visible in the area at that time. <p>2. During a follow up observation on 11/7/24 at 4:50 p.m., the dumpster area was observed. The dumpster area had 2 large dumpster containers. The east dumpster container had 2 sliding side panel doors. The sliding side panel door on the left side of the dumpster container was observed to not be closed. No staff were visible in the area at that time.</p> <p>During an interview on 11/8/24 at 2:54 p.m., the Dietary Manager indicated the dumpster container lids and sliding side panel doors were to be kept closed when not in use. All debris should be placed into the dumpster containers.</p> <p>On 11/6/24 at 12:45 p.m., the Administrator provided a copy of the Environment policy, dated September 2017, and indicated it was the current policy in use by the facility. A review of the policy indicated, .all trash will be properly disposed of in external receptacles (dumpsters) and the surrounding area will be free of debris .</p> <p>On 11/6/24 at 3:15 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated, .receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside .</p> <p>3.1-21(i)(5)</p>