STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION X	3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED	
		155198	B. WING		02/24/2022	
NAME OF 1	PROVIDER OR SUPPLIE	CR		ADDRESS, CITY, STATE, ZIP CODE		
MARQUI	ETTE			OWNSHIP LINE RD NAPOLIS, IN 46260		
(X4) ID	1	STATEMENT OF DEFICIENCIES	ID		(X5)	
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE	
R 0000		,				
Bldg. 00			D 0000			
		the Investigation of Complaint	R 0000	Preparation and execution of this	5	
	IN00373411.			plan of correction in no way constitutes an admission or		
	Complaint IN0037	73/11 - Substantiated State		agreement by Marquette of the		
	Complaint IN00373411 - Substantiated. State deficiencies related to the allegations are cited at			truth of the facts alleged in this		
	R27, R52 and R90			statement of deficiency and plan		
				of correction. In fact, this plan of		
	Survey date: Febru	uary 24, 2022		correction is submitted exclusive		
		E 11/2 1 000105		to comply with state and federal		
	Facility number: 0	00105		law. Marquette reserves the righ		
		-		to challenge in legal proceedings	5,	
	Residential Census	s: 58		all deficiencies, statements,		
	These State Desid			findings, facts and conclusions that form the basis of the stated		
	These State Residential Findings are cited in accordance with 410 IAC 16.2-5.			deficiency. This plan of		
	accordance with 4	10 IAC 10.2-5.		correction serves as the allegation	n	
	Quality review wa	s completed on March 2, 2022.		of compliance.		
R 0027	410 IAC 16.2-5-1	2(h)				
(002)	Residents' Rights					
Bldg. 00	-	ve the right to a dignified				
0	existence, self-de					
		vith and access to persons				
	and services insi	de and outside the facility.				
	Residents have t	he right to exercise their				
	-	ent of the facility and as a				
		t of the United States.				
		ion, interview and record	R 0027	R 027 410 IAC 16.2-5-1.2(b)	04/01/2022	
		failed to ensure the call light		Residents' Rights – Deficiency		
		of 3 residents reviewed for		I. Resident C		
	accommodation of	f needs. (Resident C)		experienced no harm. Call light		
	Finding includes:			was immediately placed within reach of Resident C.		
	Thing includes:			II. All residents who are		
	During an observa	tion of Resident C, on		able to utilize the call light have t	he	
		at 8:56 a.m., with CNA 8 in		potential to be affected. This is		
		ident was found to be in a low		being addressed by the systems		

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

PRINTED: 03/23/2022 FORM A BROOMER

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00 COMPLETED 155198 B. WING 02/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8140 TOWNSHIP LINE RD MARQUETTE INDIANAPOLIS, IN 46260 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) bed and her eyes were open. The call light was described. not observed to be close to the resident. ш The "Answering the Call Light" policy was reviewed and found to meet clinical standards. At that time, CNA 8 located the call light to the left of the resident, on the floor, at the head of Re-education provided to the bed. CNA 8 indicated Resident C probably Reflections Memory Care Nursing Staff on policy for answering the could not reach the call light and it should have been within the resident's reach. call light including when a resident is in bed, be sure the call light is within easy reach of the resident. During an interview, on February 24, 2022 at 8:57 a.m., QMA 9 indicated Resident C was able Additional systemic changes are being addressed through our to use the call light. quality assurance process described below. During an interview, on February 24, 2022 at 1:49 a.m., the Assistant Director of Nursing IV. Director of Nursing or indicated it was her expectation for call lights to designee will: be within reach of residents who could use them. Audit a random sample of 25% of residents on memory care unit for A current facility policy, titled "Answering the compliance with call lights within Call Light," dated as revised in March 2021 and reach, Monday thru Friday for 8 provided by the Assistant Director of Nursing on weeks, weekly x 12 weeks, then February 24, 2022 at 2:22 p.m., indicated monthly for a total duration of 12 "...When a resident is in bed...be sure the call months. light is within easy reach of the resident. Results of all audits will be brought to QAPI for review and revision as needed. The audits will be This State finding relates to Complaint IN00373411. reviewed by Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. The Administrator and Director of Nursing will be responsible for sustained compliance. This will be submitted to QAPI monthly for review. V. The facility will be in and remain in compliance by: April 1st. 2022

Event ID: GP2Q11 Facility ID: 000105 If continuation sheet

Page 2 of 13

PRINTED:

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00 COMPLETED 155198 B. WING 02/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8140 TOWNSHIP LINE RD MARQUETTE INDIANAPOLIS, IN 46260 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) DATE R 0052 410 IAC 16.2-5-1.2(v)(1-6) Residents' Rights - Offense Bldg. 00 (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion. R 052 410 IAC 16.2-5-1.2(v)(1-6) Based on observation, interview and record R 0052 04/01/2022 review, the facility failed to ensure a resident Residents' Rights – Offense Resident C was was free from neglect when a resident exited the Ι. facility from a first floor window and was found affected but resolving without eight feet below the window, on the ground, complications. Resident C voices outside of the facility for 1 of 3 resident's no concerns. It is the policy of reviewed for neglect. (Resident C) Marguette to honor Residents Rights. Findings include: П. All independently mobile residents with exit seeking During an observation of the facility, with behaviors have the potential to be Maintenance Staff 7 and Maintenance Staff 6, on affected. All memory care February 24, 2022 beginning at 8:35 a.m., the residents' charts reviewed. elopement assessments updated windows of the second floor were observed to be Casement Windows (windows which open as indicated, and interventions in outward up to a 90 degree angle) which used a place. crank to open the window. During the Casement Windows (windows observation, Maintenance Staff 7 indicated the which open outward up to a cranks had been removed from the windows and 90-degree angle) have been they cannot be opened. When opened, there was modified to remove cranks from all about a 12-14 inch opening and it was possible to windows, to prevent opening to a fall out. He further indicated there was an 90-degree angle. incident on the Reflections Unit located on the III. Education provided to first floor, a memory care unit, and all cranks had all Reflections Memory Care Staff on Casement Window been removed from those windows and other cranks were being removed from other areas as modification and Behavior they are observed to still be in place. During the Management Program including observation, an attempt was made to open a applicable interventions for window which did not have a crank handle. The residents with exit seeking and/or task was not accomplished. The windows in the other behaviors. Additional memory care unit were also observed to be systemic changes are being

Event ID: GP2Q11 Facilit

1 Facility ID: 000105

If continuation sheet

Page 3 of 13

PRINTED:

DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

	R MEDICARE & MEDI NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED	
		155198	B. WING		02/24/2022	
		100100			02/24/2022	
NAME OF	PROVIDER OR SUPPLIE	ER		ADDRESS, CITY, STATE, ZIP CODE		
				OWNSHIP LINE RD		
MARQU	ETTE		INDIAN	NAPOLIS, IN 46260		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		(X5)	
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
	without the crank	mechanism needed to open the		addressed through our quality		
	windows.			assurance process described		
				below.		
	During an indeper	ident observation of the activity		IV. Supervisor of Plant		
	room windows, or	the memory care unit,		Operations or designee will:		
	Reflections, on Fe	bruary 24, 2022 at 8:51 a.m.,		Audit all casement windows for	or	
	it was noted to have	ve multiple casement window		security twice weekly for 8 we	eks,	
	without cranks and	d a larger picture window which		weekly x 12 weeks, then mont	-	
	-	room was large. It contained a		for a total duration of 12 month	ns.	
		nursing office as well. Another		Director of Social Services or		
		sed door was located adjacent		designee will:		
		m and the majority of the		Audit resident behaviors inclue	•	
	activity room was	visible from the area.		documentation, exit seeking a		
				appropriate interventions twice		
	-	tion of the window, in the		weekly for 8 weeks, weekly x		
	activity room, on the memory care unit, with			weeks, then monthly for a tota		
		6, on February 24, 2022 at		duration of 12 months.		
		dow was observed to be		Results of all audits will be bro		
	-	andle. Maintenance Staff 6		to QAPI for review and revisio	n as	
	-	w, with the handle he had		needed. The audits will be		
	-	ndow was observed to open		reviewed by Quality Assuranc	e	
		imately a 45 degree angle. The		Committee until such time		
		base of the window to the		consistent substantial complia has been achieved as determ		
	-	ately determined using the stape measure. The			ineu	
		e window provided by the		by the committee. The Administrator and Director of		
		ig on February 24, 2022 at		Nursing will be responsible for		
		inches by 32 inches.		sustained compliance. This wi		
	2.10 p.m., was 58	inches by 52 inches.		submitted to QAPI monthly for		
	The record for Per	sident C was reviewed on		review.		
		at 10:26 a.m. Diagnoses		V. The facility will be in	,	
		e not limited to, dementia,		and remain in compliance by:	·	
	anxiety and depres			April 1st, 2022		
	An elopement risk	assessment, dated January 03,				
	-	e resident had expressed desire				
		ered aimlessly and the				
	-	e party had voiced concerns to				
		nt may have wandering				
	tendencies or try t					

State Form

Event ID:

GP2Q11 Facility ID: 000105

If continuation sheet Page 4 of 13

PRINTED: 03/23/2022 FORM APPROVED OMB NO. 0938-0391

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 00 155198 B. WING 02/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8140 TOWNSHIP LINE RD MARQUETTE INDIANAPOLIS, IN 46260 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) DATE A fall risk assessment, dated January 03, 2022, indicated the resident had intermittent confusion and was ambulatory (could walk). A document, titled "Follow Up Visit Note," dated January 03, 2022, indicated nurses reported increased anxiety/activity at night, often comes out of her room at night and roams halls, knocks on other resident's doors, takes others belongings and was difficult to redirect. Her behaviors were increasing. A report from the hospital indicated Resident C "...apparently climbed out of ground-level window in her memory care unit...." she was complaining of right hip pain. Per the hospital records, the resident had sustained a fractured pelvis. A partial statement of events, written by CNA 1 on January 8, 2022, indicated around 6:15 a.m., Resident C was peeking out of her room so CNA 1 dressed her for breakfast and left her in her room. The resident was looking out of her window, looking for someone. The CNA went to assist other residents. Resident C came out of her room and went to the activity room where she was looking out the window and tried to open them. She insisted someone was outside. The CNA moved the resident from the windows. The resident wandered into another resident's room. The CNA removed her from the room and assisted another resident to get dressed. She heard QMA 5 calling and ran out of the room. When CNA 1 asked what had happened, QMA 5 indicated Resident C "...jumped out of the window " The second half of the statement of events, State Form Event ID: GP2Q11 Facility ID: 000105 If continuation sheet Page 5 of 13

PRINTED:

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 00 155198 B. WING 02/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8140 TOWNSHIP LINE RD MARQUETTE INDIANAPOLIS, IN 46260 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) DATE written by CNA 1, indicated Resident C had opened two windows and a chair was close to the window "...where she jumped from " A statement of events, written by LPN 3, on January 08, 2022, indicated Resident C "...went out the window...This nurse saw fully clothed resident on the frosted covered ground " A statement of events, written by LPN 4, on January 08, 2022, indicated around 6:55 a.m., QMA 5 rushed outside and Nurse 3 was in quick response regarding a "...jumped-out incident..." on the Reflections Memory Care Unit involving Resident C, who opened the windows in the activity area. A statement of events, written by QMA 5, indicated Resident C was last seen up and about wandering in the activity room. The resident was repeating "...I have to find the kids...." Resident C went over to the blinds and started to lift them up in search of her kids. She was redirected. The resident's behavior changed and she was seen entering another resident's room. The resident was redirected. The writer of the statement then left the nursing station and was out of direct eyesight of Resident C for approximately 10 minutes. When QMA 5 returned to the nursing station, she noticed the resident was not present in the activity area. When QMA 5 attempted to search for the resident, she noticed an open window in the activity room. Upon further investigation and calling out the resident's name, she did get a response. QMA 5 looked out the window and saw the resident on the ground. The resident "...had jumped outside from the window " A nursing note, dated January 08, 2022 at 7:00 State Form Event ID: GP2Q11 Facility ID: 000105 If continuation sheet Page 6 of 13

PRINTED:

	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00 155198 B. WING				Сом 02/	(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF PROVIDER OR SUPPLIER			814	EET ADDRESS, CITY, STA 0 TOWNSHIP LINE IANAPOLIS, IN 4626	RD		
	-					(375)	
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5)	
TAG		R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCE	E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	COMPLETIC DATE	
		MAheard yelling outside for					
	-	ctivity area. She looked ing on the ground"					
	During an interview	v, on February 24, 2022 at					
	-	ector of Nursing indicated					
		window shifted open, and					
		hich could be lifted up and if					
		ot locked, it could be pushed					
	-	now if a resident in "that					
		could crank open the window,					
	-	be applied and the window ld be "punched out" for fire					
	-	had to open the window. All					
		the windows to ensure they					
		staff had reported the window					
	was not open.	suir nuu reported the window					
	During a telephone	interview, on February 24,					
	2022 at 12:42 p.m.	, the spouse of Resident C					
	indicated he receive	ed a call from a lady at the					
	facility wanting per	rmission to send Resident C to					
	the hospital. When	he asked why, the lady told					
	him Resident C had	d jumped out a window. He					
	received a call the	next day informing him, the					
		en care of. The windows could					
	no longer be opene	d.					
		interview, on February 24,					
	-	QMA 5 indicated when she					
	•	t morning, nothing out of the					
		l except Resident C had been					
		lid not observed the incident.					
		ident in the activity room,					
		rs, and redirected her. QMA 5					
		sisted with getting residents					
		only her and a CNA on the					
	_	rn to the activity room, the					
		investigated the area, found					
	an open window ar	nd the resident on the ground					

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00 COMPLETED 155198 B. WING 02/24/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8140 TOWNSHIP LINE RD MARQUETTE INDIANAPOLIS, IN 46260 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG outside the window. QMA 5 indicated she had taken report, in the activity room, earlier that morning and would have noticed an open window. She did observe a chair by the window and the resident was outside on the ground. A current facility policy, titled "It is the practice...to promote...safety within the community population...Maintenance Services-Facility Safety," dated as reviewed October 10, 2021 and provided by the Director of Nursing on February 24, 2022 at 3:39 p.m., indicated "...personnel will conduct regular rounds of resident rooms, common areas, dining spaces, kitchens, offices, recreational spaces, etc.-to identify needed improvements, repairs, or adjustments to functionality " This was the only policy provided for safety in the environment and to residents. This State finding relates to Complaint IN00373411. R 0090 410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency Bldg. 00 (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; State Form Event ID: GP2Q11 Facility ID: 000105 If continuation sheet Page 8 of 13

PRINTED:

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155198		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/24/2022		
NAME OF	PROVIDER OR SUPPLIE	R	8140	ET ADDRESS, CITY, STATE, ZIP) TOWNSHIP LINE RD ANAPOLIS, IN 46260	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIE REGULATORY O	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE
	be made to the e number publishe (2) Promptly arra the provision of r nursing care or o requested by the representative. (3) Obtaining dire admission of an (18) years of age (4) Ensuring the premises, an acc worked that indic (A) employee's fit (B) dates and ho twelve (12) mont (5) Posting the re annual survey of state surveyors, effect with respe subsequent surv available for exa place readily acc notice posted of (6) Maintaining re by the division in two (2) years and available for insp public upon requi Based on interview facility failed to re- incident which res- the resident dropp outside of the faci	anot be reached, a call shall emergency telephone d by the division. Inging for or assisting with nedical, dental, podiatry, or other health care services as a resident or resident's legal ector approval prior to the individual under eighteen a to an adult facility. facility maintains, on the curate record of actual time tates the: ull name; and urs worked during the past hs. esults of the most recent the facility conducted by any plan of correction in ct to the facility, and any eys. The results must be mination in the facility in a tessible to residents and a their availability. eports of surveys conducted each facility for a period of d making the reports pection to any member of the	R 0090	R 090 410 IAC 16.2-5 Administration and Management – Defici I. Resident C affected but resolving complications. Reside no concerns.	iency Cwas without	04/01/20

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155198		(x2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING		(X3) DATE SURVEY COMPLETED 02/24/2022	
NAME OF	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP CODE	
MARQU	ETTE			NAPOLIS, IN 46260	
(X4) ID PREFIX	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	(X5) COMPLETI
TAG	Finding includes: During an observa activity room, on t Maintenance Staff 9:15 a.m., the wind missing a crank ha opened the window produced. The wind outward at approxi- distance from the b ground was accura maintenance staffs measurement of th Director of Nursin 2:16 p.m., was 58 A partial statement on January 8, 2022 Resident C was pe 1 dressed her for b room. The resident window, looking f assist other resider her room and went she was looking ou them. She insisted CNA moved the re resident wandered The CNA removed	tion of the window, in the he memory care unit, with 6, on February 24, 2022 at dow was observed to be ndle. Maintenance Staff 6 v, with the handle he had dow was observed to open mately a 45 degree angle. The base of the window to the tely determined using the stape measure. The e window provided by the g on February 24, 2022 at inches by 32 inches. t of events, written by CNA 1 e, indicated around 6:15 a.m., eking out of her room so CNA reakfast and left her in her to someone. The CNA went to its. Resident C came out of to the activity room where at the window and tried to open someone was outside. The into another resident's room. ther from the windows. The into another resident's room.	TAG	II. Residents who have reportable incidents have the potential to be affected. This is being addressed by the syste described. III. Education to be provided to Administrator and Director of Nursing on process reporting incidents. All Reflect Memory Care Nursing Staff educated on current reportabl guidelines. Additional system changes are being addressed through our quality assurance process described below. IV. Executive Director of designee will: Audit all resident unusual occurrence reportable events upon submission of initial and follow up review for a total duration of 12 months. Results of all audits will be brow to QAPI for review and revision needed. The audits will be reviewed by Quality Assurance committee until such time consistent substantial compliant has been achieved as determant by the committee. The Administrator and Director of Nursing will be responsible for	e s ms s for tions le ic l o o u g t t
	When CNA 1 aske indicated Resident window" The second half of written by CNA 1,	ng and ran out of the room. d what had happened, QMA 5 C "jumped out of the The statement of events, indicated Resident C had ws and a chair was close to the		sustained compliance. This w submitted to QAPI monthly fo review. V. The facility will be in and remain in compliance by: April 1st, 2022	r n

	TEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 00 155198 B. WING			00	(X3) DATE SURVEY COMPLETED 02/24/2022		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETH DATE
	January 08, 2022, in out the windowTh resident on the frost A statement of ever January 08, 2022, in QMA 5 rushed outs response regarding on the Reflections I Resident C, who op activity area. A statement of ever indicated Resident 4 wandering in the act repeating "I have went over to the bli in search of her kid resident's behavior entering another res was redirected. The left the nursing stat eyesight of Residen minutes. When QM station, she noticed in the activity area. search for the reside window in the activi investigation and ca she did get a respor window and saw th resident "had jum window"	he jumped from" hts, written by LPN 3, on ndicated Resident C "went his nurse saw fully clothed ted covered ground" hts, written by LPN 4, on ndicated around 6:55 a.m., ide and Nurse 3 was in quick a "jumped-out incident" Memory Care Unit involving ened the windows in the hts, written by QMA 5, C was last seen up and about tivity room. The resident was to find the kids" Resident C nds and started to lift them up s. She was redirected. The changed and she was seen sident's room. The resident writer of the statement then ion and was out of direct t C for approximately 10 A 5 returned to the nursing the resident was not present When QMA 5 attempted to ent, she noticed an open ity room. Upon further alling out the resident's name, use. QMA 5 looked out the e resident on the ground. The ped outside from the					

STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIDE E	CONSTRUCTION	(Y3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	· ,	LETED
155198		B. WING	<u></u>			
			OTDEET	TADDRESS, CITY, STATE, ZIP C	_	/2022
NAME OF	PROVIDER OR SUPPLIE	R		TOWNSHIP LINE RD	ODE	
MARQU	ETTE			NAPOLIS, IN 46260		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX	-	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE A	HOULD BE APPROPRIATE	COMPLET
TAG		R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		DATE
	downsaw her sitt	ing on the ground"				
	An incident report,	filed with the Indiana State				
	-	lth, indicated "Description				
	added1/8/2022	Resident was ambulating in				
	the activity room of	f her residential care unit				
		alance and experienced a fall.				
	-	resident appeared to be				
	-	ndow when she fell. During her				
	-	ed her knee on the window				
		mmediately assisted and				
		v staff. Resident family and				
		tely notified" The				
	-	ncident did not include the the facility through a window.				
	resident had exited	the facility through a window.				
		ity's incident report was				
		ided by the Director of				
	-	ry 24, 2022 at 12:15 p.m. The				
	-	uded additional information				
		esident suffered an injury from				
		l. When staff assisted the				
	-	osition toward the outside of				
	the window on the	first floor"				
	During an interview	w, on February 24, 2022 at				
	12:59 p.m., the Dir	ector of Nursing indicated the				
	additional follow u	p added to the incident report				
	provided was "poss	sibly" done the next day. That				
	information was no	ot provided to the Indiana State				
	Department of Hea	lth.				
	During an interview	w, on February 24, 2022 at				
		rector of Nursing indicated				
	-	why the facility did not				
		vident report filed with the				
		rtment of Health, the resident				
	_	hrough a first floor window				
		he fracture. She indicated it				
	was the way the rep	a ant viva a vivittan				

PRINTED: 03/23/2022 FORM APPROVED OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

ENTERS FOI	R MEDICARE & MEDIC	AID SERVICES			OMB NO. 0938-0.
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155198		A. BUILDING	00	COMPLETED 02/24/2022	
		B. WING			
NAME OF I	NAME OF PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CO	DE
				OWNSHIP LINE RD	
MARQUI	ETTE		INDIAN	NAPOLIS, IN 46260	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION (X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX		OULD BE COMPLETI
TAG	AG REGULATORY OR LSC IDF	LSC IDENTIFYING INFORMATION)	TAG		DATE
	Incidents-Investiga revised in July 201' Director of Nursing 2:22 p.m., indicated be included on the formThe circums accident or acciden	olicy, titled "Accidents and ting and Reporting," dated as 7 and provided by the g on February 24, 2022 at d "The following datashall Report of Incident/Accident tances surrounding the t"			

 Event ID:
 GP2Q11
 Facility ID:
 000105
 If continuation sheet
 Page 13 of 13