Printed: 11/20/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record revirelationship to their diagnoses of minerviewed for accommodation of neighborhood for the reviewed for accommodation of neighborhood for Resident H is Set) assessment, dated 12/18/21, were not limited to, morbid obesity. A review of Resident H's MDS associated for the resident A review of Resident H's care plan pounds and would require a bariating to appointments. During an interview with the DON, get a bariatric stretcher for Resident transportation company. As of Janua larger wheelchair and transportation comfortable and she had been able to the resident transportation and transportation comfortable and she had been able to the review of their transportation and transportation comfortable and she had been able to the review of their transportation and transportation comfortable and she had been able to the review of their transportation and transportation to the review of their transportation and transportation to the review of their transportation and transportation an	was reviewed on 2/7/22 at 2:40 p.m. An indicated the resident was cognitively it, fracture of left lower leg, and chronic lessment, dated 12/24/21, indicated the ents need for a bariatric wheelchair due, dated 12/18/22, indicated Resident Hric wheelchair and/ or a bariatric stretch on 2/14/22 at 1:15 p.m., she indicated at H. The DON indicated Resident H wary 12, Resident H had been able to a tion via the facility van. H, on 2/15/22 at 2:50 p.m., Resident H	n Admission MDS (Minimum Data ntact. The diagnoses included, but ymphedema with healing. resident required a wheelchair. to size and comfort. 's weight was document to be 445 her for mobilization and the ability to she had made several attempts to as only able to use one type of attend scheduled appointments with indicated her new wheelchair was

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 155780

If continuation sheet Page 1 of 27

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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 02/16/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Homestead Healthcare Center	710514 11 4		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0580 Level of Harm - Minimal harm or potential for actual harm	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 44849		
Residents Affected - Few	Based on interview and record review, the facility failed to notify the physician for a male resident that had been drinking alcohol in the facility which resulted in behavioral symptoms of physical, sexual, and verbal abuse toward female residents for 1 of 3 residents reviewed for notification. (Resident B, Resident D, Resident E)		
	Finding includes:		
	During an interview on 2/7/22 at 9:00 a.m., QMA 3 indicated on 1/28/22 Resident B had been drinking out of a cup that smelled like alcohol. The resident could be verbally aggressive when he had been drinking alcohol. Resident B threatened to rape Resident D several times on 2/1/22. The QMA had overheard other staff discussing this at the nurse's station. The QMA was not sure if this had been reported but indicated the threats should have been reported to the supervisor. The QMA was unable to remember which staff members she heard discussing this at the nurse's station.		
	During an interview on 2/7/22 at 9:50 a.m., Resident E indicated when Resident B got drunk, he would get violent. There was a day, the week before last, Resident B got out of his wheelchair and in her face and said, you f**king b*tch, I'll knock you out of that wheelchair. Resident E told a member of the resident council and he said he would take care of it.		
	The clinical record for Resident B v not limited to, major depressive dis	vas reviewed on 2/2/22 at 12:30 p.m. T order and alcohol abuse.	he diagnoses included, but were
	The Quarterly Minimum Data Set (MDS) assessment, dated 1/12/22, indicated Resident B was cognitively intact, required extensive assistance of one staff member for bed mobility and transfers, and had moderate depression.		
	The clinical record lacked physicial	n notification of Resident B's alcohol us	e in the facility.
	During an interview on 2/9/22 at 2:35 p.m., the Director of Nursing indicated the physician should have been notified of Resident B's alcohol consumption and behaviors. On 2/7/22 at 11:00 a.m., the Director of Nursing provided a copy of a facility policy, titled Physician Notification for Change in Condition Reporting, dated 8/1/16, and indicated this was the current policy used by the facility. A review of the policy indicated Unless there are documented extenuating circumstances, the nurse will report immediately .new or worsening behavioral symptoms.		
	This Federal tag relates to Complaint IN00372277.		
	3.1-5(a)(2)		

	(X1) PROVIDER/SUPPLIER/CLIA	()	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 155780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the nursing home's pl	lan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from all types and neglect by anybody. **NOTE- TERMS IN BRACKETS H. A. Based on observation, interview (death) abuse resulting in a female 4 residents reviewed for abuse. (Ref. B. Based on interview and record residents being threatened with physepardy for 3 of 4 residents review. This deficient practice resulted in an approximately 5:00 a.m., when the Administrator, Administrator in Train notified of the Immediate Jeopardy at 2:40 p.m., but noncompliance rewith potential for more than minimal Findings include: A. During the initial tour of the facility with Police Officers standing guard B was in his room, located on a diff the room. Resident B was observed (showing no emotion on his face). The clinical record for Resident B was not limited to, major depressive disassessment, dated 1/12/22, indicat staff member for bed mobility and to 10/8/21. The clinical record for Resident C was not limited to, acute and chronic resident and confined to bed), and mobility was confined to bed), and mobility was	s of abuse such as physical, mental, se IAVE BEEN EDITED TO PROTECT Co and record review, the facility failed to resident being physically and sexually	prevent sexual and physical abused by a male resident for 2 of all abuse resulting in 2 female dent that was not Immediate B, Resident E) Jeopardy began on, 2/2/22 at n) and sexual abuse. The onal Director of Nursing were Jeopardy was removed on 2/10/22 of level of pattern, no actual harm p.m., Resident C was in her room beerved from the hallway. Resident of pattern at the door to aring at the hallway with a flat affect me diagnoses included, but were of Minimum Data Set (MDS) equired extensive assistance of one note that the diagnoses included, but were stive heart failure, and obstructive dident C was nonverbal, bedfast the changes in body or extremity

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	ltact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 2/3/22 at 5: Resident C's room and Resident B's removed a pillow from Resident C's and her incontinence brief was pull During an interview on 2/7/22 at 10 approximately 5:00 a.m., he was at nurse's station and was unable to come on. When he entered Resider Resident C's bed with his pants do approximately a foot behind him. R confused when trying to speak to the speak. There was a large bottle of room and immediately placed on obed, on her back, with legs spread but her body was warm to touch. During an interview on 2/3/22 at 5: she entered Resident C's room the During an interview on 2/7/22 at 8: few weeks because his roommate On 2/2/22 at 2:06 p.m., Resident B van. He required minimal assistance B.1. During an interview on 2/7/22 out of a cup that smelled like alcohalcohol. Resident B threatened to r staff discussing this at the nurse's sthreats should have been reported members she heard discussing this During an interview on 2/7/22 at 9: Resident B began making inapprogramments several times throughout 2/1/22. At that time, QMA 4 indicate The clinical record for Resident D vant limited to, debility, morbid obes	10 p.m., QMA (Qualified Medication Air was lying on top of Resident C, in bed is hand. Resident B jumped off of Resides face. Resident C was without clothing led to the side. D:20 a.m., LPN (Licensed Practical Nursit the nurse's station for the 100 and 200 werbalize what she saw. QMA 1 grabbeent C's room, he saw Resident B standium to his ankles. The resident's electric resident B was trying to sit in the wheel he nurse. The nurse smelled alcohol with dry [NAME] on the floor. Resident B was apart and her face looking at the ceiling 24 p.m., CNA (Certified Nursing Assistate resident's brief was pulled to the side. Sam., QMA 2 indicated Resident B is moved out. B was observed to be handcuffed and a defrom the police officer. Resident B is at 9:00 a.m., QMA 3 indicated on 1/28/sol. The resident D several times on 2/1/2 station. The QMA was not sure if this her to the supervisor. The QMA was unab	de) 1 indicated she entered, with his pants down. Resident C's lent C and left the room. QMA 1 g, had a small scratch to her left leg, se) 2 indicated on 2/2/22 at 0 Hall. QMA 1 had come to the id his hand and said, come on, ng approximately a foot away from c wheelchair was inside the room, chair but was unsteady and hen Resident B was trying to as escorted out of Resident C's iff member. Resident C was lying in g. Resident C did not have a pulse, ant) 1 indicated, on 2/2/22, when seemed depressed over the past essisted into the back of the police repped up into the back of the van. (22 Resident B had been drinking essive when he had been drinking 2. The QMA had overheard other ad been reported but indicated the let to remember which staff (2 at approximately 2:00 p.m., sident B indicated to Resident B continued to make these QMA 4 around 11:00 p.m. on ause she would watch the hall.
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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety	B.2. During an interview on 2/7/22 at 9:50 a.m., Resident E indicated Resident B told her she was beautiful and offered to buy her jewelry. She said no. When he (Resident B) got drunk, he would get violent. There was a day, the week before last, Resident B got out of his wheelchair and in her face and said, you f**king b*tch, I'll knock you out of that wheelchair. Resident E told a member of the resident council and he said he would take care of it.		
Residents Affected - Some	During an interview on 2/7/22 at 10:00 a.m., the resident council member indicated Resident B had been vulgar to female residents that didn't like him. About a week and a half ago, Resident E was afraid of Resident B because of vulgar comments he had made to her. The resident council member had reported this to staff. He was unable to remember which staff member he reported this to.		
	The clinical record for Resident E was reviewed on 2/7/22 at 11:40 a.m. The diagnoses included, but were not limited to, morbid obesity, reduced mobility, and debility. The Quarterly MDS assessment, dated 11/11/21, indicated Resident E was cognitively intact.		
	On 2/7/22 at 11:00 a.m., the Director of Nursing provided a copy of a facility policy, dated 9/1/17, titled Indiana Abuse and Neglect and Misappropriation of Property, and indicated this was the current policy use by the facility. A review of the policy indicated, It is the intent of this facility to prevent the abuse, mistreatment or neglect of residents.		
	The Immediate Jeopardy, that began on 2/2/22, was removed on 2/10/22 when the facility inserviced the facility staff on abuse policies and behaviors, but the noncompliance remained at the lower scope and severity of no actual harm with potential for more than minimal harm that is not Immediate Jeopardy because a systemic plan of correction had not been developed and implemented to prevent recurrence.		
	This Federal tag relates to Compla	ints IN00372277 and IN00372425.	
	3.1-27(a)(1)		

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NAME OF PROVIDER OR SUPPLIE	- D	STREET ADDRESS, CITY, STATE, ZI	D CODE	
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227	PCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0609 Level of Harm - Immediate	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.			
jeopardy to resident health or safety	**NOTE- TERMS IN BRACKETS F	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 44849	
Residents Affected - Some	3 of 4 residents reviewed for abuse	nd record review, the facility failed to re e (Residents B, Resident D, Resident E lly abused by a male resident. (Resider) this resulted in a female resident	
	This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on, [DATE] at approximately 2:00 p.m., when the facility failed to report prior sexual actions of a resident which resulted in a female resident being sexually and physically (death) assaulted. The Administrator, Administrator in Training, Director of Nursing, and the Regional Director of Nursing were notified of the Immediate Jeopardy on [DATE] at 5:00 p.m. The Immediate Jeopardy was removed on [DATE] at 2:40 p.m., but noncompliance remained at a lower scope and severity level of pattern, no actual harm with potential for more than minima harm that is not Immediate Jeopardy.			
	Findings include:			
	1. During an interview on [DATE] at 9:00 a.m., QMA 3 indicated Resident B threatened to rape Resident D several times on [DATE]. The QMA had overheard other staff discussing this at the nurse's station on [DATE]. The QMA was not sure if this had been reported but indicated the threats should have been reported to the supervisor. The QMA was unable to remember which staff members she heard discussing this at the nurse's station.			
	Resident B began making inapprop that he was going to eat between n laughed and said, just wait until tor comments several times throughou	ATE] at 9:20 a.m., Resident D indicated on [DATE] at approximately 2:00 p.m., g inappropriate sexual comments toward her. Resident B indicated to Resident D between my legs and made comments about Resident D's breasts. Resident B it until tonight, just wait until tonight. Resident B continued to make these throughout that day. Resident D reported this to QMA 4 around 11:00 p.m. on A 4 had indicated to her (Resident D) not to worry because she would watch the		
	The clinical record for Resident D was reviewed on [DATE] at 11:00 a.m. The diagnoses included, I not limited to, debility, morbid obesity, and acquired absence of right and left legs above the knee. Quarterly MDS (Minimum Data Set) assessment, dated [DATE], indicated Resident D was cognitive			
	2. During an interview on [DATE] at 9:50 a.m., Resident E indicated there was a day, the week before las Resident B got out of his wheelchair and in her face and said, you f**king b*tch, I'll knock you out of that wheelchair. She didn't think staff saw this happen and had not reported this to staff. Resident E told a member of the resident council about the incident with Resident B, and he said he would take care of it.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the pursing home's	plan to correct this deficiency places con	tact the nursing home or the state survey	agonov
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC		
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on [DATE] at 1 vulgar to female residents that didn't Resident B because of vulgar comit to staff. He was unable to remember 1 record for Resident E word limited to, morbid obesity, reduindicated Resident E was cognitive 3. During the initial tour of the facility with Police Officers standing guard B was in his room, located on a difference of the room. During an interview on [DATE] at 5 approximately 5:00 a.m., she enter with his pants down. Resident C's for Resident C and left the room. Resident C and left the room. Resident C's pupils were dilated and Indiana Abuse and Neglect and Misby the facility. A review of the policy reported to the supervisor and invention of the Immediate Jeopardy, that begastaff on reporting abuse, but the nowith potential for more than minima.	full regulatory or LSC identifying information of the council member of the had made to her. The resident of the had made to her. The resident of the had made to her. The resident of which staff member he reported this was reviewed on [DATE] at 11:40 a.m. of the council of th	r indicated Resident B had been o, Resident E was afraid of nt council member had reported this to. The diagnoses included, but were y MDS assessment, dated [DATE], p.m., Resident C was in her room abserved from the hallway. Resident Difficer standing guard at the door to be dide) 1 indicated, on [DATE] at was on top of Resident C, in bed, and. Resident B jumped off of to her left leg, and her dility policy, dated [DATE], titled ed this was the current policy used ed abuse . will be identified and gnee will notify the Director of when the facility inserviced the ope and severity of no actual harm because a systemic plan of

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 02/16/2022	
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE	
		, .		
For information on the nursing nome's	plan to correct this deficiency, please con	tact 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 0610	Respond appropriately to all allege	d violations.		
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 44849	
safety	residents reviewed for abuse. (Res	ew, the facility failed to investigate allegidents D and E). This resulted in a fem		
Residents Affected - Some	(death) and sexually assaulted. (Re	esident C, Resident B)		
	This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on, [DATE] at approximately 2:00 p.m., when the facility failed to investigate reported allegations of sexual and verbal abuse. The Administrator, Administrator in Training, Director of Nursing, and the Regional Director of Nurs were notified of the Immediate Jeopardy on [DATE] at 5:00 p.m. The Immediate Jeopardy was removed or [DATE] at 2:40 p.m., but noncompliance remained at a lower scope and severity level of pattern, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy.			
	Findings include:			
	During an interview on [DATE] at 9:20 a.m., Resident D indicated on [DATE] at approximately 2:00 p.m. Resident B began making inappropriate sexual comments toward her. She had reported to QMA 4 around 11:00 p.m. on [DATE] that Resident B had made inappropriate sexual comments towards her. The QMA hindicated to her not to worry because she would watch the hall.			
	The clinical record for Resident D was reviewed on [DATE] at 11:00 a.m. The Quarterly MDS (Minimum Data Set) assessment, dated [DATE], indicated Resident D was cognitively intact.			
	During an interview on [DATE] at 9:00 a.m., QMA 3 indicated she had overheard other staff dis Resident B threatened to rape Resident D several times on [DATE]. The QMA was not sure if t reported but indicated the threats should have been reported to the supervisor. QMA 3 was unremember which staff members she heard discussing this at the nurse's station.			
	2. During an interview on [DATE] at 10:00 a.m., the resident council member indicated Resident E came to him and was afraid of Resident B. Resident B had made vulgar comments to her about a week and a half ago. The resident council member indicated he had told Resident B that he could not behave in that manner. He had reported this information to a staff member after Resident E spoke to him.			
	During an interview on [DATE] at 9:50 a.m., Resident E indicated Resident B was making inappropriate comments and was verbally aggressive towards her. The resident reported Resident B's behaviors to a resident council member and he indicated he would take care of it.			
	The clinical record for Resident E was reviewed on [DATE] at 11:40 a.m. The Quarterly MDS dated [DATE], indicated Resident E was cognitively intact.			
	On [DATE] at 1:30 p.m., the police officer indicated that at approximately 5:00 a.m. on [DATE], police we dispatched to the facility following a sexual assault resulting in Resident C being found deceased.			
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NAME OF PROVIDER OR SUPPLIE	:D	STREET ADDRESS, CITY, STATE, ZI	P CODE
Homestead Healthcare Center	···	7465 Madison Ave Indianapolis, IN 46227	. 6552
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On [DATE] at 2:00 p.m., the Admin were unaware of Residents D's or I indicated that the allegations should On [DATE] at 11:00 a.m., The Direct Indiana Abuse and Neglect and Mis by the facility. A review of the policy reported to the supervisor and inventuring and Executive Director of the Immediate Jeopardy, that begand and procedures, actual harm with potential for more	istrator in Training, DON, and Regiona E's allegations of verbal abuse. On [DA d have been reported and investigated ctor of Nursing provided a copy of a factor of Nursing provided and implemented at Chapter of Nursing Provided American Strategies and Indiana Strategies	I Nurse Consultant indicated they TE] at 9:15 a.m., the DON cility policy, dated [DATE], titled ed this was the current policy used ed abuse . will be identified and gnee will notify the Director of when the facility inserviced staff e lower scope and severity of no the Jeopardy because a systemic

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 02/16/2022	
NAME OF PROVIDED OR CURRU		CIDELL ADDRESS CITY CLATE 7	ID CODE	
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, Z	I CODE	
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)	
F 0641	Ensure each resident receives an a	accurate assessment.		
Level of Harm - Minimal harm or potential for actual harm	31085			
Residents Affected - Few		ew, the facility failed to provide an acc sess relevant care areas for 1 of 3 resi		
	Findings include:			
	The clinical record for Resident G was reviewed on 2/8/22 at 9:45 a.m. A Quarterly MDS assessment, date 1/2/22, indicated the resident did not have an indwelling urinary catheter. The diagnoses included, but were not limited to, epilepsy, abnormal posturing, encephalitis, polymer. The resident had an indwelling urinary catheter.			
	The MDS assessment, dated 1/4/22, did not indicate resident G had a Foley catheter.			
	The TAR (Treatment Administration Record), was provided by the DON (Director of Nursing) on 2/8/22 at 12:23 p.m. The TAR dated 12/1/21 thru 12/31/21, did not indicate the resident had a Foley catheter. The resident's catheter was inserted on 12/22/21.			
	The clinical record lacked catheter care from 12/22/21-12/31/21.			
	During an interview on 2/15/22 at 10:15 a.m., LPN 3 indicated she did not do an assessment after she inserted the residents Foley catheter in December 2021.			
	A policy received on 2/9/22, revised 7/26/18, indicated this policy was the one the facility was using, indicated: the facility will: i . provide an assessment of the resident as an on going-periodic review that provides the foundation for a resident focused care and the care planning process .			
	This Federal tag relates to Compla	int IN00372387.		
	3.1-31(d)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155780 IDENTIFICATION NUMBER: 17465 Madison Avv 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. IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 17465 Madison Avv 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. IDENTIFICATION NUMBER: IDENTIFICAT				NO. 0936-0391
Homestead Healthcare Center 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) Develop and implement a complete care plan that meets all the resident's needs, with timetables and at that can be measured. "NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 44849 Based on interview and record review, the facility failed to ensure a person-centered care plan was developed for a resident that had physical, sexual, and verbally aggressive behaviors and diagnosed we alcohol abuse and major depressive disorder for 1 of 3 resident reviewed for behaviors. (Resident B) Findings include: The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m., the diagnoses included, but we not limited to, major depressive disorder and alcohol abuse. The Quarterly Minimum Data Set (MDS) assessment, dated 1/12/22, indicated Resident B was cognitive infact and had moderate depression. The hospital discharge summary, dated 9/16/21 at 2:19 a.m., indicated Resident B had been consuming alcohol 3 to 5 times per week, consumed more alcohol than intended, and was homeless because his formen been added to the proper of the perfew weeks because his roommate moved out. During an interview on 2/7/22 at 9:00 a.m., QMA 3 indicated Resident B seemed depressed over the perfew weeks because his roommate moved out. During an interview on 2/7/22 at 9:00 a.m., Resident E indicated Resident B told her she was beautiful a offered to buy her jewelyr. She said no. When he (Resident B) got drunk, he would get violent. There we day, the week before last, Resident B as pot out of his wheelchair and in her and and asid, buy 1 will put to put the perfect of the pe		IDENTIFICATION NUMBER:	A. Building	COMPLETED
F 0656 Level of Harm - Minimal harm or potential for actual harm or potential for a resident B was reviewed on potential for actual harm or potential harmonial for actual harm or potential harmonial har			7465 Madison Ave	P CODE
Each deficiency must be preceded by full regulatory or LSC identifying information	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Based on interview and record review, the facility failed to ensure a person-centered care plan was developed for a resident that had physical, sexual, and verbally aggressive behaviors and diagnosed will alcohol abuse and major depressive disorder for 1 of 3 resident reviewed for behaviors. (Resident B) Findings include: The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m., the diagnoses included, but we not limited to, major depressive disorder and alcohol abuse. The Quarterly Minimum Data Set (MDS) assessment, dated 1/12/22, indicated Resident B was cognitive intact and had moderate depression. The hospital discharge summary, dated 9/16/21 at 2:19 a.m., indicated Resident B had been consuming alcohol 3 to 5 times per week, consumed more alcohol than intended, and was homeless because his firm member had made him leave home due to alcohol consumption. During an interview on 2/7/22 at 8:53 a.m., QMA 2 indicated Resident B seemed depressed over the pafew weeks because his roommate moved out. During an interview on 2/7/22 at 9:00 a.m., QMA 3 indicated on 1/28/22 Resident B had been drinking alcohol. Resident B threatened to rape Resident D several times on 2/1/22. During an interview on 2/7/22 at 9:00 a.m., Resident E indicated Resident B told her she was beautiful a offered to buy her jewelly. She said no. When he (Resident B) got drunk, he would get violent. There we day, the week before last, Resident B got out of his wheelchair and in her face and said, you f**king b't knock you out of that wheelchair. Resident E told a member of the resident council and he said he woul take care of it. During an interview on 2/7/22 at 9:20 a.m., Resident D indicated on 2/1/22 at approximately 2:00 p.m., Resident B began making inappropriate sexual comments toward her. Resident B indicated to Resident that he was going to eat between my legs and made comments about Resident B indicated to Resident B aughed and said	(X4) ID PREFIX TAG			on)
(continued on next page)	Level of Harm - Minimal harm or potential for actual harm	Develop and implement a complete that can be measured. **NOTE- TERMS IN BRACKETS IN Based on interview and record revideveloped for a resident that had palcohol abuse and major depressive Findings include: The clinical record for Resident B word limited to, major depressive distributed to intact and had moderate depression. The Nospital discharge summary, calcohol 3 to 5 times per week, consimember had made him leave home. During an interview on 2/7/22 at 8: few weeks because his roommate. During an interview on 2/7/22 at 9: a cup that smelled like alcohol. The alcohol. Resident B threatened to resident buy her jewelry. She said day, the week before last, Residen knock you out of that wheelchair. For take care of it. During an interview on 2/7/22 at 9: Resident B began making inappropart that he was going to eat between many laughed and said, just wait until tor comments several times throughout.	e care plan that meets all the resident's AAVE BEEN EDITED TO PROTECT Community for the facility failed to ensure a person physical, sexual, and verbally aggressive disorder for 1 of 3 resident reviewed avas reviewed on 2/2/22 at 12:30 p.m., to order and alcohol abuse. MDS) assessment, dated 1/12/22, indicated 9/16/21 at 2:19 a.m., indicated Resumed more alcohol than intended, and a due to alcohol consumption. 53 a.m., QMA 2 indicated Resident B service aper Resident Could be verbally aggressive aper Resident D several times on 2/1/2 for a.m., Resident E indicated Resident d no. When he (Resident B) got drunk, the B got out of his wheelchair and in her Resident E told a member of the resident 20 a.m., Resident D indicated on 2/1/22 oriate sexual comments toward her. Resident, just wait until tonight. Resident B ut that day. Resident D reported this to	oneds, with timetables and actions ONFIDENTIALITY** 44849 n-centered care plan was e behaviors and diagnosed with for behaviors. (Resident B) the diagnoses included, but were cated Resident B was cognitively esident B had been consuming d was homeless because his family eemed depressed over the past desident B had been drinking out of when he had been drinking 2. B told her she was beautiful and he would get violent. There was a face and said, you f**king b*tch, I'll nt council and he said he would 2 at approximately 2:00 p.m., sident B indicated to Resident D sident D's breasts. Resident B continued to make these QMA 4 around 11:00 p.m. on

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the nursing home's	plan to correct this deficiency please con	tact the nursing home or the state survey	agency
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	<u> </u>	
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/7/22 at 10 approximately 5:00 a.m., he was at nurse's station and was unable to v come on. When he entered Reside Resident C's bed with his pants do to speak. There was a large bottle room and immediately placed on or bed, on her back, with legs spread but her body was warm to touch. The clinical record for Resident B la abuse. During an interview on 2/11/22 at 8 consumption, major depressive dis interventions. On 2/14/22 at 1:00 p.m., the Direct Overview, dated 7/26/18, and indic policy indicated it is the policy of this	e:20 a.m., LPN (Licensed Practical Nurses the nurse's station for the 100 and 200 verbalize what she saw. QMA 1 grabbe int C's room, he saw Resident B standiffer with the same of dry [NAME] on the floor. Resident B ine-on-one supervision with another state apart and her face looking at the ceiling acked a care plan for behaviors, major is:30 a.m., the Director of Nursing indicated order, and behaviors should have been or of Nursing provided a copy of a faciliated this was the current policy used by its facility to provide resident centered concerns of the residents. Safety is the	se) 2 indicated on 2/2/22 at 0 Hall. QMA 1 had come to the d his hand and said, come on, ng approximately a foot away from cohol when Resident B was trying was escorted out of Resident C's ff member. Resident C was lying in g. Resident C did not have a pulse, depressive disorder, and alcohol at the Resident B's alcohol in care planned with appropriate with policy, titled Plan of Care y the facility. A review of the facility care that meets the psychosocial,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDED OR SUPPLIE		STREET ADDRESS SITV STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave	PCODE
Homestead Healthcare Center		Indianapolis, IN 46227	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0657	Develop the complete care plan wit and revised by a team of health pro	thin 7 days of the comprehensive asses	ssment; and prepared, reviewed,
Level of Harm - Minimal harm or potential for actual harm	44849		
Residents Affected - Few	I .	ew, the facility failed to update a care preight bearing status for 1 of 3 residents	•
	Finding includes:		
	The clinical record for Resident B v not limited to, major depressive dis	vas reviewed on 2/2/22 at 12:30 p.m. T order and alcohol abuse.	he diagnoses included, but were
		MDS) assessment, dated 1/12/22, indic to of one staff member for bed mobility deelchair.	
	A hospital discharge summary, dat	ed 9/16/21 at 2:47 a.m., indicated the r	esident was non weight bearing.
	1	rent through 3/22/22, indicated Residen non-weight bearing to RLE (right lower	•
	A therapy progress note, dated 11/29/21 at 3:45 p.m., indicated weight bearing as tolerated to the right lower extremity.		
		:11 p.m., the Director of Nursing indica ht bearing status and improvement.	ted the care plan should have been
	dated 7/26/18, and indicated this w	nistrator provided a copy of a facility po as the current policy used by the facilit uarterly and/or with significant changes	y. A review of the policy indicated
	This Federal tag relates to Compla	int IN00372277.	
	3.1-35(d)(2)(B)		
	1		

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 02/16/2022	
NAME OF PROVIDER OR CURRU		CIDELL ADDRESS CITY CLATE 7	ID CODE	
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, Z	I CODE	
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)	
F 0684	Provide appropriate treatment and	care according to orders, resident's pr	eferences and goals.	
Level of Harm - Minimal harm or potential for actual harm	44849			
Residents Affected - Few		ew, the facility failed to ensure a reside d and documented for 2 of 2 residents C)		
	Findings include:			
		B was reviewed on 2/2/22 at 12:30 p.m e 2, major depressive disorder, and ald	•	
	A Nurse Practitioner progress note, dated 10/10/21 at 12:06 p.m., indicated the resident was to have his blood glucose levels checked twice a day.			
	The clinical record lacked documer	ntation the residents blood glucose leve	els were being monitoring.	
		35 p.m., the Director of Nursing indicat		
	The clinical record for Resident (not limited to, diabetes mellitus type	C was reviewed on 2/2/22 at 12:15 p.m e 2 and morbid obesity.	n. The diagnoses included, but were	
	The current Physician's orders, dat levels four times a day.	ed 1/30/22, indicated staff were to mor	nitor the residents blood glucose	
	The clinical record lacked documer	ntation of the residents blood glucose le	evels being monitored.	
	During an interview on 2/9/22 at 2:3 levels should have been document	35 p.m., the Director of Nursing indicat ed.	ed Resident C's blood glucose	
		or of Nursing provided a copy of a faci d indicated this was the current policy of formation .blood sugars.		
	This Federal tag relates to Complain	ints IN00372387, IN00372425, and IN0	00373289.	
	3.1-37(a)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is accidents. **NOTE- TERMS IN BRACKETS I-Based on observation, interview, an electric wheelchair while under the Finding includes: The clinical record for Resident B v not limited to, major depressive dis The Quarterly Minimum Data Set (I intact and required extensive assis) During the initial tour of the facility, a Police Officer standing guard at t wheelchair. During an interview on 2/7/22 at 9:1 a cup that smelled like alcohol. The alcohol. During an interview on 2/7/22 at 9:1 get violent. There was a day, the w f**king b*tch, I'll knock you out of the During an interview on 2/7/22 at 10 approximately 5:00 a.m., Resident him. Resident B was trying to sit in the nurse. The nurse smelled alcohol. NAME] on the floor. During an interview on 2/9/22 at 2:1 residents who wish to drive an election of the clinical record lacked an evaluation of the clinic	is free from accident hazards and provided and record review, the facility failed to prinfluence of alcohol for 1 of 3 resident was reviewed on 2/2/22 at 12:30 p.m. Torder and alcohol abuse. MDS) assessment, dated 1/12/22, indictance of one staff member for bed mobility and the door to the room. Resident B was on 2/2/22 from 11:40 a.m. to 12:15 p.m. the door to the room. Resident B was on the door to the room. Resident B was on the control of the provided by the provided and t	des adequate supervision to prevent ONFIDENTIALITY** 44849 revent a resident from driving an reviewed for safety. (Resident B) The diagnoses included, but were cated Resident B was cognitively bility and transfers. In., Resident B was in his room with bserved sitting up in his electric desident B had been drinking out of when he had been drinking (Resident B) got drunk, he would chair and in her face and said, you see) 2 indicated on 2/2/22 at room, approximately a foot behind confused when trying to speak to ak. There was a large bottle of dry evaluation was completed for the wheelchair. ed an evaluation should have been nould have been notified when the make a recommendation regarding the electric wheelchair after

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, Zi 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0689	This Federal tag relates to Compla	int IN00372277.	
Level of Harm - Minimal harm or potential for actual harm	3.1-45(a)(2)		
Residents Affected - Few			

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 02/16/2022
NAME OF PROVIDER OR SUPPLIE		CIDELL ADDRESS CITY STATE 7	D CODE
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0690 Level of Harm - Minimal harm or	1	nts who are continent or incontinent of e to prevent urinary tract infections.	bowel/bladder, appropriate
potential for actual harm	31085		
Residents Affected - Few	1	nd record review, the facility failed to p a clinically-justified indwelling catheter	
	Finding includes:		
	The clinical record for Resident G was reviewed on 2/8/22 at 9:45 a.m. A Quarterly MDS (Minimum Data assessment, dated 1/2/22, indicated the resident cognition was moderately impaired. The MDS assessment had no indication resident G had a indwelling urinary catheter. The diagnoses included, but were not limit to: epilepsy, abnormal posturing, encephalitis, polyneuropathy. The resident had an indwelling catheter at that time.		
		/21 at 2:34 p.m., indicated to insert a F follow up progress notes indicating Re, including color was obtained.	
		n Record), was provided by the DON (l 2/31/21 lacked urinary catheter care. Tences.	
	On 2/15/22 at 11:00 a.m., Resident	t G was observed to not have a urinary	catheter.
	A policy Catheter Care was provided by the Administrator and reviewed on 2/8/22 at 1:50 p.m., and read a follows:catheter care at the beside is performed to promote cleanliness and dignity and by nursing staff II: a female resident .e. Obtain clean, wet washcloth with warm soap and water .Clean around catheter just above entrance downward approximately 6 inches, repeat until no visible soiling is observed on the cather h. Rinse with clean wet wash cloth .		
	This Federal tag relates to Complain	int IN00372387.	
	3.1-41(a)(1)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: 155780 NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center STREET ADDRESS, CITY, STATE, 2IP 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) Ensure that nurses and nursa aiders have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. "NOTE-TERMS IN BRACKETS HAVE BEEN EDITIED TO PROTECT CONFIDENTIALITY" 44849 Based on interview and arcord review, the facility failed to ensure staff had the sililian and competencies to identify and address a male resident that had been drinking alcohol in the facility which resulted in behavioral symptoms of physical (death), sexual, and verbal abuse toward female residents of 4 of 4 residents eviewed for competent nursing staff, Resident B, Resident C, Resident B, Resident D, Finding includes: The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m., the diagnoses included, but were not limited to, major depressive disorder and alcohol abuse. The Quarterly Minimum Data Set (MDS) assessment, dated 1/13/22, indicated Resident B was cognitively intact, required extensive assistance of one staff member for bee mobility and transfers, and had manderate depression. The clinical record lacked documentation of a care plan for his behavior of drinking. During an interview on 2/7/22 at 9:50 a.m., Resident B for out of his wheelchair and in her face and said, you Pharp 5 this, Ill knock you out of that wheelchair. Resident E got violent when he was drunk. There was a day, the week before last, Resident B got out of his wheelchair and in her face and said, you Pharp 5 this, Ill knock you out of that wheelchair. Resident E used to a member of the				NO. 0936-0391
Homestead Healthcare Center 7465 Madision 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. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. "NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 44849 Based on interview and record review, the facility failed to ensure staff had the skills and competencies to identify and address a male resident that had been drinking alcoton in the facility resulted in healtwicinal symptoms of physical (death), sexual, and verbal abuse toward female residents for 4 of 4 residents reviewed for competent nursing staff. (Resident B, Resident C, Resident D, Resident E) Finding includes: The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m., the diagnoses included, but were not limited to, major depressive disorder and alcohol abuse. The Quarterly Minimum Data Set (MDS) assessment, dated 11/12/22, indicated Resident B was cognitively intact, required extensive assistance of one staff member for bed mobility and transfers, and had moderate depression. The clinical record lacked documentation of a care plan for his behavior of drinking. During an interview on 2/7/22 at 900 a.m., GMA3 indicated Resident B pot violent when he had been drinking alcohol. Resident B threatened to rape Resident D several times on 2/1/22. During an interview on 2/7/22 at 950 a.m., Resident E indicated Resident B pot violent when he was drunk. There was a day, the week before last, Resident B got violent when he was drunk. There was a day, the week before last, Resident B and a been drinking alcohol. Resident B because of viulgar comments he had made to her. The resident council member had reported this to staff. He was affaid of Resident B becau		IDENTIFICATION NUMBER:	A. Building	COMPLETED
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Based on interview and record review, the facility failed to ensure staff had the skills and competencies to identifying information) "**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44849 Based on interview and record review, the facility failed to ensure staff had the skills and competencies to identify and address a male resident that had been dinking alcohol in the littly which resulted in behavioral symptoms of physical (death), sexual, and verbal abuse toward female resident this disprise to reviewed for competent nursing staff. (Resident B, Resident C, Resident D, Resident E) Finding includes: The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m., the diagnoses included, but were not limited to, major depressive disorder and alcohol abuse. The Quarterly Minimum Data Set (MDS) assessment, dated 1/12/22, indicated Resident B was cognitively intact, required extensive assistance of one staff member for bed mobility and transfers, and had moderate depression. The clinical record lacked documentation of a care plan for his behavior of drinking. During an interview on 2/7/22 at 9:00 a.m., QMA3 indicated on 1/28/22 Resident B had been drinking alcohol. Resident B threatened to rape Resident D several times on 2/1/22. During an interview on 2/7/22 at 9:50 a.m., Resident E indicated Resident B got violent when he was drunk. There was a day, the week before last, Resident E indicated Resident B got violent when he was drunk. There was a day, the week before last, Resident E told a member of the resident council and he said he would take care of it. During an interview on 2/7/22 at 10:00 a.m., the resident council member indicated Resident B had been vulgar to female residents that didn't like him. About a week and a half ago Resident E was afraid of Resident B because of vulgar comments he had made to her. The resident council member had reported this to staff. He was unable			7465 Madison Ave	P CODE
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Based on interview and record review, the facility failed to ensure staff had the skills and competencies to identify and address a male resident that had been drinking alcohol in the facility which residents very review and record review, the facility failed to ensure staff had the skills and competencies to identify and address a male resident that had been drinking alcohol in the facility which resident is very experted for competent nursing staff. (Resident B, Resident C, Resident D, Resident E) Finding includes: The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m., the diagnoses included, but were not limited to, major depressive disorder and alcohol abuse. The Quarterly Minimum Data Set (MIDS) assessment, dated 1/12/22, indicated Resident B was cognitively intact, required extensive assistance of one staff member for bed mobility and transfers, and had moderate depression. The clinical record lacked documentation of a care plant for his behavior of drinking. During an interview on 2/7/22 at 9.00 a.m., QMA 3 indicated on 1/28/22 Resident B had been drinking alcohol. Resident B threatened to rape Resident D several times on 2/1/22. During an interview on 2/7/22 at 9.50 a.m., Resident E indicated Resident B got violent when he was drunk. There was a day, the week before last, Resident E lotd a member of the resident council and he said he would take care of it. During an interview on 2/7/22 at 10.00 a.m., the resident council member indicated Resident B had been vulgar to female residents that didn't like him. About a week and a half ago Resident B had been vulgar to female residents that didn't like him. About a week and a half ago Resident B was drinking alonking interview on 2/7/22 at 10.20 a.m., LPN (Licensed Practical Nurse) 2 indicated no 2/2/22 at approximately 5:00 a.m., QMA 1 and come to the nurse's station and was unable to verbalize what she saw. QMA 1 grabbed his hand and said, com	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
that maximizes each resident's well being. **NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44849 Based on interview and record review, the facility failed to ensure staff had the skills and competencies to identify and address a male resident that had been drinking alcohol in the facility which resulted in behavioral symptoms of physical (death), sexual, and verbal abuse toward female residents for 4 of 4 residents reviewed for competent nursing staff. (Resident B, Resident C, Resident D, Resident E) Finding includes: The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m., the diagnoses included, but were not limited to, major depressive disorder and alcohol abuse. The Quarterly Minimum Data Set (MDS) assessment, dated 1/12/22, indicated Resident B was cognitively intact, required extensive assistance of one staff member for bed mobility and transfers, and had moderate depression. The clinical record lacked documentation of a care plan for his behavior of drinking. During an interview on 2/7/22 at 9:00 a.m., QMA 3 indicated on 1/28/22 Resident B had been drinking alcohol. Resident B threatened to rape Resident D several times on 2/1/22. During an interview on 2/7/22 at 9:50 a.m., Resident E indicated Resident B pot violent when he was drunk. There was a day, the week before last, Resident B got out of his wheelchair and in her face and said, you "riking bitch, I'll knock you out of that wheelchair. Resident E told a member of the resident council and he said he would take care of it. During an interview on 2/7/22 at 10:00 a.m., the resident council member indicated Resident B had been vulgar to female residents that didn't like him. About a week and a half ago Resident E was afraid of Resident B because of vulgar comments he had made to her. The resident council member had reported this to staff. He was unable to remember which staff member he reported this to. During an interview on 2/7/22 at 10:20 a.m., LPN (Licensed Practical Nurse) 2 indicated on 2/2/22 at ap	(X4) ID PREFIX TAG			on)
	Level of Harm - Minimal harm or potential for actual harm	that maximizes each resident's well **NOTE- TERMS IN BRACKETS H Based on interview and record revi identify and address a male reside symptoms of physical (death), sext reviewed for competent nursing sta Finding includes: The clinical record for Resident B w not limited to, major depressive dis assessment, dated 1/12/22, indicat staff member for bed mobility and t The clinical record lacked documer During an interview on 2/7/22 at 9: a cup that smelled like alcohol. The alcohol. Resident B threatened to r During an interview on 2/7/22 at 9: There was a day, the week before f**king b*tch, I'll knock you out of th said he would take care of it. During an interview on 2/7/22 at 10 vulgar to female residents that didr Resident B because of vulgar com to staff. He was unable to remembe During an interview on 2/7/22 at 10 approximately 5:00 a.m., QMA 1 ha QMA 1 grabbed his hand and said, Resident B standing approximately resident's electric wheelchair was i sit in the wheelchair but was unsteal alcohol when Resident B was trying During an interview on 2/9/22 at 2: be considered a change of condition alcohol.	HAVE BEEN EDITED TO PROTECT Content that had been drinking alcohol in the ual, and verbal abuse toward female reaff. (Resident B, Resident C, Resident D, was reviewed on 2/2/22 at 12:30 p.m., the order and alcohol abuse. The Quarterly ted Resident B was cognitively intact, retransfers, and had moderate depression and the protect of th	d the skills and competencies to facility which resulted in behavioral sidents for 4 of 4 residents D, Resident E) the diagnoses included, but were y Minimum Data Set (MDS) equired extensive assistance of one on. f drinking. esident B had been drinking out of when he had been drinking 2. B got violent when he was drunk. air and in her face and said, you her of the resident council and he indicated Resident B had been one one one one one one one one one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/15/22 at 11:56 a.m., the Director of Nursing provided a copy of a facility policy, titled Notifical Change in Condition, dated 11/30/18, and indicated this was the current policy used by the facility of the policy indicated unless there are documented extenuating circumstances, the nurse will reprime immediately changes in condition based on the following criteria for reporting to the Physician . New worsening physical or verbal aggression or a danger to self or others. This Federal tag relates to Complaint IN00372277.		
	3.1-14(a)(1)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 02/16/2022
	155780	B. Wing	02/10/2022
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0742 Level of Harm - Immediate jeopardy to resident health or safety	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44849 Based on observation, interview, and record review, the facility failed to monitor a male resident for verbal and physically aggressive behaviors, towards female residents, and alcohol consumption for 1 of 1 residen reviewed for behaviors. This resulted in resulted in 2 female residents being verbally abused and 1 female resident being physically (death) and sexually abused. (Resident B, Resident C, Resident D, Resident E) This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on, 1/28/22 at approximately 12:00 p.m., when the facility failed to implement behavior monitoring and appropriate interventions to manage the behaviors for a male resident that became aggressive toward female residents and consuming alcohol. The Administrator and Director of Nursing were notified of the Immediate Jeopardy on 2/10/22 at 2:40 p.m. The Immediate Jeopardy was removed on 2/11/22 at 1:15 p.m., but noncompliance remained at a lower scope and severity level of pattern, no actual harm with potential for more than minima harm that is not Immediate Jeopardy.		
Residents Affected - Some			
	Findings include:		
	The clinical record of Resident B w limited to, alcohol abuse and major	as reviewed on 2/2/22 at 12:30 p.m. The depressive disorder.	ne diagnoses included, but were not
	The Quarterly Minimum Data Set (MDS) assessment, dated 1/12/22, indicated Resident B was cognitively intact.		
		acked a person-centered care plan with , alcohol abuse, and behaviors related	• • • • • • • • • • • • • • • • • • • •
	The hospital discharge summary, dated 9/16/21 at 2:19 a.m., indicated Resident B had been consuming alcohol 3 to 5 times per week, consumed more alcohol than intended, and was homeless because his fa member had made him leave home due to alcohol consumption.		
	During an interview on 2/7/22 at 8: few weeks because his roommate	53 a.m., QMA 2 indicated Resident B s moved out.	eemed depressed over the past
	During the initial tour of the facility, on 2/2/22 from 11:40 a.m. to 12:15 p.m., Resident C was in her roor Police Officers standing guard at the door. Resident C could not be observed from the hallway. Resider was in his room, located on a different unit in the facility, with a Police Officer standing guard at the doo the room. Resident B was observed sitting up in his electric wheelchair staring at the hallway with a flat (showing no emotion on face).		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave Indianapolis, IN 46227	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0742 Level of Harm - Immediate jeopardy to resident health or safety	During an interview on 2/3/22 at 5:10 p.m., QMA (Qualified Medication Aide) 1 indicated, she entered Resident C's room and Resident B was on top of Resident C, in bed, with his pants down. Resident C's face was covered with Resident B's hand. Resident B jumped off of Resident C and left the room. Resident C was naked, had a small scratch to her left leg, and her incontinence brief was pulled to the side.		
Residents Affected - Some	During an interview on 2/7/22 at 10:20 a.m., LPN (Licensed Practical Nurse) 2 indicated on 2/2/22 at approximately 5:00 a.m., he was at the nurse's station for the 100 and 200 Hall. QMA 1 had come to the nurse's station and was unable to verbalize what she saw. QMA 1 grabbed his hand and said, come on, come on. When he entered Resident C's room, he saw Resident B standing approximately a foot away from Resident C's bed with his pants down to his ankles. Resident C's electric wheelchair was inside the room, approximately a foot behind him. Resident B was trying to sit in the wheelchair but was unsteady and confused when trying to speak to the nurse. The nurse smelled alcohol when Resident B was trying to speak. There was a large bottle of dry [NAME] on the floor. Resident B was escorted out of Resident C's room and immediately placed on one-on-one supervision with another staff member. Resident C was lying in bed, on her back, with legs spread apart and her face looking at the ceiling. Resident C did not have a pulse, but her body was warm to touch. During an interview on 2/7/22 at 9:00 a.m., QMA 3 indicated on 1/28/22 Resident B had been drinking out of a cup that smelled like alcohol. Resident B could be verbally aggressive when he had been drinking alcohol. Resident B threatened to rape Resident D several times on 2/1/22. QMA 3 overheard other staff discussing this at the nurse's station Resident D hadn't reported this to QMA 3. The QMA was not sure if this had been reported but indicated the threats should have been reported to the supervisor. The QMA was unable to remember which staff members she had heard discussing this at the nurse's station.		
	Resident B began making inappropress that he was going to eat between no laughed and said, just wait until to comments several times throughout 2/1/22. The QMA had indicated to low During an interview on 2/7/22 at 9:30 offered to buy her jewelry. She said day, the week before last, Residen	20 a.m., Resident D indicated on 2/1/2/ priate sexual comments toward her. Re my legs and made comments about Re night, just wait until tonight. Resident B ut that day. Resident D reported this to Resident D not to worry because she w 50 a.m., Resident E indicated Resident d no. When he (Resident B) got drunk, t B got out of his wheelchair and in her desident E told a member of the resident are sexident exactly and the resident are care of it.	sident B indicated to Resident D sident D's breasts. Resident B continued to make these QMA 4 around 11:00 p.m. on yould watch the hall. B told her she was beautiful and he would get violent. There was a face and said, you f**king b*tch, I'll
	vulgar to female residents that he of Resident B because of vulgar co	0:00 a.m., the resident council member didn't think liked him. About a week and omments he had made to her. The resid ember which staff member he reported	I a half ago, Resident E was afraid dent council member had reported

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF DROVIDED OR SURDIU		CTREET ADDRESS SITV STATE 7	D. CODE
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI 7465 Madison Ave	PCODE
Homestead Healthcare Center		Indianapolis, IN 46227	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by for		ion)
F 0742 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 2/10/22 at 1:03 p.m., the Social Service Director indicated she was not aware Resident B's alcohol use prior to admission but if a resident was admitted with a diagnosis of alcohol and had been consuming alcohol, that would be considered a behavior. If the resident was currently consuming alcohol, first she would have attempted to send the resident to a recovery center. If a recovery center was not available or could not care for that resident, she would have had the resident sign a becontract. The contract should have included if the resident consumed alcohol, they would have received 30-day notice for discharge. If psychiatric services would have recommended behavior monitoring, whave had it in place. During an interview on 2/10/22 at 1:12 p.m., the Admission Coordinator indicated she could not reme the admission for Resident B but if a resident was referred for admission with a diagnosis of alcohol and had been consuming alcohol, that would have been a concern and should have been reported to		
	Resident B's admission because he check showed he had previous dru rehabilitation to home, but when the he was homeless. During an interview on 2/11/22 at 8	:20 p.m., the Director of Nursing indicate had left other facilities against medicate and alcohol problems. Resident B or e discharge process was started Resider:30 a.m., the Director of Nursing indicate cohol should have been monitored. The esident B's behaviors.	al advice and a criminal background iginally was admitted for lent B indicated to social services ated the alcohol consumption and
	Management General, dated 4/8/16 the policy indicated It is the policy of	or of Nursing provided a copy of a facil 6, and indicated this was the current po of this facility to identify and safely man liagnoses or who may present a dange	olicy used by the facility. A review of age residents who are exhibiting
	on reporting behaviors, but the non with potential for more than minima	an on 1/28/22, was removed on 2/11/2 compliance remained at the lower sco Il harm that is not Immediate Jeopardy and implemented to prevent recurrence	pe and severity of no actual harm because a systemic plan of
	This Federal tag relates to Complain	int IN00372277.	
	3.1-43(a)(1)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF BROWERS OF CURRY		CTDEET ADDRESS SITV STATE 71	D CODE
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Homestead Healthcare Center		7465 Madison Ave Indianapolis, IN 46227	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	X TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0745	Provide medically-related social se	rvices to help each resident achieve the	e highest possible quality of life.
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 44849
Residents Affected - Few	a male resident who was homeless	ew, the facility failed to provide approps and abused alcohol at the time of adm eviewed for social services. (Resident I	nission and was diagnosed with
	Findings include:		
	During an interview on 2/7/22 at 9:00 a.m., QMA 3 indicated on 1/28/22 Resident B had been drinking ou a cup that smelled like alcohol. The resident could be verbally aggressive when he had been drinking alcohol.		
	During an interview on 2/7/22 at 9:50 a.m., Resident E indicated when he (Resident B) got drunk, he would get violent. There was a day, the week before last, Resident B got out of his wheelchair and in her face and said, you f**king b*tch, I'll knock you out of that wheelchair.		
	During an interview on 2/7/22 at 10:20 a.m., LPN (Licensed Practical Nurse) 2 indicated on 2/2/22 at approximately 5:00 a.m., Resident B's electric wheelchair was inside the room, approximately a foot behind. Resident B was trying to sit in the wheelchair but was unsteady and confused when trying to speak the nurse. The nurse smelled alcohol when Resident B was trying to speak. There was a large bottle of d [NAME] on the floor.		
	The clinical record for Resident B was reviewed on 2/2/22 at 12:30 p.m. The diagnoses included, but were not limited to, major depressive disorder and alcohol abuse.		
		MDS) assessment, dated 1/12/22, indic to of one staff member for bed mobility neelchair.	
		dated 9/16/21 at 2:19 a.m., indicated Resumed more alcohol than intended, and edue to alcohol consumption.	· · · · · · · · · · · · · · · · · · ·
	Resident B's alcohol use prior to ac and had been consuming alcohol, consuming alcohol, first she would center was not available or could n contract. The contract should have	:03 p.m., the Social Service Director in dmission but if a resident was admitted that would be considered a behavior. If have attempted to send the resident to ot care for that resident, she would have included if the resident consumed alcochiatric services would have recommen	with a diagnosis of alcohol abuse the resident was currently a recovery center. If a recovery we had the resident sign a behavior whol, they would have received a
	The clinical record lacked documer notice for discharge.	ntation of a referral to recovery center, I	behavior contract nor a 30-day
	(continued on next page)		

			10. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER Homestead Healthcare Center		STREET ADDRESS, CITY, STATE, Z 7465 Madison Ave Indianapolis, IN 46227	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0745 Level of Harm - Minimal harm or potential for actual harm	On 2/7/22 at 11:00 a.m., the Director of Nursing provided a copy of a facility policy, titled Resident Substan Abuse in Facility, dated 8/20/18, and indicated this was the current policy used by the facility. A review of the policy indicated Abused substances may also include alcohol. The facility will safeguard the resident under the influence this may include up to discharge of the substance abusing resident.		used by the facility. A review of the will safeguard the resident under
Residents Affected - Few	This Federal tag relates to Compla	int IN00372277.	
	3.1-34(a)		

			No. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022		
NAME OF DROVIDED OR SUDDIUS		STREET ADDRESS CITY STATE 7	IR CODE		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7465 Madison Ave			
Homestead Healthcare Center		Indianapolis, IN 46227			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835	Administer the facility in a manner that enables it to use its resources effectively and efficiently.				
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44849				
Residents Affected - Some	Based on observation, interview, and record review, the facility administration failed to maintain the mental and physical wellbeing of residents when a male resident (Resident B) verbally and physically abused 3 of 4 female residents. (Resident C, Resident D, Resident E)				
	Findings include:				
	The clinical record of Resident B was reviewed on [DATE] at 12:30 p.m. The diagnoses included, but were not limited to, alcohol abuse and major depressive disorder. The Quarterly Minimum Data Set (MDS) assessment, dated [DATE], indicated Resident B was cognitively intact. The hospital discharge summary, dated [DATE] at 2:19 a.m., indicated Resident B had been consuming alcohol 3 to 5 times per week, consumed more alcohol than intended, and was homeless because his family member had made him leave home due to alcohol consumption. During an interview on [DATE] at 1:20 p.m., the Director of Nursing indicated she had a concern regarding Resident B's admission because he had left other facilities against medical advice and a criminal background check showed he had previous drug and alcohol problems. Resident B originally was admitted for rehabilitation to home, but when the discharge process was started Resident B indicated to social services he was homeless.				
	1. During the initial tour of the facility, on [DATE] from 11:40 a.m. to 12:15 p.m., Resident C was in her room with Police Officers standing guard at the door. Resident C was deceased. Resident B was in his room, located on a different unit in the facility, with a Police Officer standing guard at the door to the room. Resident B was observed sitting up in his electric wheelchair staring at the hallway with a flat affect (showing no emotion on face).				
	During an interview on [DATE] at 5:10 p.m., QMA (Qualified Medication Aide) 1 indicated, she entered Resident C's room and Resident B was on top of Resident C, in bed, with his pants down. Resident C's face was covered with Resident B's hand. Resident B jumped off of Resident C and left the room. Resident C was naked, had a small scratch to her left leg, and her incontinence brief was pulled to the side.				
	(continued on next page)				

			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022	
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 co		tact 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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some				

			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2022	
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 con	Lact 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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 11:00 a.m., The Director of Nursing provided a copy of a facility policy, dated [DATE], titled Indiana Abuse and Neglect and Misappropriation of Property, and indicated this was the current policy used by the facility. A review of the policy indicated, Each occurrence. of alleged abuse. will be identified and reported to the supervisor and investigated timely. The supervisor or designee will notify the Director of Nursing and Executive Director of the incident or allegation immediately This Federal tag relates to Complaint IN00372277.			
	3XXX,d+[DATE](r)(2)			