

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155740	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2023
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NAME OF PROVIDER OR SUPPLIER TIMBERCREST CHURCH OF THE BRETHERN HOME	STREET ADDRESS, CITY, STATE, ZIP COD 2201 EAST ST NORTH MANCHESTER, IN 46962
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: August 7, 8, 9, 10, 11, and 14, 2023.</p> <p>Facility number: 000448 Provider number: 155740 AIM number: 100275140</p> <p>Census Bed Type: SNF/NF: 55 Residential: 72 Total: 127</p> <p>Census Payor Type: Medicaid: 24 Other: 31 Total: 55</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 21, 2023.</p>	F 0000		
F 0758 SS=D Bldg. 00	<p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melissa Miller	DON	09/01/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>(iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that--</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on observation, interview, and record review, the facility failed to ensure a resident did</p>	F 0758	Preparation and/or execution of this plan does not constitute	09/01/2023

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	<p>not receive psychotropic medications when continuation of the medication was not indicated for 1 of 5 residents reviewed for unnecessary medications (Resident 5).</p> <p>Findings include:</p> <p>During an observation on 8/7/23 at 10:25 a.m., Resident 5 was observed sleeping in a recliner near the nurses station.</p> <p>On 8/8/23 at 9:50 a.m., the resident was observed sleeping in his wheelchair sitting at the nurses station.</p> <p>On 8/8/2023 at 3:38 p.m., the resident was observed sleeping in a recliner near the nurses station.</p> <p>On 8/10/2023 at 11:00 a.m., the resident was observed to be sleeping intermittently during the resident council meeting. When awake, the resident appeared confused.</p> <p>On 8/10/23 at 4:08 p.m., the resident was asleep in the recliner near the nurses station.</p> <p>On 8/11/23 at 9:00 a.m., the resident was asleep in his wheelchair in the television room.</p> <p>Resident 5's clinical record was reviewed, on 8/9/2023 at 10:19 a.m., and indicated an active, 10/22/20, diagnosis of major depressive disorder, single episode, mild.</p> <p>A current physician's order indicated sertraline (anti-depressant) 50 mg (milligram) once a day at 9:00 a.m., with a start date of 6/12/2023.</p> <p>A review of the resident's medication history</p>		<p>admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. Timbercrest respectfully requests desk review for substantial compliance for this Plan of Correction. Thank you</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>a. Resident 5 had the Sertraline order discontinued on 8-30-23.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>a. Audit of all residents who returned from a clinical/medical hospital admission to Healthcare or Crestwood communities at Timbercrest. This excludes resident who had an ER visit only and resident who returned from an inpatient psych hospitalization.</p>	

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	<p>indicated the following:</p> <p>Sertraline tablet; 25 mg; amt: 1 tab; oral, special instructions: to be administered with 50 mg tab for total dose of 75 mg once a day at 8:00 p.m., starting on 2/28/2023 and ending on 3/6/2023. On 3/6/2023, the sertraline was discontinued and documented as "ineffective" by the prescribing NP (Nurse Practitioner).</p> <p>An order for buspirone (anti-anxiety) 10 mg three times a day was started on 3/7/2023 and stopped on 6/3/2023. On 6/5/2023, buspirone 10 mg three times a day was reordered.</p> <p>A progress note, dated 4/2/23, indicated the NP followed up on the discontinuation of sertraline and the start of buspirone. The resident was pleasant and very engaging today. Mood is baseline...Staff reports his buspirone has been very helpful with his anxiety and he is tolerating medication without any adverse side effects ...no hallucinations, paranoid, homicidal, or suicidal statements ...continue buspirone 10 mg three times daily as prescribed."</p> <p>Progress notes from April 2023 and May 2023 indicated the following:</p> <p>On 4/4/23 at 10:11 p.m. the resident was reportedly angry and could not be consoled. He cussed at the CNA (certified nursing assistant) and threw his walker. He was angry because he did not want to be at the facility.</p> <p>On 4/5/2023 at 6:27 a.m., the resident was reported as being in a good mood and pleasant with staff.</p> <p>On 4/5/2023 at 9:47 p.m., the nurse documented "...Mood fair with outbursts of restlessness and</p>		<p>i. Were there any orders for psychotropic medications started or changed from prior to hospitalization.</p> <p>ii. Was the order confirmed by the physician or nurse practitioner?</p> <p>iii. Was a monitoring Event initiated on the EMAR for mood or behavior?</p> <p>b. Reviewed "Use of Psychotropic Drugs" policy.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>a. A review of all residents who return from a hospitalization will be completed to determine if a new or changed order was given for a psychotropic medication.</p> <p>b. If a new order is noted, the MD/NP will be asked for clarification of the order.</p> <p>c. Medication Reconciliation completed per pharmacy review.</p> <p>d. All new admission medications will be reviewed by IDT team during morning meeting, as a backup step to of the medication reconciliation, to ensure these orders are accurate and appropriate. Review includes:</p> <p>i. Appropriate medication</p>	

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	<p>confusion around supper time."</p> <p>On 4/10/2023 at 12:02 p.m., the NP's progress note indicated: "...Staff reports he has had some delusional behavior but is being treated for a UTI (urinary tract infection) ... The resident continues buspirone 10 mg 3 times a day and is tolerating without any adverse side effects. Sertraline was discontinued after staff reports it was ineffective...."</p> <p>On 4/12/2023 at 9:24 p.m., a progress note indicated the resident was in a good disposition with no noted confusion and restlessness for the shift.</p> <p>April 2023 progress notes did not include any documentation of depression.</p> <p>A progress note dated 5/8/23 at 3:26 p.m. indicated the NP's progress note indicated staff reported Resident 5 had eight episodes of delusional behavior in regards to "going to Ohio". The resident was redirectable, mood was appropriate with no hallucinations or paranoid, homicidal, or suicidal statements. The buspirone was to be continued as ordered.</p> <p>Progress notes from May 2023 contained no mention of depression or related behaviors.</p> <p>Progress notes from June 2023 indicated the following:</p> <p>On 6/2/2023 at 9:00 a.m., a progress note indicated the resident remained in his room on droplet/airborne isolation precautions and had to be returned to his room twice.</p> <p>On 6/2/2023, Resident 5 was discharged to the</p>		<p>ii. Event initiation on EMR for monitoring and documentation.</p> <p>e. Plan for medication review of residents returning from hospitalization by IDT team discussed during morning meeting on 9-1-23.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>a. Audit of all residents returning from a hospitalization to Timbercrest Healthcare or Crestwood Unit. This will be completed by the DON or designee.</p> <p>i. New or changed psychotropic order clarified</p> <p>ii. Appropriate monitoring by initiation and documentation on Event</p> <p>iii. Resident documentation to be reviewed by behavioral management team</p> <p>iv. Continue or discontinue psychotropic medication as documentation indicates.</p> <p>b. This audit will occur every week x2 weeks, every other week x2 weeks, and monthly x2 months. The results of the audit</p>	

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	<p>hospital for signs and symptoms of COVID-19. On 6/4/2023 he returned from the hospital and was returned to isolation in his room.</p> <p>On 6/04/2023 at 2:23 p.m., Resident 5 was in good spirits and joking with the staff. He was confused about why he was at the facility. He was in contact isolation.</p> <p>On 6/5/2023 at 2:53 p.m., a progress note indicated Resident 5 had a restless day and believed he needed to be at school, teaching. He kept leaving his room without assistance to the school. He was on isolation precautions for COVID-19. Staff had to keep returning him to his room.</p> <p>On 6/5/2023 at 8:40 p.m., the resident remained on isolation for COVID-19. He had attempted to exit his room once this shift but was directed back inside his room.</p> <p>On 6/5/2023, Resident 5 restarted sertraline 50 mg once a day at 9:00 a.m.</p> <p>On 6/9/2023 at 12:10 a.m., a note indicated he was taken out of isolation on 6/12/23.</p> <p>On 6/12/2023 at 11:09 a.m., a new order to restart sertraline 50 mg daily was documented in the progress note.</p> <p>On 6/12/2023 at 9:47 p.m., the NP's progress note indicated after returning from the hospital, they discontinued his sertraline and staff is requesting to restart this medication. Upon assessment he was showing signs and symptoms of increased depression and it appeared the sertraline may prove beneficial at this time.</p>		<p>will be presented at the next QAPI team for review and submitted to the QAA Committee until it is determined that substantial compliance has been met.</p> <p>5. By what date the systemic changes for each deficiency will be completed? 9-1-23</p>	

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	<p>The clinical record lacked additional indication of depression.</p> <p>On 7/24/2023 at 1:06 p.m., the NP's progress note indicated the resident was pleasant and engaging. The staff reported no behaviors and no signs or symptoms of depression. The plan was to continue buspirone as ordered.</p> <p>The resident's care plan dated 2/25/21 with a revised date of 8/2/23 at 5:31 p.m. indicated a problem of major depression and signs and symptoms of anxiety. He received buspirone. Signs and symptoms of depression and anxiety included increased irritability (yelling at spouse and others), tearfulness related to wanting to go home and be with his wife, and/or wanting to go home to the farm where he grew up as a child. He would often say that he was packing up to go to Ohio. An intervention dated 2/24/2021 indicated staff should observe moods, affect, and behaviors with hands on care.</p> <p>A significant change in status on the 6/25/2023 MDS indicated the cognitive status of the resident was severely impaired and depression was minimal.</p> <p>During an interview with RN 7 on 8/14/2023 at 12:19 p.m., she indicated the resident could be very adamant about what he wanted. He could get fixated on something and was difficult to redirect. The RN was unaware of the restart of sertraline. The hospital had the resident on sertraline when he returned. She had not observed any signs of depression, but the resident could be agitated and anxious. She indicated his agitation and anxiety were often related to his desire to see his wife or his desire to return home.</p>			

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R 0000	<p>A document titled "Use of Psychotropic Drugs", provided by the DON on 8/11/2023 at 5:33 p.m., indicated the following: "...Policy - Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s)... 4) The indications for use of any psychotropic drug will be documented in the medical record... b) For psychotropic drugs that are initiated after admission to the facility, documentation shall include the specific condition as diagnosed by the physician... i) Psychotropic medications shall be initiated only after medical, physical, functional, psychosocial, and environmental causes have been identified and addressed... ii) Non-pharmacological interventions that have been attempted, and the target symptoms for monitoring shall be included in the documentation... 6) Residents who use psychotropic drugs shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs... 11(b)(ii) An evaluation shall be documented to determine that the resident's expression or indications of distress are 1) Not due to a medical condition or problems that can be expected to improve or resolve as the underlying condition is treated or the offending medication(s) are discontinued...2) Not due to environmental stressors alone, that can be addressed to improve the symptoms or maintain safety...."</p> <p>3.1-48(4) 3.1-48(b)(2)</p>			

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

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Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: August 7, 8, 9, 10, 11, 14, 2023</p> <p>Facility number: 000448</p> <p>Residential Census: 72</p> <p>Timbercrest Church of the Brethren Home was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed August 21, 2023.</p>	R 0000			