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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155298 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 06/29/2016 |
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| NAME OF PROVIDER OR SUPPLIER PYRAMID POINT POST-ACUTE REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|------------------------|---|---------------|---|----------------------|
| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00201111.</p> <p>Complaint IN00201111 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: June 28 and 29, 2016</p> <p>Facility number: 000195 Provider number: 155298 AIM number: 100267690</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census by payor source: Medicare: 1 Medicaid: 28 Other: 2 Total: 31</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> | F 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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| F 0224 SS=D Bldg. 00 | <p>Quality Review was completed by 21662 on July 5, 2016.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure residents remained free from misappropriation of property for 2 of 2 residents reviewed for abuse (Residents G and H).</p> <p>Findings include:</p> <p>1. A record review of the facility investigation of the misappropriation allegation was completed on 06/28/16 at 10:45 a.m.</p> <p>An Administrative Summary of the facility investigation, completed 6/01/16, indicated a narcotic sheet was noted to be missing during the 6:00 a.m. change of shift narcotic count. An investigation indicated LPN #1 had incorrectly documented narcotic administration. LPN #1 documented on narcotic count sheets that medications had been given to residents, but did not document the administration on the Medication</p> | F 0224 | <p>Facility followed policy and procedure regarding misappropriation of property. An immediate investigation into the incident was started. No residents were harmed due to the misappropriation. Facility absorbed cost of medications and eliminated resident liability. Facility policy and procedure does state that misappropriation of property is strictly prohibited, however, the policy and procedure further states the actions to be taken by the facility if such an event occurs. The agency nurse suspected of misappropriation was immediately suspended, reported to the nursing board, Attorney General, and law enforcement and is being criminally investigated. All nurses were inserviced on narcotic policy 6/1/16. Narcotic audits will be completed ongoing on a monthly basis.</p> | 06/29/2016 | | | |

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| | <p>Administration Records (MAR). There was a total discrepancy of 66 PRN (as needed) narcotics signed out of the medication cart, but not documented on the MAR. LPN #1 also deducted two pills from the narcotic count sheets when only one pill was scheduled to be administered.</p> <p>During an interview on 6/28/16 at 11:05 a.m., the Director of Nursing indicated on 6/01/16, staff noticed the first page of the narcotic count was missing. Staff reported it and it was investigated. In total, 8 pages of narcotic count sheets were missing. There were 66 PRN medications signed out of the cart, but not documented on the MAR as administered. There was no way to prove LPN #1 had not actually administered the PRN medications because residents did report getting pain medication and their pain was controlled. Residents G and H received scheduled pain medications. Due to this, the facility was able to back track to determine what the count should have actually been. Resident G and H were both missing Oxycodone 10-325 mg tablets. LPN #1 documented she gave the resident one pill on the MAR, but two pills were removed from the cart and the count sheet was decreased by two pills. Therefore, the count always appeared accurate during the shift change narcotic</p> | | | |

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| | <p>count.</p> <p>During an interview on 6/28/16 at 2:30 p.m., the Midwest Operations Specialist indicated Resident G was missing 19 Oxycodone-Acetaminophen 10-325 mg tablets and Resident H was missing 9 Oxycodone-Acetaminophen 10-325 mg tablets. She indicated both Resident G and H would have their accounts credited so that they would not be charged for the missing medications.</p> <p>A current policy titled "Abuse Prevention, Intervention, Investigation & Crime Reporting Policy" dated December 2012, provided by the Midwest Operations Specialist on 06/28/16 at 3:00 p.m., indicated "...Any form of mistreatment of residents, including but not limited to...misappropriation of property is strictly prohibited...."</p> <p>3.1-28(a)</p> | | | |