

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/06/2024	
NAME OF PROVIDER OR SUPPLIER VILLAS OF HOLLY BROOK INDIANA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1941 W US HIGHWAY 40, BRAZIL, , 47834					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00422271 and IN00422591. Complaint IN00422271 - No deficiencies related to the allegations are cited. Complaint IN00422591 - No deficiencies related to the allegations are cited. Survey dates: March 5 and 6, 2024 Facility number: 013946 Residential Census: 59 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 14, 2024.	R 0000					
R 0273	Food and Nutritional Services -	R 0273	Employees were in-serviced over			03/21/2024	

Deficiency

410 IAC 16.2-5-5.1(f)

(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.

Based on observation, interview, and record review, the facility failed to ensure proper labeling of ready to eat food in the walk-in refrigerator for 1 of 1 kitchen observations.

Findings include:

During an initial tour observation of the kitchen with the Dietary Manager, on 3/5/24 at 9:45 a.m., there were several secondary plastic containers that contained ready to eat food items and they were not dated. The plastic containers contained the following items:

- a. cottage cheese
- b. butterscotch pudding
- c. lettuce
- d. mixed fruit
- e. applesauce
- f. pasta salad
- g. tuna salad

During an interview, on 3/5/24 at

our policy regarding labeling food. Signs have been posted over all refrigerators and labels are now in a readily available location.

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9:50 a.m., Dietary Aide 4 indicated food should be labeled with a date when it was placed in the walk-in refrigerator. The dietary aide removed the plastic containers and placed a date on them besides the mixed fruit which she discarded in the trash.

During an interview, on 3/5/24 at 9:56 a.m., the Dietary Manager indicated the ready to eat food items should be dated when they were placed in the containers and stored in the refrigerator.

During an interview, on 3/5/24 at 2:26 p.m., the Executive Director (ED) indicated that the ready to eat food items were for the salad bar and staff had been reminded in the past to make sure they were dated when stored in the refrigerator.

On 3/5/24 at 2:35 p.m., the ED provided a document, with a revised date of 3/26/19, titled, "Food Storage," and indicated it was the policy currently being used by the facility. The policy indicated, " ...7. All opened food and food placed in secondary containers must be labeled and dated with the date opened"

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R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2) (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping;	R 0298	Contract with pharmacy has been updated and our policy has been updated to reflect that the consultant will review the drug regimen at least once every 60 days.	03/19/2024

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(D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and

(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.

Based on interview and record review, the facility failed to ensure reviews of the resident's medication regimens were completed by a Pharmacist for 5 of 12 months reviewed for medication regimen reviews.

Findings include:

During an interview, on 3/6/24 at 11:39 a.m., the Wellness Director indicated the facility had not had any Pharmacist reviews of the resident's medication regimens from March 2023 through July 2023. Their corporation had terminated the contract with the previous pharmacy on 3/1/23 and had failed to obtain a contract with a new company until August 2023. She had not been made aware of the original contract being terminated until July 2023.

During an interview, on 3/6/24 at 12:02 p.m., the Wellness Director indicated she was unsure if there was a policy related to pharmacy medication regimen reviews. The facility

would follow the Indiana State regulations.

A letter, to the original pharmacy company, from the corporate Senior Vice President of Operations, dated 12/29/22, indicated the company had elected to cancel the consulting agreement (contract), and that they had made other arrangements for services. They would no longer need any of the original pharmacy's services, effective 3/1/23.

A text correspondence, from the original Pharmacist consultant, dated 1/6/23 at 10:57 a.m., indicated reports from his medication regimen reviews had been attached.

A text correspondence, from the Wellness Director to the original pharmacy company, dated 7/17/23 at 1:46 p.m., inquired as to why there had been no pharmacy review of the facility resident's medication regimens and indicated there had been no reports of the reviews received.

A text correspondence, from the original pharmacy company to the Wellness Director, dated 7/18/23 at 11:01 a.m., indicated that the corporate Senior Vice President of Operations had canceled the contract with the pharmacy company, and they would no longer be providing consulting services.

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On 3/6/24 at 12:24 p.m., the Wellness Director provided a document, with a revision dated of 4/15/20, titled, "Medication Program," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedures: ...5. The Community's preferred pharmacy will provide all of the following services to the Community, including...b. Review of Physician's Order Sheets and resident charts (at least quarterly)...."

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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