| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | A. BUILDING<br>B. WING | 12/07/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HELLENIC SENIOR LIVING OF NEW ALBANY | 2632 GRANT LINE ROAD, NEW ALBANY, , 47150 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES... | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION... | (X5) COMPLETION DATE |
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| R 0000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaints IN00365909 and IN00368071.<br><br>Complaint IN00365909 - Unsubstantiated due to lack of sufficient evidence.<br><br>Complaint IN00368071 - Substantiated. State deficiencies related to the allegations are cited at R0045 and R0246.<br><br>Survey date: December 7, 2021<br><br>Facility number: 014166<br><br>Residential Census: 110<br><br>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.<br><br>Quality review completed on December 9, 2021. | R 0000 | **Facility ID:014166**<br><br>**Hellenic**<br>**Senior Living of New Albany**<br><br>**2632**<br>**Grant Line Road**<br><br>**New**<br>**Albany, IN 47150**<br><br>The Plan of<br>Correction is neither an agreement with nor an admission of wrong doing by this<br>facility or its staff members. Rather, it is submitted for compliance purposes.<br><br>This<br>facility alleges substantial compliance with this plan of correction as of | |

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| | | | December 20, 2021.<br><br>**R 045 410 IAC 16.2=5-1.2(r)(6-9) Residents Rights**<br>**Deficiency**<br><br>(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:<br><br>(vii) The resident's physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E)or (4)(F).<br><br>A review was completed and clinical record lacked the physician's documentation to support the resident's discharge.<br><br>Facility will follow proper process outlined in the state regulations.<br><br>Facility has notified NP's involved in complaint #IN00368071 and advised of proper process and requirements outlined by the state and Hellenic policy.<br><br>Facility will devise a check list on or before 12/20/21 for future discharges to ensure proper procedure is completed and will be overseen by Administrator and | |

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| | | | Director of Nursing, DON. | |
| R 0045 | Residents' Rights - Deficiency<br><br>410 IAC 16.2-5-1.2(r)(6-9)<br><br>(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:<br><br>(A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following:<br><br>(i) The resident.<br><br>(ii) A family member of the resident if known.<br><br>(iii) The resident ' s legal representative if known.<br><br>(iv) The local long term care ombudsman program (for involuntary relocations or discharges only).<br><br>(v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility.<br><br>(vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. | R 0045 | **R 045 410 IAC 16.2=5-1.2(r)(6-9) Residents Rights Deficiency**<br><br>(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:<br><br>(vii) The resident’s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E)or (4)(F).<br><br>A review was completed and clinical record lacked the physician’s documentation to support the resident’s discharge.<br><br>Facility will follow proper process outlined in the state regulations.<br><br>Facility has | 12/20/2021 |

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| | (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F).<br><br>(B) Record the reasons in the resident ' s clinical record.<br><br>(C) Include in the notice the items described in subdivision (9).<br><br>(7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged.<br><br>(8) Notice may be made as soon as practicable before transfer or discharge when:<br><br>(A) the safety of individuals in the facility would be endangered;<br><br>(B) the health of individuals in the facility would be endangered;<br><br>(C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge;<br><br>(D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or<br><br>(E) a resident has not resided in the facility for thirty (30) days.<br><br>(9) For health facilities, the written notice specified in subdivision (7) must include the following:<br><br>(A) The reason for transfer or discharge. | | notified NP’s involved in complaint #IN00368071 and advised of proper process and requirements outlined by the state and Hellenic policy.<br><br>Facility<br>will devise a check list on or before 12/20/21 for future discharges to ensure proper procedure is completed and will be overseen by Administrator and<br>Director of Nursing, DON. | |

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| | (B) The effective date of transfer or discharge.<br><br>(C) The location to which the resident is transferred or discharged.<br><br>(D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " .<br><br>(E) The name of the director and the address, telephone number, and hours of operation of the division.<br><br>(F) A hearing request form prescribed by the department.<br><br>(G) The name, address, and telephone number of the state and local long term care ombudsman.<br><br>(H) For health facility residents with | | | |

developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.

Based on interview and record review, the facility failed to ensure a resident's (Resident B) physician documented the reason as to why the resident was to be discharged for 1 of 3 residents reviewed for resident rights.

Findings include:

The clinical record for Resident B was reviewed on 12/7/21 at 11:47 a.m. Diagnoses included, but were not limited to, rheumatoid arthritis and hypertension.

The progress note, dated 11/2/21 at 11:45 a.m., indicated a care plan meeting was held, and due to actions and verbiage of the resident's family member, which caused distress to other residents, a thirty (30) day notice was issued.

The clinical record lacked the physician's documentation to support the resident's discharge.

During an interview on 12/7/21 at 1:44 p.m., the Director of Nursing indicated he had spoken to the resident's PCP (primary care physician) and was told by the PCP that she

did not want to be a part of it.

The undated current policy titled "Non-Emergency Discharge Process" included, but was not limited to, "Policy...When a...discharge of a resident is proposed...continuity of care shall be provided...The discharge plan will be developed with input from...the resident's primary care physician...."

This State tag relates to Complaint IN00368071

Based on interview and record review, the facility failed to ensure a resident's (Resident B) physician documented the reason as to why the resident was to be discharged for 1 of 3 residents reviewed for resident rights.

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| R 0246 | Health Services - Deficiency<br><br>410 IAC 16.2-5-4(e)(6)<br><br>(6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes | R 0246 | **R 246**<br>**410 IAC 16.2-5-4€(6) Health Services-Deficiency**<br><br>(6) PRN<br>medications may be administered by a qualified medication aide (QMA) only upon<br>authorization by a licensed | 12/20/2021 |

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| | indicating the time and date of the contact.<br><br>Based on interview and record review, the facility failed to ensure the physician was notified of medication refusals and failed to ensure medications were available for administration for 3 of 3 residents reviewed for medication administration. (Residents B, C, and D)<br><br>Findings include:<br><br>1. The clinical record for Resident B was reviewed on 12/7/21 at 11:47 a.m. Diagnosis included, but was not limited to, cerebral infarction.<br><br>The physician order, dated 9/21/21, indicated the resident was to receive Warfarin (blood thinner) 2 mg (milligrams) daily and Cetirizine (medication for allergies) 5 mg/5 ml (milliliters) daily.<br><br>Review of the October 2021 MAR (medication administration record) indicated the resident had not received the Warfarin and Cetirizine on the following dates:<br><br>Warfarin - not administered on 10/17/21<br><br>Warfarin - unavailable on 10/18/21 and 10/19/21. | | nurse or physician.<br>The QMA must receive appropriate authorization for each administration<br>of PRN medication. All contacts with a nurse or physician not on the premises<br>for authorization to administer PRN's shall be documented in the nurse notes indicating the time and<br>date of the contact.<br><br>This RULE is<br>not met as evidenced by: Based on interview and record review, the facility<br>failed to ensure medication were available for administration for 3 of 3<br>residents reviewed for medication administration. (Residents B, C, and D)<br><br>A review was<br>completed and facility failed to ensure the physician was notified of medication<br>refusals and failed to ensure medication were available for administration for<br>3 of 3 residents (Residents B, C, and D)<br><br>A) The clinical record lacked documentation of physician's notification of the medication refusals and | |

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| | Cetirizine - not administered on 10/7/21 through 10/24/21<br><br>Cetirizine - not administered on 10/27/21 through 10/31/21<br><br>Review of the November MAR indicated the resident had not received the Warfarin and the Cetirizine on the following dates:<br><br>Warfarin - not administered on 11/2/21 through 11/5/21 and 11/12/21.<br><br>Cetirizine - not administered on 11/1/21 through 11/5/21, 11/8/21, and 11/9/21<br><br>Cetirizine - not administered on 11/11/21 through 11/19/21, and 11/22/21<br><br>Cetirizine - not administered due to refusal on 11/25/21<br><br>The clinical record lacked documentation of the physician's notification of the medication refusals and pharmacy notification of medication unavailability.<br><br>During an interview on 12/7/21 at 4:22 p.m., the Director of Nursing indicated the physician should be notified after 3 consecutive days of refusals and if a medication was unavailable, staff should follow up with pharmacy.<br><br>2. The clinical record for Resident C was reviewed on | | pharmacy notification of medication unavailability.<br><br>B) The clinical record lacked documentation of the physician’s notification of the medication refusals.<br><br>C) The clinical record lacked documentation as to why the medications were not given and physician’s notification.<br><br>*Facility will follow and educate on proper process outlined in the state regulations and Hellenic policies.*<br><br>**<u>Controlled Substances</u>**<br><br>QMA’s will contact nurse for approval for giving a PRN controlled substance and place note in chart with time and date. Nurse will then sign off on MAR book behind QMA.<br><br>**<u>Unavailable meds</u>**<br><br>If a | |

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| | 12/7/21 at 12:31 p.m. Diagnosis included, but was not limited to, dementia.<br><br>The physician order, dated 9/21/21, indicated the resident was to receive Memantine (medication for dementia) 10 mg twice daily, once in the morning and once in the evening.<br><br>Review of the October 2021 MAR indicated the resident had not received the medication on the following dates:<br><br>Memantine - not administered in the morning on 10/10/21, 10/12/21 through 10/15/21<br><br>Memantine - not administered in the morning on 10/18/21 through 10/23/21<br><br>Memantine - not administered in the morning due to refusal on 10/26/21 through 10/31/21<br><br>Memantine - not administered in the evening on 10/7/21, 10/9/21 through 10/10/21<br><br>Memantine - not administered in the evening on 10/12/21 through 10/26/21<br><br>Memantine - not administered in the evening due to refusal on 10/29/21 through 10/31/21 | | medication is unavailable. Nursing will make a chart note as to why medication is not available, notify pharmacy of unavailable medication and request a stat delivery of medication, if medication is not available in the facility EDK as stated in facility policy.<br><br>**Refusal of Mediations**<br><br>If a resident refuses a medication, nurse or QMA must chart the refusal and reason why. Chart on back of MAR and in EMAR system. If resident refuses medication for 3 days or more, nursing staff is to contact PCP and request a discontinue order for medication as stated in facility policy.<br><br>Administrator or DON will do weekly MAR reviews for a period of 6 weeks to ensure compliance, see MAR audit sheet attached.<br><br>Nursing staff will be educated via IN-SERVICE. | |

The clinical record lacked documentation of the physician's notification of the medication refusals.

3. The clinical record for Resident D was reviewed on 12/7/21 at 4:15 p.m. Diagnosis included, but was not limited to, hypertension.

The physician order, dated 10/7/21, indicated the resident was to receive Furosemide (diuretic) 40 mg daily and Hydralazine (blood pressure medication) 50 mg three times a day in the a.m., midday, and hs (night).

Review of the November 2021 and December 2021 MAR indicated the resident had not received the Furosemide and Hydralazine on the following dates:

Furosemide - not administered on 11/9/21, 11/11/21, 11/12/21, 11/16/21 through 11/19/21

Furosemide - not administered on 11/21/21 through 11/27/21

Furosemide - not administered on 11/29/21 and 11/30/21

Furosemide - not administered on 12/1/21 through 12/3/21

Furosemide - not administered on 12/5/21 and 12/6/21

Hydralazine - not administered

*These changes will be effective December 20, 2021*

in a.m. on 11/9/21, 11/16/21 through 11/19/21

Hydralazine - not administered in the a.m. on 11/21/21 through 11/27/21

Hydralazine - not administered in the a.m. on 11/29/21 through 12/3/21

Hydralazine - not administered in the a.m. on 12/5/21 and 12/6/21

Hydralazine - not administered in the midday on 11/16/21 through 12/6/21

Hydralazine - not administered in the hs on 11/15/21 through 11/17/21

Hydralazine - not administered in the hs on 11/20/21 through 11/22/21

Hydralazine - not administered in the hs on 11/25/21 through 11/27/21

Hydralazine - not administered in the hs on 11/29/21 through 12/2/21

Hydralazine - not administered in the hs on 12/4/21 through 12/6/21

The clinical record lacked documentation as to why the medications were not given and physician's notification.

On 12/7/21 at 4:58 p.m., the Director of Nursing provided a current copy of the document titled "Staff Administered Medication" dated 3/1/21. It included, but was not limited to, "Policy...The medications are administered by staff members as indicated by State regulations...Procedure...Draw a circle around the square and initial it when the resident is observed not taking an ordered medication. Indicate on the back of the Medication Sheet the date, time, and reason the medication was not taken...A resident refuses to take a medication...."

On 12/7/21 at 4:58 p.m., the Director of Nursing provided a current copy of the document titled "Medication Availability" dated 3/1/21. It included, but was not limited to, "In order to most appropriately provide for the care of those residents for whom this community is administering medications, the community must have a supply of that medication ready to administer. The following policy and procedure will ensure that those medications are available...Staff member will provide ample notice to residents or power of attorney if medications are needed...If the resident and/or the Responsible Party have not provided the medication prior to the administration of the final dose

and the medication is not available in the community's EDK (emergency drug kit), the community will order the required medication from the community's contracted pharmacy provider...."

This State tag relates to Complaint IN00368071

Based on interview and record review, the facility failed to ensure the physician was notified of medication refusals and failed to ensure medications were available for administration for 3 of 3 residents reviewed for medication administration. (Residents B, C, and D)

Findings include:

1. The clinical record for Resident B was reviewed on 12/7/21 at 11:47 a.m. Diagnosis included, but was not limited to, cerebral infarction.

The physician order, dated 9/21/21, indicated the resident was to receive Warfarin (blood thinner) 2 mg (milligrams) daily and Cetirizine (medication for allergies) 5 mg/5 ml (milliliters) daily.

Review of the October 2021 MAR (medication administration record) indicated the resident had not received the Warfarin and Cetirizine on the following dates:

Warfarin - not administered on 10/17/21

Warfarin - unavailable on 10/18/21 and 10/19/21.

Cetirizine - not administered on 10/7/21 through 10/24/21

Cetirizine - not administered on 10/27/21 through 10/31/21

Review of the November MAR indicated the resident had not received the Warfarin and the Cetirizine on the following dates:

Warfarin - not administered on 11/2/21 through 11/5/21 and 11/12/21.

Cetirizine - not administered on 11/1/21 through 11/5/21, 11/8/21, and 11/9/21

Cetirizine - not administered on 11/11/21 through 11/19/21, and 11/22/21

Cetirizine - not administered due to refusal on 11/25/21

The clinical record lacked documentation of the physician's notification of the medication refusals and pharmacy notification of medication unavailability.

During an interview on 12/7/21 at 4:22 p.m., the Director of Nursing indicated the physician should be notified after 3 consecutive days of refusals

and if a medication was unavailable, staff should follow up with pharmacy.

2. The clinical record for Resident C was reviewed on 12/7/21 at 12:31 p.m. Diagnosis included, but was not limited to, dementia.

The physician order, dated 9/21/21, indicated the resident was to receive Memantine (medication for dementia) 10 mg twice daily, once in the morning and once in the evening.

Review of the October 2021 MAR indicated the resident had not received the medication on the following dates:

Memantine - not administered in the morning on 10/10/21, 10/12/21 through 10/15/21

Memantine - not administered in the morning on 10/18/21 through 10/23/21

Memantine - not administered in the morning due to refusal on 10/26/21 through 10/31/21

Memantine - not administered in the evening on 10/7/21, 10/9/21 through 10/10/21

Memantine - not administered in the evening on 10/12/21 through 10/26/21

Memantine - not administered in the evening due to refusal on

10/29/21 through 10/31/21

The clinical record lacked documentation of the physician's notification of the medication refusals.

3. The clinical record for Resident D was reviewed on 12/7/21 at 4:15 p.m. Diagnosis included, but was not limited to, hypertension.

The physician order, dated 10/7/21, indicated the resident was to receive Furosemide (diuretic) 40 mg daily and Hydralazine (blood pressure medication) 50 mg three times a day in the a.m., midday, and hs (night).

Review of the November 2021 and December 2021 MAR indicated the resident had not received the Furosemide and Hydralazine on the following dates:

Furosemide - not administered on 11/9/21, 11/11/21, 11/12/21, 11/16/21 through 11/19/21

Furosemide - not administered on 11/21/21 through 11/27/21

Furosemide - not administered on 11/29/21 and 11/30/21

Furosemide - not administered on 12/1/21 through 12/3/21

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| | Furosemide - not administered on 12/5/21 and 12/6/21<br><br>Hydralazine - not administered in a.m. on 11/9/21, 11/16/21 through 11/19/21<br><br>Hydralazine - not administered in the a.m. on 11/21/21 through 11/27/21<br><br>Hydralazine - not administered in the a.m. on 11/29/21 through 12/3/21<br><br>Hydralazine - not administered in the a.m. on 12/5/21 and 12/6/21<br><br>Hydralazine - not administered in the midday on 11/16/21 through 12/6/21<br><br>Hydralazine - not administered in the hs on 11/15/21 through 11/17/21<br><br>Hydralazine - not administered in the hs on 11/20/21 through 11/22/21<br><br>Hydralazine - not administered in the hs on 11/25/21 through 11/27/21<br><br>Hydralazine - not administered in the hs on 11/29/21 through 12/2/21<br><br>Hydralazine - not administered in the hs on 12/4/21 through 12/6/21<br><br>The clinical record lacked | | | |

documentation as to why the medications were not given and physician's notification.

On 12/7/21 at 4:58 p.m., the Director of Nursing provided a current copy of the document titled "Staff Administered Medication" dated 3/1/21. It included, but was not limited to, "Policy...The medications are administered by staff members as indicated by State regulations...Procedure...Draw a circle around the square and initial it when the resident is observed not taking an ordered medication. Indicate on the back of the Medication Sheet the date, time, and reason the medication was not taken...A resident refuses to take a medication...."

On 12/7/21 at 4:58 p.m., the Director of Nursing provided a current copy of the document titled "Medication Availability" dated 3/1/21. It included, but was not limited to, "In order to most appropriately provide for the care of those residents for whom this community is administering medications, the community must have a supply of that medication ready to administer. The following policy and procedure will ensure that those medications are available...Staff member will provide ample notice to residents or power of attorney if medications are needed...If the

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| | resident and/or the Responsible Party have not provided the medication prior to the administration of the final dose and the medication is not available in the community's EDK (emergency drug kit), the community will order the required medication from the community's contracted pharmacy provider...."<br><br>This State tag relates to Complaint IN00368071 | | | |

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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