

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 09/20/2023	
NAME OF PROVIDER OR SUPPLIER RESIDENCES AT COFFEE CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 VILLAGE POINT, CHESTERTON, , 46304					
(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 the Investigation of Complaints IN00416942 and IN00417668. Complaint IN00416942 - State deficiencies related to the allegations are cited at R0297 and R0349. Complaint IN00417668 - No deficiencies related to the allegations are cited. Survey dates: September 19 and 20, 2023. Facility number: 014469 Residential Census: 84 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 9/25/23.	R 0000	Residences at Coffee Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether				

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			such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. We are requesting paper compliance for the deficiencies cited.	
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on record review and interview, the facility failed to ensure pharmaceutical services were available related to	R 0297	At the time of this survey, Resident D and F had completed their antibiotics and did not experience any negative outcomes associated with this finding. No additional residents experienced negative outcomes associated with this finding. The Director of Nursing or designee will review any current resident on antibiotics to ensure they have received their antibiotics in a timely manner.	10/20/2023

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missing doses of antibiotics for 2 of 3 residents reviewed for antibiotic use. (Residents D and F)

Findings include:

1. Resident D's record was reviewed on 9/20/23 at 8:26 a.m. Diagnoses included, but were not limited to, Diabetes Mellitus and hypokalemia.

A Physician's Order, dated 9/4/23, indicated to give vancomycin (antibiotic) 125 milligrams (mg) every 6 hours for 10 days for C. diff (Clostridium difficile, an infection in the colon).

The September 2023 Medication Administration Record (MAR) indicated the medication was initiated 9/5/23 and completed on 9/14/23. The medication was not given on 9/9/23 at 00:01 a.m. (midnight) or 6:00 a.m., and was marked as not available.

There was no documentation in the notes to indicate why the medication was not given.

Interview with the Director of Nursing (DON) on 9/20/23, indicated she did not know why the medication was not available. She had no additional information.

2. Resident F's record was

The resident and/or POA will be asked if the antibiotic cannot be provided in a timely manner if we can use the facility's contracted pharmacy or Pyxis system to ensure medication is distributed in a timely manner. If not, this will be documented in the resident's record appropriately.

Also, an antibiotic usage report will be pulled from our medical records system daily to ensure that any antibiotic ordered will be initiated and the full dose has been administered. If not given, a reason must be provided on the log and in the resident's record. Residents who are out at the hospital will also be tracked to monitor antibiotic administration by the hospital while in the hospital.

All staff administering medication will be in-serviced on antibiotic initiation and completion and proper documentation.

For the next 30 days, the

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reviewed on 9/20/23 at 9:50 a.m. Diagnoses included but were not limited to, Diabetes Mellitus and congestive heart failure.

A Physician's Order, dated 9/8/23, indicated to give ceftriaxone (antibiotic) 300 mg twice daily for 5 days for a urinary tract infection.

The September 2023 MAR indicated the medication was initiated in the evening on 9/8/23, however, the initial dose was not signed out as given. The medication was also not given on 9/10/23 in the evening because the resident was at the emergency room. A total of 8 of 10 doses were documented as given.

Interview with the DON on 9/20/23 at 10:24 a.m., indicated the initial dose had not been given because the medication was delivered late and the resident was sleeping. She did not know if the hospital had given the resident the medication when she was there.

This state residential finding relates to complaint IN00416942.

Based on record review and interview, the facility failed to ensure pharmaceutical services were available related to missing doses of antibiotics for 2 of 3 residents reviewed for

Director of Resident Services or designee will audit any new resident on antibiotics to ensure the antibiotic is initiated and completed fully and there is proper documentation in the resident's record. This audit will continue until 100% compliance is achieved. The audit results will be reviewed at the QA committee.

These systematic changes will be put into place on October 20, 2023.

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antibiotic use. (Residents D and F)

Findings include:

1. Resident D's record was reviewed on 9/20/23 at 8:26 a.m. Diagnoses included, but were not limited to, Diabetes Mellitus and hypokalemia.

A Physician's Order, dated 9/4/23, indicated to give vancomycin (antibiotic) 125 milligrams (mg) every 6 hours for 10 days for C. diff (Clostridium difficile, an infection in the colon).

The September 2023 Medication Administration Record (MAR) indicated the medication was initiated 9/5/23 and completed on 9/14/23. The medication was not given on 9/9/23 at 00:01 a.m. (midnight) or 6:00 a.m., and was marked as not available.

There was no documentation in the notes to indicate why the medication was not given.

Interview with the Director of Nursing (DON) on 9/20/23, indicated she did not know why the medication was not available. She had no additional information.

2. Resident F's record was reviewed on 9/20/23 at 9:50 a.m. Diagnoses included but

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	were not limited to, Diabetes Mellitus and congestive heart failure. A Physician's Order, dated 9/8/23, indicated to give ceftriaxone (antibiotic) 300 mg twice daily for 5 days for a urinary tract infection. The September 2023 MAR indicated the medication was initiated in the evening on 9/8/23, however, the initial dose was not signed out as given. The medication was also not given on 9/10/23 in the evening because the resident was at the emergency room. A total of 8 of 10 doses were documented as given. Interview with the DON on 9/20/23 at 10:24 a.m., indicated the initial dose had not been given because the medication was delivered late and the resident was sleeping. She did not know if the hospital had given the resident the medication when she was there. This state residential finding relates to complaint IN00416942.			
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (a) The facility must maintain clinical records on each resident. These records must be maintained	R 0349	At the time of this survey, Resident D had completed his antibiotic and did not experience any negative outcomes associated with this finding. No additional	10/20/2023

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under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:

- (1) Complete.
- (2) Accurately documented.
- (3) Readily accessible.
- (4) Systematically organized.

Based on record review and interview, the facility failed to ensure resident records were complete related to lack of assessment or monitoring documented for a resident with an infection for 1 of 3 residents reviewed for infections.
(Resident D)

Finding includes:

Resident D's record was reviewed on 9/20/23 at 8:26 a.m. Diagnoses included, but were not limited to, Diabetes Mellitus and hypokalemia.

A Physician's Order, dated 8/29/23, was to collect a stool specimen to check for C. diff (Clostridium difficile, an infection in the colon).

A Physician's Order, dated 9/4/23, indicated to give vancomycin (antibiotic) 125 milligrams (mg) every 6 hours for 10 days for C. diff.

An ID Note, dated 8/30/23, indicated a stool specimen had

residents experienced negative outcomes associated with this finding.

The Director of Nursing or designee will review any current resident on antibiotics to ensure there is proper documentation in the record.

A clinical records audit will be completed by the Director of Resident Services or designee to ensure that orders received are reflected in the resident's record and include proper documentation including an assessment and proper monitoring of the resident before and after medication is initiated.

All staff administering medication will be in-serviced on proper documentation in the resident's record when a resident is on an antibiotic.

For the next 30 days, the Director of Resident Services or designee will audit any new resident on antibiotics to ensure there is proper documentation before, during, and after the antibiotic is

been obtained and was awaiting the lab to pick up.

An ID Note, dated 9/1/23, indicated the stool was positive for C. diff, stool culture was still pending and results had been faxed to the Physician.

An ID Note, dated 9/4/23, indicated the pharmacy had notified the family related to the cost of the medication to ensure they still wanted it.

There were no additional notes related to the resident having C.diff. There was no indication as to why the stool sample had been ordered, an assessment of the resident or any type of monitoring before or after the medication was initiated.

Interview with the Director of Nursing on 9/23/24, indicated she would expect to see some documentation related to the infection. She indicated in Assisted Living they did minimum charting, but that did not mean no charting.

This state residential finding relates to complaint IN00416942.

Based on record review and interview, the facility failed to ensure resident records were complete related to lack of assessment or monitoring documented for a resident with an infection for 1 of 3 residents

complete including an assessment of the resident.

These audits will continue until 100% compliance is achieved. The audit results will be reviewed at the QA committee.

These systematic changes will be put into place on October 20, 2023.

reviewed for infections.
(Resident D)

Finding includes:

Resident D's record was reviewed on 9/20/23 at 8:26 a.m. Diagnoses included, but were not limited to, Diabetes Mellitus and hypokalemia.

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An ID Note, dated 9/4/23, indicated the pharmacy had notified the family related to the cost of the medication to ensure they still wanted it.

There were no additional notes related to the resident having C.diff. There was no indication as to why the stool sample had

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been ordered, an assessment of the resident or any type of monitoring before or after the medication was initiated.

Interview with the Director of Nursing on 9/23/24, indicated she would expect to see some documentation related to the infection. She indicated in Assisted Living they did minimum charting, but that did not mean no charting.

This state residential finding relates to complaint IN00416942.

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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