

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

PRINTED: 12/03/2024
FORM APPROVED
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155203 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 11/08/2024 | |
| NAME OF PROVIDER OR SUPPLIER HILLCREST VILLAGE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 203 SPARKS AVE JEFFERSONVILLE, IN 47130 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 Complaints IN00444619, IN00445272 and IN00446007.</p> <p>Complaint IN00444619 - Federal/State deficiencies related to the allegations are cited at F554, F580, F684 and F842.</p> <p>Complaint IN00445272 - No deficiencies related to the allegation is cited.</p> <p>Complaint IN00446007 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 6, 7 and 8, 2024</p> <p>Facility number: 000110 Provider number: 155203 AIM number: 100271120</p> <p>Census Bed Type: SNF/NF: 103 SNF: 15 Total: 118</p> <p>Census Payor Type: Medicare: 7 Medicaid: 78 Other: 33 Total: 118</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 15, 2024.</p> | | | F 0000 | <p>/p> This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after (11/11/24)</p> | | |
| F 0554 SS=D | 483.10(c)(7) Resident Self-Admin Meds-Clinically Approp | | | | | | |

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

TITLE

(X6) DATE

Mark Bowman

Executive Director

11/26/2024

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 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 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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| Bldg. 00 | <p>Based on observation, interview, and record review, the facility failed to ensure medications for a resident, without a self-administration assessment, were not left at bedside for 1 of 3 residents reviewed for medication self-administration. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/6/24 at 10:34 a.m. The resident's diagnoses included, but were not limited to, hypertension, left sided hemiparesis (a condition that causes paralysis or weakness on one side of the body) and hemiplegia (one-sided muscle paralysis or weakness) secondary to CVA (cerebral vascular accident) and diabetes.</p> <p>On 11/6/24 at 9:18 a.m., the resident was observed sitting up in her bed eating her breakfast alone in her room. A medication cup with six medication tablets/capsules were observed on her bedside table.</p> <p>Review of the November 2024 Medication Administration Record indicated the resident's following morning medications were to be administered between 7:00 a.m. and 11:00 a.m.</p> <ul style="list-style-type: none"> - Amlodipine 10 mg (milligrams) for hypertension - Aspirin 81 mg for CVA - Clopidogrel 75 mg for CVA - Metformin 500 mg for diabetes - Metoprolol 25 mg for hypertension - Hydralazine 25 mg for hypertension <p>The clinical record lacked documentation of the resident having a self-administration medication assessment and a physician's order to</p> | | | F 0554 | <p>F – 554 - Self-Admin Meds</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>The Unit Manager followed up with Residents B, her room was searched, and no medications were found at bedside. The nurse responsible for the observed medication left at bedside was disciplined and educated on the facilities medication administration procedure.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>On 11/11/24, DNS/designee began in-servicing all licensed and qualified staff on Medication Administration Procedure. DNS/Designee observed all other resident rooms to ensure meds were not left at bedside.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>On 11/11/24, DNS/designee began conducting daily room rounds to ensure medications were not left at bedside using a</p> | | 11/11/2024 |

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| F 0580 SS=E Bldg. 00 | <p>self-administer medications.</p> <p>During an interview on 11/6/24, Licensed Practical Nurse (LPN) 4 indicated the resident did not self-administer medications. The medications in the resident's room was her morning medications. The resident was taking her medications when she left the room.</p> <p>During an interview on 11/8/24 at 11:42 a.m., the Director of Nursing indicated the resident did not have a medication self-administration assessment.</p> <p>On 11/8/24 at 11:31 a.m., the Director of Nursing provided a current copy of the document titled "Self Administration of Medications" dated 1/2015. It included, but was limited to, "Procedure...If a resident desires to participate in self-administration, the Interdisciplinary Team will assess the competence of the resident to participate by completing the "Self-Administration of Medication Assessment" observation...A physician order will be obtained specifying the resident's ability to self-administer medications...."</p> <p>This Citation relates to Complaint IN00444619</p> <p>3.1-11(a)</p> <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified when a resident's (Resident B) blood pressure was not within set parameters for 1 of 3 residents reviewed for notification of change in condition.</p> <p>Findings include:</p> | | | F 0580 | <p>Medication Storage QAPI tool.</p> <p>Any Medications found at bedside will be identified and the nurse responsible will receive additional education and appropriate disciplinary action.</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>The DNS/designee will be responsible for the Medication Storage QAPI tool weekly times 4 weeks, then monthly times 6, then quarterly thereafter until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI Committed overseen by the ED. If threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. Date of compliance: 11/11/24.</p> | | 11/11/2024 |
| <p>F 580 Notify of Changes</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <p>Resident B's B/P parameters were reviewed by the DNS and NP.</p> | | | | | | | |

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| | <p>The clinical record for Resident B was reviewed on 11/6/24 at 10:34 a.m. The resident's diagnoses included, but were not limited to, hypertension and left sided hemiparesis (a condition that causes paralysis or weakness on one side of the body)/hemiplegia (one-sided muscle paralysis or weakness) secondary to cardiovascular accident.</p> <p>Review of the resident's vital signs report on 11/7/24 at 2:40 p.m. indicated the acceptable range for the resident's systolic blood pressure (maximum blood pressure during contraction of the ventricles) was between 90 to 180 mmhg (a unit of pressure used to measure blood pressure). The acceptable diastolic range (minimum pressure recorded just prior to next contraction) was 50 to 95.</p> <p>The August 2024 vital signs report indicated the resident had the following out of parameter blood pressures (B/P)</p> <ul style="list-style-type: none"> - 8/2/24 at 11:38 a.m. - B/P was 157/99 - 8/7/24 at 10:35 p.m. - B/P was 190/106 - 8/10/24 at 7:17 p.m. - B/P was 192/111 - 8/11/24 at 8:25 a.m. - B/P was 178/106 - 8/11/24 at 1:00 p.m. - B/P was 178/103 - 8/17/24 at 8:48 a.m. - B/P was 188/99 - 8/18/24 at 8:52 a.m. - B/P was 198/107 - 8/18/24 at 9:20 p.m. - B/P was 179/115 - 8/22/24 at 2:23 p.m. - B/P was 169/99 - 8/22/24 at 9:52 p.m. - B/P was 172/96 - 8/23/24 at 8:57 a.m. - B/P was 160/98 - 8/24/24 at 10:15 p.m. - B/P was 185/99 - 8/25/24 at 10:27 a.m. - B/P was 197/101 - 8/26/24 at 9:27 p.m. - B/P was 173/100 - 8/29/24 at 9:35 a.m. - B/P was 143/96 - 8/30/24 at 11:22 p.m. - B/P was 180/114 <p>Review of the September 2024 vital signs report</p> | | | | <p>New parameters were set respective of the resident's baseline B/P's per MD order.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents who have a change of condition could have the potential to be affected by the alleged deficient practice. An all-Nurse in-service was performed by the clinical education coordinator beginning 11/11/24 to educate all nurses on the facilities change of condition policy and following MD orders for blood pressure parameters.. An initial audit of all resident change of condition events and blood pressure parameters was performed by the DNS on 11/11/24, proper notifications were present for all change of condition events.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>DNS/designee will review all change of condition events using a change of condition audit tool to ensure proper notification practices are conducted included monitoring of blood pressure parameters. Any notifications not completed will be completed immediately.</p> <p>4: How the corrective action</p> | | |

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| | <p>indicated Resident B had the following out of parameter B/P's:</p> <ul style="list-style-type: none"> - 9/6/24 at 10:31 a.m. - B/P was 186/86 - 9/10/24 at 10:05 a.m. - B/P was 196/116 - 9/13/24 at 9:47 p.m. - B/P was 188/98 - 9/14/24 at 8:29 a.m. - B/P was 170/110 - 9/14/24 at 9:18 p.m. - B/P was 186/107 - 9/15/24 at 9:24 p.m. - B/P was 165/101 - 9/17/24 at 10:09 p.m. - B/P was 183/107 - 9/18/24 at 8:31 p.m. - B/P was 200/128 - 9/21/24 at 11:49 a.m. - B/P was 183/111 - 9/21/24 at 9:45 p.m. - B/P was 189/101 - 9/24/24 at 9:41 p.m. - B/P was 161/104 - 9/26/24 at 9:51 p.m. - B/P was 160/104 - 9/27/24 at 9:10 p.m. - B/P was 198/84 - 9/28/24 at 8:12 a.m. - B/P was 187/105 <p>Review of the October 2024 vital signs report indicated Resident B had the following out of parameter B/P's:</p> <ul style="list-style-type: none"> - 10/4/24 at 9:07 p.m. - B/P was 172/99 - 10/5/24 at 9:25 a.m. - B/P was 148/98 - 10/5/24 at 10:04 p.m. - B/P was 146/99 - 10/12/24 at 9:58 a.m. - B/P was 181/95 - 10/12/24 at 9:15 p.m. - B/P was 148/96 - 10/18/24 at 10:14 a.m. - B/P was 159/99 - 10/19/24 at 8:50 p.m. - B/P was 188/90 - 10/26/24 at 9:18 a.m. - B/P was 179/115 - 10/27/24 at 9:05 a.m. - B/P was 179/99 - 10/27/24 at 8:43 p.m. - B/P was 134/44 - 10/29/24 at 1:29 p.m. - B/P was 168/99 - 10/31/24 at 8:14 a.m. - B/P was 189/106 <p>Review of the November 2024 vital signs report indicated Resident B had the following out of parameter B/P's:</p> <ul style="list-style-type: none"> - 11/4/24 at 8:20 a.m. - B/P was 156/99 | | | | <p>will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place? The DNS/designee will be responsible for the completion of the change of condition audits using the Change of Condition QA audit tool weekly times 4 weeks, monthly times 6 and then quarterly thereafter until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. Date of compliance: 11/11/24</p> | | |

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| F 0684 SS=D Bldg. 00 | <p>- 11/6/24 at 9:47 p.m. - B/P was 160/97 - 11/7/24 at 8:36 a.m. - B/P was 189/104</p> <p>The clinical record lacked the physician's notification for the resident's out of parameter blood pressures.</p> <p>During an interview on 11/7/24 at 2:24 p.m., Nurse Practitioner 12 indicated extremely high or low blood pressures would be a change of condition and the expectation would be that facility staff would have notified her at the time of occurrence.</p> <p>On 11/8/24 at 11:31 a.m., the Director of Nursing provided a current copy of the document titled "Resident Change of Condition Policy: dated 11/2018. It included, but was not limited to, "It is the policy of this facility that all changes in resident condition will be communicated to the physician...and that appropriate, timely, and effective intervention takes place...."</p> <p>This Citation relates to Complaint IN00444619</p> <p>3.1-5(a)(2)</p> <p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to ensure increased monitoring and interventions were in place for a resident (Resident B) with consistent high blood pressures and a history of a cardiovascular accident for 1 of 3 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/6/24 at 10:34 a.m. The resident's diagnoses</p> | | | F 0684 | <p>F - 684: Quality of Care</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident B's medication orders were reviewed, parameters verified, and vital history reviewed from</p> | | 11/11/2024 |

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| | <p>included, but were not limited to, hypertension and CVA (cardiovascular accident) with left sided hemiparesis (a condition that causes paralysis or weakness on one side of the body).</p> <p>The current care plan, dated 4/23/24, indicated the resident was at risk for ineffective tissue perfusion related to hypertension, diabetes, anemia and CVA with left sided hemiparesis. The interventions included, but were not limited to: administer medications as ordered; administer oxygen as ordered; elevate lower extremities as needed; labs as ordered; monitor vital signs; observe for and document signs and symptoms of changes in mental status, disorientation, increased confusion, anxiety and notify the physician; observe for and document any decreased urinary output and notify physician; offer rest periods as needed; and observe for and document pallor, cyanosis, dizziness, syncope, shortness of breath, bounding/thready pulse, headache, variations in B/P, abnormal lung sounds, abnormal oxygen saturation, poor capillary refill, abnormal skin color, edema and to notify the physician.</p> <p>The physician's order, dated 7/30/24, indicated the resident was to receive hydralazine (blood pressure medication) 50 mg (milligrams) three times a day (TID) at 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>The physician's order, dated 6/10/24, indicated the resident was to receive clonidine 0.1 mg twice daily in the morning between 7:00 a.m. and 11:00 a.m. and the evening between 7:00 p.m. and 11:00 p.m.</p> <p>The progress note, dated 8/6/24 at 6:35 p.m., indicated the resident refused the hydralazine 50</p> | | | | <p>11/1/24 through 11/11/24, residents' medications were continued as ordered.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents with a diagnosis of hypertension have the potential to be affected by the alleged deficient practice. On 11/12/24, DNS / Designee completed an audit of residents with a diagnosis of hypertension to ensure Blood Pressures Parameters were in place and documented as ordered.</p> <p>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>On 11/11/24, CEN began servicing all licensed staff on Blood Pressure Parameters, and documentation requirements. On 11/12/24, DNS/designee began a daily audit to ensure documentation of blood pressure parameters for all residents with a diagnosis of hypertension are noted and reviewed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>DNS / Designee will be</p> | | |

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| | <p>mg because the resident believed the medication was too strong. The nurse practitioner was made aware.</p> <p>The progress note, dated 8/9/24 at 1:55 p.m., indicated the resident continued to refuse the hydralazine 50 mg. The nurse practitioner was notified with a new order to discontinue the hydralazine 50 mg TID and to start hydralazine 25 mg TID at 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>The progress note, dated 8/11/24 at 11:35 p.m., indicated the resident called 911 due to she did not feel good and was light headed. The resident called 911 before speaking to the nurse.</p> <p>The progress note, dated 8/13/24 at 4:10 p.m., indicated the resident's blood pressure (BP) was 164/98 (systolic blood pressure [top number] maximum blood pressure during contraction of the ventricles and diastolic [bottom number] minimum pressure recorded just prior to next contraction). The nurse practitioner was notified with a new order to administer clonidine 0.1 mg now.</p> <p>Review of the resident's vital signs report on 11/7/24 at 2:40 p.m. indicated the acceptable range for systolic blood pressure (top number) was between 90 to 180 mmhg (a unit of pressure used to measure blood pressure). The acceptable diastolic range (bottom number) was 50 to 95).</p> <p>The August 2024 vital signs report indicated the resident had the following out of parameter blood pressures.</p> <p>On 8/2/24 at 11:38 a.m., the resident's B/P was 157/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/7/24 at 10:35 p.m., the resident's B/P was</p> | | | | <p>responsible for a daily audit of Blood Pressure Parameters using the F684 Audit tool weekly for 4 weeks, then monthly for 6 months or until 100% compliance is achieved. The results of these audits will be reported to the facility QAPI Committee monthly. If 90% compliance is not achieved an action plan will be developed.</p> <p>By what date the systemic changes for each deficiency will be completed.</p> <p>Systemic changes will be completed 11/12/24</p> | | |

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| | <p>190/106 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/10/24 at 7:17 p.m., the resident's B/P was 192/111 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/11/24 at 8:25 a.m., the resident's B/P was 178/106 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/11/24 at 1:00 p.m., the resident's B/P was 178/103 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/17/24 at 8:48 a.m., the resident's B/P was 188/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/18/24 at 8:52 a.m., the resident's B/P was 198/107 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/18/24 at 9:20 p.m., the resident's B/P was 179/115 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/22/24 at 2:23 p.m., the resident's B/P was 169/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/22/24 at 9:52 p.m., the resident's B/P was 172/96 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/23/24 at 8:57 a.m., the resident's B/P was 160/98 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/25/24 at 10:27 a.m., the resident's B/P was 197/101 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/26/24 at 9:27 p.m., the resident's B/P was 173/100 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/29/24 at 9:35 a.m., the resident's B/P was 143/96 with no follow up or documented recheck of the blood pressure.</p> <p>On 8/30/24 at 11:22 p.m., the resident's B/P was 180/114 with no follow up or documented recheck</p> | | | | | | |

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| | <p>of the blood pressure.</p> <p>The progress note, dated 9/7/24, indicated the resident called 911 from her personal cell phone. The resident's blood pressure at 4:00 p.m. was 166/99 and she would not allow a recheck of her blood pressure, and called emergency medical services (EMS) instead.</p> <p>The progress note, dated 9/10/24 at 3:35 a.m., indicated the resident call 911 with claims of not feeling well related to her blood pressure. The resident's vital signs were assessed twice prior to 911 call and the vitals were within normal limits. The resident wanted the nurse to give her clonidine but the resident did not have an as needed order.</p> <p>The progress note, dated 9/10/24 at 5:59 a.m., indicated the hospital called and informed the facility that the resident was to be discharged. The resident was given clonidine in the emergency department.</p> <p>The progress note, dated 9/10/24 at 11:55 a.m., indicated the resident had returned from the hospital with a high blood pressure of 196/116. The nurse practitioner was notified and the resident's morning medications were administered. The resident's blood pressure stabilized at 158/80.</p> <p>The progress note, dated 9/18/24 at 1:33 p.m., indicated the Director of Nursing Services provided the nurse practitioner with a vital signs report to review from 9/1/24 through 9/18/24. Upon review, on 9/6/24, 9/10/24, 9/13/24, 9/14/24, 9/15/24, 9/17/24 and today, the resident had out of range blood pressure results. The nurse practitioner indicated the resident refused to comply with the medication regimen and the</p> | | | | | | |

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| | <p>facility was to continue with the current orders.</p> <p>The progress note, dated 9/18/24 at 6:08 p.m., indicated the resident continued to complain of not feeling well, very anxious and upset at this time. The resident stated her family never visits her and that she did not like her roommate. One on one attempted but the resident continued to be argumentative and defensive. Current blood pressure reading was 165/96. The nurse practitioner was notified with a new order for an electrocardiogram (EKG).</p> <p>The progress note, dated 9/19/24 at 12:02 a.m., indicated the resident had called 911 for an ambulance to come pick her up and take her to the hospital due to her elevated blood pressure.</p> <p>The progress note, dated 9/19/24 at 2:30 a.m., indicated the resident returned from the hospital with a blood pressure of 156/90.</p> <p>The progress note, dated 9/20/24 at 4:16 p.m., indicated the EKG results were reviewed by the nurse practitioner with a new order to schedule an appointment with the cardiologist.</p> <p>The progress note, dated 9/20/24 at 11:55 p.m., indicated the resident requested a blood pressure check with a reading of 164/94. The resident received her night time medications at 10:30 p.m. with a blood pressure of 172/82 prior to administration. The resident stated her blood pressure had not gone down. The resident called 911 for transport to the hospital.</p> <p>The progress note, dated 9/21/24 at 11:09 a.m., indicated the resident returned from the hospital in stable condition and no new orders were requested. The resident refused vital signs at that</p> | | | | | | |

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| | <p>time.</p> <p>The progress note, dated 9/29/24 at 11:27 p.m., indicated the resident refused all of her night medications except for her blood pressure medications.</p> <p>Review of the September 2024 vital signs report indicated the resident had the following out of parameter B/P's:</p> <p>On 9/6/24 at 10:31 a.m., the resident's B/P was 186/86 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/10/24 at 10:05 a.m., the resident's B/P was 196/116 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/13/24 at 9:47 p.m., the resident's B/P was 188/98 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/14/24 at 8:29 a.m., the resident's B/P was 170/110 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/15/24 at 9:24 p.m., the resident's B/P was 165/101 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/17/24 at 10:09 p.m., the resident's B/P was 183/107 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/18/24 at 8:31 p.m., the resident's B/P was 200/128; the follow up blood pressure was on 9/19/24 at 12:01 a.m. with 190/116.</p> <p>On 9/21/24 at 11:49 a.m., the resident's B/P was 183/111 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/21/24 at 9:45 p.m., the resident's B/P was 189/101 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/24/24 at 9:41 p.m., the resident's B/P was 161/104 with no follow up or documented recheck</p> | | | | | | |

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| | <p>of the blood pressure.</p> <p>On 9/26/24 at 9:51 p.m., the resident's B/P was 160/104 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/27/24 at 9:10 p.m., the resident's B/P was 198/84 with no follow up or documented recheck of the blood pressure.</p> <p>On 9/28/24 at 8:12 a.m., the resident's B/P was 187/105 with no follow up or documented recheck of the blood pressure.</p> <p>The progress note, dated 10/15/24 at 3:13 p.m., indicated the nurse practitioner was notified of the resident's abnormal vital signs and the resident's refusal of medications. No new orders were received.</p> <p>The progress note, dated 10/24/24 at 5:42 p.m., indicated the physician was in for a routine visit. The resident's clonidine 0.1 mg was discontinued. New orders were obtained for a clonidine patch 0.1 mg/24 hour to be applied weekly and to start metoprolol 25 mg twice daily with vital signs monitoring and parameters.</p> <p>The progress note, dated 10/31/24 at 11:44 p.m., indicated the resident had an elevated blood pressure. The nurse practitioner was made aware and an as needed clonidine 0.1 mg was given. The blood pressure was rechecked after 30 minutes with a reading of 189/87.</p> <p>Review of the October 2024 vital signs report indicated the resident had the following out of parameter B/P's:</p> <p>On 10/4/24 at 9:07 p.m., the resident's B/P was 172/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/5/24 at 9:25 a.m., the resident's B/P was</p> | | | | | | |

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| | <p>148/98 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/5/24 at 10:04 p.m., the resident's B/P was 146/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/12/24 at 9:58 a.m., the resident's B/P was 181/95 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/12/24 at 9:15 p.m., the resident's B/P was 148/96 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/18/24 at 10:14 a.m., the resident's B/P was 159/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/19/24 at 8:50 p.m., the resident's B/P was 188/90 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/26/24 at 9:18 a.m., the resident's B/P was 179/115 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/27/24 at 9:05 a.m., the resident's B/P was 179/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/27/24 at 8:43 p.m., the resident's B/P was 134/44 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/29/24 at 1:29 p.m., the resident's B/P was 168/99 with no follow up or documented recheck of the blood pressure.</p> <p>On 10/31/24 at 8:14 a.m., the resident's B/P was 189/106 with no follow up or documented recheck of the blood pressure.</p> <p>Review of the November 2024 vital signs report indicated the resident had the following out of parameter B/P's:</p> <p>On 11/4/24 at 8:20 a.m., the resident's B/P was 156/99 with no follow up or documented recheck of the blood pressure</p> | | | | | | |

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| | <p>On 11/6/24 at 9:47 p.m., the resident's B/P was 160/97 with no follow up or documented recheck of the blood pressure</p> <p>On 11/7/24 at 8:36 a.m., the resident's B/P was 189/104 with no follow up or documented recheck of the blood pressure</p> <p>Review of the September 1, 2024 and October 29, 2024, the clinical record lacked documentation of the resident's refusals of blood pressure medications.</p> <p>During an interview on 11/6/24 at 2:32 p.m., Licensed Practical Nurse (LPN) 4 indicated the resident had refused her medications a lot except for her blood pressure and diabetes medication. Her blood pressure was consistently high and new blood pressure medications were started.</p> <p>During an interview on 11/7/24 at 2:24 p.m., Nurse Practitioner (NP) 22 indicated she did not make changes to the residents blood pressure medications due to the resident being very noncompliant, in a consecutive manner. She would order something and the resident would not want it and she would say it did not work. She refused medications at times and would then call 911 because her blood pressure was high. She tried to increase the resident's hydralazine, but the resident did not want the 50 mg, but wanted the 25 mg of hydralazine. She did not think the resident was alert and oriented, however, the resident's BIMS (brief interview of mental status) on 10/11/24 was intact. When the resident refused suggested changes, she considered that non-compliance on her part. The staff reported to her that the resident had refused her medications. Her plan for a hypertensive crisis would include a cardiology consult, neurology consult, increase her clonidine patch, add as needed clonidine with</p> | | | | | | |

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| F 0842 SS=D Bldg. 00 | <p>parameters, notify her of refusals, and an emergency transfer with blood pressure parameters.</p> <p>The physician's order, dated 11/7/24, indicated the resident was to have a Clonidine patch weekly, 0.1 mg transdermal once a day on Thursdays.</p> <p>The physician's orders, dated 11/8/24, indicated the resident was to have Hydralazine 25 mg every 8 hours as needed for hypertension; contact provider if SBP greater than 180 and send to the ER for systolic blood pressure greater than 180 or diastolic blood pressure greater than 120 with any of the following: chest pain, SOA, back pain, numbness and back pain, numbness or change in vision; and staff were to monitor for increased symptoms of chest pain, shortness of air, back pain, numbness and change in vision every shift.</p> <p>During an interview on 11/8/24 at 12:16, NP 22 indicated she had not made any changes in the resident's medications prior to 11/7/24 since the resident had just been seen by the MD on 10/24/24.</p> <p>This Citation relates to Complaint IN00444619</p> <p>3/1-37</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure a resident's record accurately reflected the administration of medications for 1 of 3 residents reviewed for medical records. (Resident B)</p> <p>Findings include:</p> | | | F 0842 | <p>F 842 RESIDENT RECORDS – IDENTIFIABLE INFORMATION</p> <p>It is the practice of this provider to provide care/services for highest well-being in accordance with State and Federal law.</p> <p>1: What corrective action(s) will</p> | | 11/11/2024 |

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| | <p>The clinical record for Resident B was reviewed on 11/6/24 at 10:34 a.m. The resident's diagnoses included, but was not limited to, hypertension and diabetes.</p> <p>The care plan, dated 4/23/24, indicated the resident had ineffective tissue perfusion related to hypertension and diabetes with an intervention to administer medications as ordered.</p> <p>The physician's order, dated 6/10/24, indicated the resident was to receive metformin (diabetes medication) 500 mg (milligrams) twice a day at 8:00 a.m. and 8:00 p.m.</p> <p>Review of the October 2024 Medication Administration Record lacked documentation of the administration of the medication on 10/11/24 at 8:00 a.m. and 10/31/24 at 8:00 a.m.</p> <p>The physician's order, dated 8/16/24, indicated the resident was to receive hydralazine (blood pressure medication) 25 mg three times a day at 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>Review of the October 2024 Medication Administration Record lacked documentation of the administration of the medication on 10/08/24 at 8:00 p.m., 10/09/24 at 8:00 p.m., 10/11/24 at 8:00 a.m., 10/14/24 at 8:00 p.m., 10/21/24 at 8:00 p.m., 10/28/24 at 8:00 p.m., 10/29/24 at 8:00 p.m., and 10/31/24 at 8:00 p.m.</p> <p>The physician's order, dated 10/31/24 was created on 11/8/24 at 11:03 a.m., indicated the resident was to receive a one-time dose of clonidine (blood pressure medication) 0.1 mg for elevated blood pressure.</p> | | | | <p>be accomplished for those residents found to have affected by the deficient practice? DNS audited Resident B Medication Administration Records from 11/1/24 through 11/11/24, all medications were administered and documented in accordance with the facility's medication administration procedure.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. On 11/11/24, DNS / Designee began an all licensed and qualified staff in-service on the facilities medication administration procedure. An all-Nurse in-service was performed by the clinical education coordinator beginning 11/11/24 on proper medication administration, ordering and documentation.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Beginning 11/11/24, DNS/designee will review EMAR Compliance report daily for omissions and corrective action will be implemented. The results of these audits will be noted using</p> | | |

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| | <p>The October 2024 Medication Administration Record lacked documentation for the administration of the one-time medication.</p> <p>During an interview on 11/8/24 at 9:06 a.m., Licensed Practical Nurse (LPN) 5 indicated when medications were administered, they should be signed out on the medication administration record. For a one-time order staff were to enter the one-time order in the electronic medical record and sign it off on the medication administration record once the medication was administered.</p> <p>On 11/8/24 at 11:31 a.m., the Director of Nursing provided a current copy of the document titled "Medication Administration (Medication Pass Procedure)" dated 07/2023. It included, but was not limited to, "Procedure Steps...Medication administration will be recorded on the MAR/EMAR...after given...."</p> <p>This Citation relates to Complaint IN00444619</p> <p>3.1-50(a)(2)</p> | | | | <p>a pharmacy services and recommendations audit tool.</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>The DNS/designee will be responsible for daily EMAR compliance report reviews and documenting results using the pharmacy services and recommendations QA audit tool weekly times 4 weeks, monthly times 6 and then quarterly thereafter until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. Date of completion: 11/11/24</p> | | |