

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

PRINTED: 06/11/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155823		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/22/2024	
NAME OF PROVIDER OR SUPPLIER SOUTHPOINTE HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4904 WAR ADMIRAL DRIVE INDIANAPOLIS, IN 46237			
(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 IN00434619, IN00433306, IN00432402, and IN00430121.</p> <p>Complaint IN00434619 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00433306 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00432402 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430121 - Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Survey date: May 21 and 22, 2024</p> <p>Facility number: 013126 Provider number: 155823 AIM number: 300029591</p> <p>Census Bed Type: SNF/NF: 98 Total: 98</p> <p>Census Payor Type: Medicare: 10 Medicaid: 61 Other: 27 Total: 98</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 24, 2024.</p>			F 0000			

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

TITLE

(X6) DATE

Sara Kelley

Executive Director

06/06/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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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F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on record review and interview, the facility failed to complete the drug disposition for 1 of 3 clinical records reviewed for discharged residents. (Resident E)</p>			F 0755	Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the		06/10/2024

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	<p>Findings include:</p> <p>On 5/22/24 at 1:12 p.m., the clinical record of Resident E was reviewed. Diagnosis included, but was not limited to, hypertension.</p> <p>A Physician's Order Summary Report, dated March 2024, included but was not limited to:</p> <ul style="list-style-type: none"> - Amlodipine (a medication used to treat high blood pressure) 10 mg (milligrams) daily. - Atorvastatin (a medication used to treat high cholesterol) 40 mg daily. - Clonazepam (a medication used to treat anxiety) 0.5 mg daily. - Duloxetine (a medication used to treat depression) 60 mg daily. - Gabapentin (a medication used to treat nerve pain) 300 mg daily. - Metoprolol (a medication used to treat high blood pressure) 200 mg daily. <p>A Discharge Summary, dated 3/19/24 indicated Resident E was to be discharged to home on 3/20/24.</p> <p>Resident E's clinical record lacked a medication release form listing all medications that were sent home with the resident/family.</p> <p>During an interview on 5/23/24 at 12:10 p.m., the Director of Nursing indicated the facility had not been providing a drug disposition record that included the medication name and number of pills</p>				<p>truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.</p> <p>F755-D Pharmacy Services</p> <ol style="list-style-type: none"> 1 Resident E was not harmed by the alleged deficient practice and no longer resides at facility. 2 Audit was completed on the last 14 days of discharges to home to validate medication disposition has been completed 3 Interdisciplinary team educated on the Discharge with medications policy emphasizing on assuring to document the number of each medication sent with resident at time of discharge. All licensed nurses educated on the Discharge with medications policy. 4 The DON/Designee will review and validate discharge paperwork is completed and medication counts documented for any medication being sent with resident at discharge with every discharge for 3 months. Then review discharges weekly for 3 months to verify continuing compliance of documented count of medications sent with resident home. The results of these audits/observations will be 		

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	that were provided to the resident at the time of the discharge. On 5/22/24 at 1:25 p.m., the Director of Nursing provided a policy titled Discharge with Medications, dated September 2018, and indicated it was the current policy being used by the facility. A review of the policy indicated "Procedures ...9. the nurse documents the number of doses each medication discharged to the patient or responsible party on the Medication Release Form." This citation relates to Complaint IN00430121. 3.1-25(p)				reported, reviewed and trended for compliance and further follow up through the facility QAPI Committee for a minimum of 6 months and then randomly thereafter. We are requesting a Desk Review for this matter.		