

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

PRINTED: 01/30/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155181		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/08/2025	
NAME OF PROVIDER OR SUPPLIER CARMEL HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 118 MEDICAL DR CARMEL, IN 46032			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00449027.</p> <p>Complaint IN00449027-No deficiencies related to the allegations were cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: January 7 and 8, 2025</p> <p>Facility number: 000095 Provider number: 155181 AIM number: 100290490</p> <p>Census bed type: SNF: 11 SNF/NF: 128 Total: 139</p> <p>Census payor type: Medicare: 27 Medicaid: 102 Other: 10 Total: 139</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on January 14, 2025.</p>			F 0000	<p>The plan of correction is to serve as Carmel Health & Living's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Carmel Health & livings or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</p> <p>The facility respectfully requests desk review for the following citations</p>		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>Based on interview and record review, the facility failed to ensure a staff member followed the policy and procedure when administering narcotics for 2</p>			F 0755	<p>F755: The facility failed to ensure a staff member followed the policy and procedure when administering</p>		01/24/2025

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

TITLE

(X6) DATE

Alyssa Holliday

HFA

01/21/2025

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 disclosed days 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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	<p>of 2 residents reviewed for pharmaceutical services. (Resident F and G)</p> <p>Finding includes:</p> <p>A document, titled "Indiana State Department of Health Survey Report System," dated 12/18/24 at 9:01 a.m., indicated Qualified Medication Aide (QMA) 5 reported to the facility a concern with RN 1. RN 1 was potentially taking residents' narcotic medications due to her signing the narcotic medications out in the count book but not documenting the administration of those narcotic in the residents' medical records. An investigation was initiated, and all the residents' narcotic medications were accounted for, and no discrepancies were found. RN 1 was terminated due to failure to follow facility policy and procedure.</p> <p>The following residents' medical records were reviewed, and their Electronic Medication Administration Record (EMAR) did not have the narcotic medication documented for the dates and times the narcotic count sheet indicated the medication was administered.</p> <p>1. The clinical record for Resident F was reviewed on 1/8/25 at 3:16 p.m. The diagnoses included, but were not limited to, malignant neoplasm of the rectum, cerebral infarction due to embolism of right middle cerebral artery, mild protein-calorie malnutrition, and gastrostomy status.</p> <p>A physician's order indicated to give an Oxycodone 10 mg (milligrams) tablet every four hours as needed (PRN) for severe pain.</p> <p>The resident's EMAR, dated November 2024, had no documentation to indicate he had received any</p>				<p>narcotics for 2 of 2 residents reviewed for pharmaceutical services. (Resident F and G)</p> <p>1 What Corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>i Residents F & G without ill effects. Residents were given scheduled pain medication.</p> <p>2 The facility will identify other residents that may potentially be affected by the practice.</p> <p>i All residents have the potential to be affected. In-house audit conducted to ensure all residents pain medications are being signed out in both the EMAR and the Narc Count sheet.</p> <p>3 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>i Nursing staff will be re-educated on following facility policy and procedures when distributing/administering narcotics. To sign medication out in both the EMAR and the Narcotic count sheet.</p> <p>ii Nursing Management will conduct weekly audits to ensure residents pain medications are being signed out in both the EMAR and the Narc sheet.</p> <p>4 How the corrective</p>		

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	<p>PRN doses of this medication during the month of November.</p> <p>A facility document, titled "Controlled Drug Record," dated 11/9/24, indicated an Oxycodone 10 mg tablet was signed out on the narcotic sheet the following dates and times:</p> <p>11/09/24 at 12:00 p.m. (RN 1) 11/09/24 at 4:00 p.m. 11/10/24 at 12:00 a.m. 11/10/24 at 1:00 p.m. 11/10/24 at 2:00 p.m. (RN 1) 11/11/24 at 8:00 a.m. (RN 1) 11/11/24 at 12:00 p.m. (RN 1) 11/11/24 at 4:00 p.m. (RN 1) 11/11/24 at 9:00 p.m. (RN 1) 11/13/24 at 7:30 p.m. (RN 1) 11/13/24 at 1:00 p.m. (RN 1) 11/15/24 at 6:30 p.m. (RN 1) 11/15/24 at 8:00 a.m. (RN 1) 11/15/24 at 2:00 p.m. (RN 1) 11/16/24 at 8:00 a.m. (RN 1) 11/16/24 at 2:00 p.m. (RN 1) 11/17/24 at 9:00 p.m. (RN 1) 11/17/24 at 11:00 a.m. (RN 1) 11/17/24 at 2:00 p.m. (RN 1) 11/18/24 at 7:30 a.m. (RN 1) 11/18/24 at 11:00 a.m. (RN 1) 11/20/24 at 8:00 a.m. (RN 1) 11/20/24 at 1:00 p.m. (RN 1) 11/20/24 at 5:00 p.m. (RN 1) 11/20/24 at 10:30 p.m. (RN 1) 11/22/24 at 8:00 a.m. (RN 1) 11/22/24 at 2:00 p.m. (RN 1) 11/23/24 at 12:00 p.m. 11/24/24 unable to determine time given 11/24/24 at 8:00 a.m. (RN 1)</p> <p>A handwritten note on this record indicated "Resident has not missed any dose, all meds</p>				<p>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>i The DON/designee will be responsible for conducting audits daily for 5 days a week Mon-Fri for 4 weeks, biweekly for 4 weeks, monthly for 9 months. The results of the audit will be reviewed at the monthly quality assurance meeting until substantial compliance is achieved and maintained. Changes may be established to the auditing process, based upon the results of the audit.</p> <p>5 By what date the systemic changes for each deficiency will be completed.</p> <p>i Completed by 1/24/25</p>		

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	<p>accounted for. Resident had not complained of any pain."</p> <p>2. The clinical record for Resident G was reviewed on 1/8/25 at 3:30 p.m. The diagnoses included, but were not limited to, senile degeneration of the brain, severe vascular dementia, malignant neoplasm of the prostate, and depression.</p> <p>A physician's order indicated to give a Hydrocodone-acetaminophen 5-325 mg tablet Give by mouth three times a day PRN for pain</p> <p>The resident's EMAR, dated December 2024, had one (1) PRN dose documented to indicate the resident had received a PRN dose of this medication during the month of December.</p> <p>A facility document, titled "Controlled Drug Record," dated 12/4/24, indicated a Hydrocodone-acetaminophen 5-325 mg tablet was signed out on the narcotic sheet the following dates and times:</p> <p>12/04/24 at 9:00 a.m. (RN 1) 12/04/24 at 6:00 p.m. (RN 1) 12/06/24 at 11:00 a.m. (RN 1) 12/06/24 at 3:00 p.m. (RN 1) 12/06/24 at 10:00 p.m. (RN 1) 12/07/24 at 8:00 a.m. (RN 1) 12/07/24 at 3:00 p.m. (RN 1) 12/08/24 at 8:00 a.m. (RN 1) 12/09/24 at 2:00 p.m. (RN 1) 12/11/24 at 9:00 a.m. (RN 1) 12/11/24 at 2:00 p.m. (RN 1)</p> <p>A handwritten note on this record indicated "Resident unable to interview but had not complained of pain. All medication accounted for."</p>						

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	<p>A facility document, titled "Associate Discipline Form," dated 12/18/24 and provided by Clinical Support Nurse on 1/8/25 at 11:15 a.m., indicated RN 1 was suspended for failure to follow procedure and/or instructions. RN 1 was accused of not following company policy and procedure of signing out narcotics which had been given on both the narcotic count sheet and the EMAR.</p> <p>A facility document, titled "Associate Discipline Form," dated 12/19/24 and provided by Clinical Support Nurse on 1/8/25 at 11:15 a.m., indicated RN 1 was terminated for failure to follow procedure and/or instructions. The investigation determined RN 1 did not sign all the narcotic medications she gave on both the narcotic count sheet and the EMAR. She was terminated for failure to follow policy and procedure.</p> <p>During an interview, on 1/8/25 at 4:15 p.m., the Clinical Support Nurse indicated RN 1 was terminated for not following policy and procedure for signing out and documenting the administration of a narcotic medication. The narcotic count sheets were correct, but the narcotic medications were not signed out on the EMAR.</p> <p>A current facility policy, titled "Documentation of Medication Administration," dated November 2022 and provided by the Clinical Support Nurse on 1/7/25 at 2:15 p.m., indicated "...A medication administration record is used to document all medications administered...A nurse or certified medication aide (where applicable) documents all medications administered to each resident on the resident's medication administration record (EMAR). 2. Administration of medication is documented immediately after it is given...."</p>						

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	A current facility policy, titled "Clinical-Policy and Procedure for Scheduled Drugs," dated March 2015 and provided by the Clinical Support Nurse on 1/7/24 at 2:15 p.m., indicated "...Immediately after a dose of a scheduled drug is administered, the licensed nurse administering the scheduled drug is to enter all of the following information...Date and time of administration...Dose administered...Signature of nurse administering the dose...Remaining Doses...." 3.1-25(b)(3)						