

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

PRINTED: 03/21/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155846		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/26/2025	
NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP COD 616 GREEN HOUSE WAY CARMEL, IN 46032			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00444413 and IN00444369.</p> <p>Complaint IN00444413 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444369 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 19, 20, 21, 24, 25 and 26, 2025.</p> <p>Facility number: 013753 Provider number: 155846 AIM number: 201362150</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 5 Medicaid: 37 Other: 28 Total: 70</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on March 3, 2025.</p>			F 0000	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>		
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights</p> <p>Based on observation, interview and record</p>			F 0550	<p>Disclaimer:</p>		03/20/2025

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

TITLE

(X6) DATE

Chelsea Knox

RN DON

03/18/2025

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 30 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>review, the facility failed to ensure urinary catheter bags had dignity covers in place for 2 of 3 residents reviewed for dignity. (Resident 40 and 52)</p> <p>Findings include:</p> <p>1. During an observation, on 2/24/25 at 10:28 a.m., Resident 40 was in the TV area and his catheter bag did not have a dignity cover (a cover which blocked the appearance of urine in the catheter bag).</p> <p>The clinical record for Resident 40 was reviewed on 2/21/25 at 11:06 a.m. The diagnoses included, but were not limited to, benign prostatic hyperplasia, other obstructive and reflux uropathy, and hypertension.</p> <p>A physician's order, with a start date of 1/22/23, indicated the resident had a urinary catheter.</p> <p>A current urinary catheter care plan indicated to encourage/assist the resident to obscure visibility of the drainage bag with a dignity cover as appropriate.</p> <p>During an interview, on 2/24/25 at 10:57 a.m., Licensed Practical Nurse (LPN) 4 indicated the catheter bag did not have a dignity cover.</p> <p>2. During an observation, on 2/20/25 at 10:23 a.m., Resident 52 was out in the TV area and had a catheter bag under his chair and did not have a dignity cover for his urinary catheter.</p> <p>During an observation, on 2/24/25 at 10:54 a.m., Resident 52 was out in the TV area and did not have a dignity cover for his urinary catheter.</p>				<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure urinary catheter bags had dignity covers in place for 2 of 3 residents reviewed</p> <p>Corrective Action for resident(s) found to have deficiency: Dignity bags were provided for resident 40 and 52.</p> <p>Identify other residents having the same potential deficiency: Residents that have an indwelling foley catheter are at risk of having the same potential deficiency. An audit was completed on all residents that have a foley catheter on 3/7/25 to ensure they have a dignity bag.</p> <p>Measures put into place or systemic changes: Director of Nursing or designee educated all licensed nursing staff that all catheters require a dignity bag.</p> <p>Plan to monitor performance to maintain compliance: Director</p>		

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F 0684 SS=D Bldg. 00	<p>The clinical record for Resident 52 was reviewed on 2/21/25 at 10:55 a.m. The diagnoses included, but were not limited to chronic kidney disease, neuromuscular dysfunction of the bladder, and muscle weakness.</p> <p>A physician's order, with a start date of 1/21/25, indicated the resident had a Foley catheter for urinary retention.</p> <p>During an interview, on 2/24/25 at 10:57 a.m., LPN 4 indicated the catheter did not have a cover which needed to be fixed.</p> <p>A current facility policy, titled "Quality of Life - Dignity," dated as approved in May 2020, and received from the Director of Nursing on 2/25/25 at 3:00 p.m., indicated "...Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by: a. Helping the resident to keep urinary catheter bags covered...."</p> <p>3.1-3(t)</p> <p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to ensure staff followed the physician's orders regarding medication administration for 2 of 2 residents reviewed for quality of care. (Resident 19 and 7)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 19 was reviewed on 2/21/25 at 11:42 a.m. The diagnoses included, but were not limited to, type 2 diabetes, heart failure, and hypertension.</p>			F 0684	<p>of Nursing or designee will audit resident with an indwelling foley catheter to ensure they have a dignity bag- 5 residents per week x4 weeks, 3 residents per week x2 months, and 1 resident per week x3 months. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>		03/20/2025

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	<p>A physician's order, with a start date of 5/14/24, indicated to give hydralazine (a medication to lower blood pressure) 10 milligrams (mg) every 4 hours as needed for a systolic blood pressure (SBP) above 170.</p> <p>The medication administration record (MAR) indicated the following: On 9/28/24, the systolic blood pressure was 195. hydralazine was not given. On 10/4/24, the systolic blood pressure was 175. hydralazine was not given. On 10/25/24, the systolic blood pressure was 171. hydralazine was not given. On 11/25/24, the systolic blood pressure was 179. hydralazine was not given.</p> <p>During an interview, on 2/24/25 at 11:41 a.m., the Director of Nursing (DON) indicated the medication should have been given and documented in the MAR.</p> <p>During an interview, on 2/25/25 at 11:37 a.m., the DON indicated she could not find any information the medication was given. It should have been documented in the MAR. 2. The clinical record for Resident 7 was reviewed on 2/21/25 at 1:14 p.m. The diagnoses included, but were not limited to, hypertension, neuromuscular dysfunction of the bladder, and benign prostatic hyperplasia.</p> <p>a. A physician's order, with a start date of 1/31/25, indicated to give sacubitril-valsartan (a medication used to treat heart failure) every 12 hours for hypertension with instructions to hold the medication if the systolic blood pressure was below 110.</p> <p>The Medication Administration Record (MAR)</p>				<p>Alleged deficiency: Failed to ensure staff followed the physician's orders regarding medication administration</p> <p>Corrective Action for resident(s) found to have deficiency: Order for PRN hydralazine for resident 19 was discontinued. Education was provided to nursing staff that administers medication regarding specific hold orders for resident 7.</p> <p>Identify other residents having the same potential deficiency: An audit was completed on all residents on 3/7/25 to determine if they have hold orders on their blood pressure medications or PRN blood pressure medications and are at risk for the same deficiency.</p> <p>Measures put into place or systemic changes: Director of Nursing or designee educated all licensed nursing staff that administer medications regarding hold orders and administering PRN medications appropriately.</p> <p>Plan to monitor performance to maintain compliance: Director of Nursing or designee will audit resident with hold orders on their BP medications- 5 residents per week x4 weeks, 3 residents per week x2 months, and 1 resident per week x3 months. If any</p>		

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	<p>indicated sacubitril-valsartan was administered with the systolic blood pressure below the ordered hold parameter on 1/31/25.</p> <p>The MAR indicated sacubitril-valsartan was administered 3 times with the systolic blood pressure below the ordered hold parameter in February 2025.</p> <p>b. A physician's order, with a start date of 9/4/24, indicated to give metoprolol succinate (a medication used to lower blood pressure) once a day for hypertension with instructions to hold the medication if the systolic blood pressure was below 110 or if the heart rate was below 55.</p> <p>The MAR indicated metoprolol succinate was administered eight (8) times with the systolic blood pressure below the ordered hold parameter and one (1) time with the heart rate below the ordered hold parameter in January 2025.</p> <p>The MAR indicated metoprolol succinate was administered four (4) times with the systolic blood pressure below the ordered hold parameter and one (1) time with the heart rate below the ordered hold parameter in February 2025.</p> <p>During an interview, on 2/25/25 at 1:46 p.m., the Director of Nursing (DON) indicated a check mark on the MAR indicated the medication was administered. While reviewing the MAR with the DON, she indicated the medications were administered with the systolic blood pressure and/or the heart rate below the ordered hold parameter.</p> <p>A current facility policy, titled "Medication Administration General Guidelines Policy," with an approval date of 5/27/20 and received from the</p>				<p>compliance trends are identified, they will be reviewed in QAPI meetings. Director of Nursing or designee will audit resident with PRN blood pressure medications- 5 residents per week x4 weeks, 3 residents per week x2 months, and 1 resident per week x3 months. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p>		

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F 0880 SS=D Bldg. 00	<p>DON on 2/26/25 at 12:00 p.m., indicated "...The licensed nurse and/or the QMA shall administer each resident's medications in accordance with the physician's order...Medications are administered in accordance with written orders of the attending physician...."</p> <p>3.1-37(a)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview and record review, the facility failed to ensure catheter bags were not touching a dirty surface and catheters were disposed of properly for 3 of 5 residents reviewed for infection control. (Resident 52, 7 and 44)</p> <p>Findings include:</p> <p>1. During an observation, on 2/19/25 at 10:10 a.m., Resident 52's catheter bag was resting on his Broda chair's footrest (a specialty wheelchair). The residents' feet were resting on top of the catheter bag.</p> <p>During an observation, on 2/19/25 at 10:12 a.m., a staff member transported the resident to the TV area from the dining table.</p> <p>During an observation, on 2/19/25 at 12:30 p.m., Resident 52's feet were still resting on his catheter in the same position.</p> <p>No staff had noticed the placement of the catheter bag.</p> <p>The clinical record for Resident 52 was reviewed on 2/21/25 at 10:55 a.m. The diagnoses included,</p>			F 0880	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure catheter bags were not touching a dirty surface and catheters were disposed of properly</p> <p>Corrective Action for resident(s) found to have deficiency: Catheter bags were disposed of for residents 7 and 44. Resident 52s catheter bag was adjusted to hang below his broda chair.</p> <p>Identify other residents having the same potential deficiency:</p>		03/20/2025

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	<p>but were not limited to, chronic kidney disease, neuromuscular dysfunction of the bladder, and muscle weakness.</p> <p>A physician's order, with a start date of 1/21/25, indicated the resident had a Foley catheter for urinary retention.</p> <p>During an interview, on 2/24/25 at 10:57 a.m., LPN 4 indicated education would need to be provided for staff about the placement of catheter bags.2. The clinical record for Resident 7 was reviewed on 2/21/25 at 1:14 p.m. The diagnoses included, but were not limited to, neuromuscular dysfunction of the bladder and benign prostatic hyperplasia with lower urinary tract symptoms.</p> <p>During an observation and interview, on 2/19/25 at 10:38 a.m., a used catheter drainage bag was in a trash can next to Resident 7's bed. Resident 7 indicated his catheter bag was leaking a few days ago and the nurse changed the catheter bag.</p> <p>The Medication Administration Record (MAR) indicated Resident 7's catheter had last been changed on 2/3/25.</p> <p>There was no documentation in the electronic medical record to indicate Resident 7's catheter had been changed after 2/3/25.</p> <p>3. The clinical record for Resident 44 was reviewed on 2/21/25 at 1:42 p.m. The diagnoses included, but were not limited to, paraplegia, neuromuscular dysfunction of the bladder, and retention of urine.</p> <p>During an observation and interview, on 2/24/25 at 10:43 a.m., a catheter drainage bag with dried brown sediment inside the bag, and a used leg drainage bag (a smaller catheter drainage bag)</p>				<p>An audit was completed on all residents that have an indwelling catheter to ensure they have proper placement of their foley bag and that all other bags have been disposed of properly on 3/7/25.</p> <p>Measures put into place or systemic changes: Director of Nursing or designee educated all licensed nursing staff regarding proper disposal of foley catheter bags and proper placement of foley bags on wheelchairs.</p> <p>Plan to monitor performance to maintain compliance: Director of Nursing or designee will audit resident with foley catheters to ensure catheters are hanging properly and all other catheter bags have been disposed of properly - 5 residents per week x4 weeks, 3 residents per week x2 months, and 1 resident per week x3 months. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p>		

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	<p>were hanging on a grab bar located in Resident 44's bathroom. Resident 44 indicated the larger catheter drainage bag hanging in her bathroom had been there for a month and the leg bag had been hanging in the bathroom since she returned from her doctor appointment a week ago.</p> <p>A physician's order indicated Resident 44 left the facility for a Urology appointment on 2/11/25.</p> <p>During an interview, on 2/24/25 at 10:55 a.m., Registered Nurse 3 observed the used catheter bags. RN 3 indicated the catheter drainage bags appeared to have been used and all catheter drainage bags should be disposed of properly after being changed.</p> <p>A current facility policy, titled "Resident Rights," and received from the Executive Director on 2/25/25 at 3:00 p.m., indicated "...Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's rights to...a dignified existence...equal access to quality care...."</p> <p>A current facility policy, titled "Infection Prevention and Control," with an approval date of 5/27/20 and received upon entrance, indicated "...Our community has an Infection Prevention and Control Program...The objectives of the IPCC are to...Provide community guidelines for a safe and sanitary environment...Review and help monitor the medical waste management plan...Surveillance of the workplace to ensure that required work practices are observed...."</p> <p>3.1-18(b)(4)</p>						