

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

PRINTED: 04/21/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/09/2023	
NAME OF PROVIDER OR SUPPLIER PARK TERRACE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712			
(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 Complaint IN00397874, IN00398803, IN00402939.</p> <p>Complaint IN00397874 - Federal/state deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00398803- No deficiencies related to the allegation are cited.</p> <p>Complaint IN00402939- No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 7, 8, 9, 2023.</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 8 Medicaid: 41 Other: 10 Total: 59</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 13, 2023.</p>			F 0000	<p><u>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</u></p> <p>- <u>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Compliant Survey Revisit on or after 4/07/2023.</u></p>		
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from</p>						

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

TITLE

(X6) DATE

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ED

03/28/2023

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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	<p>abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review, the facility failed to prevent the misappropriation of resident's narcotic medication for 2 of 4 residents reviewed for misappropriation of property. (Resident E, Resident H)</p> <p>Findings include:</p> <p>During record review on 3/8/23 at 8:44 a.m., a facility reported incident, with an incident date of 1/9/23, included that RN 1 had taken Resident E's oxycodone-acetaminophen tablet, 10-325-mg(milligram), (narcotic pain medication), and was caught attempting to return it to the facility.</p> <p>On 3/8/23 at 9:15 a.m., Resident E indicated she has an order for an as needed narcotic and gets it if she asks for it.</p> <p>During record review on 3/8/23 at 11:04 a.m., Resident E's diagnoses included, but were not limited to, Multiple Sclerosis, Parkinson's Disease, Ulcerative Colitis, other chronic pain. Resident E's December 2022 physician orders included, but were not limited to, oxycodone-acetaminophen tablet, 10-325 mg oral., every 4 hours- PRN (as needed). (started 12/31/22).</p> <p>On 3/8/23 at 2:51 p.m., the Administrator provided an unsigned statement with dates of 1/8/23 and 1/9/23 from RN 1 with the statement "They came Saturday night and removed that night but returned on next day"</p>			F 0602	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> - Resident H no longer resides in the facility - Resident E received her medication as prescribed. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> - Residents who have discharged and or discontinued narcotic medications have the potential to be affected by the alleged deficient practices. -A 100% audit of residents narcotic medications will be completed - A- An audit will be conducted to ensure all narcotic medications have been accounted for and or destroyed per facility policy. - Licensed staff in the building will be educated on proper destruction of discharged narcotics. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient</p>		04/07/2023

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	<p>During a record review on 3/8/23 at 9:00 a.m., a facility reported incident, with incident date of 1/11/23, included that a discrepancy in a narcotic medication on a discharged resident was found, (Resident H), involving LPN 1 and LPN 2.</p> <p>On 3/8/23 at 2:51 p.m., the Administrator provided signed statements by LPN 1 and LPN 2. LPN 1's statement dated 1/11/22(sic) included, " To Whom it may concern, I (LPN 1) do not have any knowledge to any medications that may have come up missing..."</p> <p>LPN 2's statement dated 1/12/23, included, " I was working night shift on the night of 12/19/22 into the morning of 12/20/22. I can confirm that the name on the signature paper is mine. However, as this took place on 12/19/22 and today is 1/12/23 I am unable to recall why I removed this pill for (Resident H). I am aware of company policy r/t drug destruction & the need to have 2 nurses present."</p> <p>On 3/9/23 at 9:39 a.m., the Administrator indicated the MDS (Minimum Data Set), Coordinator informed her of the missing card of the discontinued narcotic for Resident E, an investigation was started, all nurses were called that had worked. RN 1 texted RN 2 and said she wanted to return the missing narcotics and not to tell anyone. The Administrator, DON, and MDS Coordinator witnessed the exchange of the medication between RN 1 and RN 2. During the investigation on RN 1, the misappropriation of Resident H's medication by LPN 1 and LPN 2 was discovered, the Sheriff, Attorney General and the State Department of Health were notified of the drug misappropriations.</p>				<p>practice does not recur?</p> <p>- Licensed nursing personnel will destroy narcotic medications per policy. The DNS/designee will review all physician orders daily and any discontinued narcotic medications will be reviewed to ensure medications are removed/destroyed per policy.</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>- The DNS/designee will be responsible for completing discharged/discontinued narcotic medication destruction tool. weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly 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 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>		

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	<p>On 3/9/23 at 9:49 a.m., the ADON (Assistant Director of Nursing) provided a copy of Resident H's December 2022 physicians order for the misappropriated medication. The order was for oxycodone-acetaminophen tablet, 10-325 mg oral, every 4 hours -PRN (as needed), diagnosis: other chronic pain. (started 12/31/22). Resident H was admitted on 12/3/22 and discharged on 12/15/22.</p> <p>On 3/9/23 at 8:31 a.m., the DON provided the current policy on abuse prohibition, reporting and investigation with a revision date of January 2023. The policy included, but was not limited to: It is the policy of (name of Corporation) to provide each resident with an environment that is free from abuse, neglect, misappropriation of resident property, and exploitation. This includes, but is not limited to verbal abuse, sexual abuse, physical abuse, mental abuse, corporal punishment, and involuntary seclusion. Misappropriation of resident funds or property- deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's property or money without the resident's consent.</p> <p>This Federal tag relates to Complaint IN00397874.</p> <p>3.1-28(a)</p>						