

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

PRINTED: 09/07/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155226		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/15/2023	
NAME OF PROVIDER OR SUPPLIER NORTH CAPITOL NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2010 N CAPITOL AVE INDIANAPOLIS, IN 46202			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00414312 and IN00414717.</p> <p>Complaint IN00414312 - Federal/state deficiencies related to the allegations are cited at F925.</p> <p>Complaint IN00414717 - Federal/state deficiencies related to the allegations are cited at F925.</p> <p>Survey date: August 15, 2023</p> <p>Facility number: 000131 Provider number: 155226 AIM number: 100274910</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicaid: 58 Other: 10 Total: 68</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 18, 2023</p>			F 0000			
F 0925 SS=E Bldg. 00	<p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, interview, and record</p>			F 0925	What corrective action(s) will be accomplished for those		09/01/2023

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

TITLE

(X6) DATE

Roland Mann

Executive Director

09/01/2023

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>review, the facility failed to ensure an effective pest control program that included the elimination of clutter and debris for an area with a history of pest activity. This had the potential to affect 55 of 68 residents that reside in the facility. (Memory Care Unit and 200 Hallway)</p> <p>Findings include:</p> <p>An interview was conducted on 8/15/23 at 11:00 a.m., with Manager 2, who worked with the pest control company. He indicated there had been ongoing treatment for American cockroaches in the facility. The goal had been to conduct preventative measures and treat for such pests. There had been a concern with residents hoarding items to create clutter within their rooms. That can cause a barrier with treatment and not allow proper treatment to such area due to the clutter.</p> <p>An interview conducted with Resident B, on 8/15/23 at 12:00 p.m., indicated he had noticed cockroaches in his room and the 200-hallway on occasion.</p> <p>An interview conducted with Resident C, on 8/15/23 at 12:20 p.m., indicated she will see cockroaches, on occasion, in the common areas on the 200-hallway.</p> <p>An interview conducted with Certified Nursing Assistant (CNA) 4, on 8/15/23 at 12:24 p.m., indicated she had seen cockroaches in the facility but not recently.</p> <p>An observation conducted of the supply closet by the 200-hallway nurses' station, on 8/15/23 at 12:25 p.m., noted 2 boxes that were on the left side of the floor, a clothing basket with folded up socks, and another box to the right side of the</p>				<p>residents found to have been affected by the deficient practice: All area identified during rounds have been corrected. All boxes, totes, and clutter have been removed. The areas in question have were also treated for pests.</p> <p>·</p> <p>How will other residents who have the potential to be affected by the same deficient practice e identified; and what corrective action(s) will be taken:</p> <p>· All residents have the potential to be affected by the alleged deficient practice. ED has completed ann audit of all supply closets. All clutter has been removed and those areas have also been treated for pests. ED</p> <p>·</p> <p>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>· ED or Designee will educate all staff on removing clutter and keeping supply closets organized to mitigate areas for pests to harbor and breed. Inservice compete by 9/1/2023</p> <p>·</p> <p>· ED or Designee will complete an Enviromental rounds Compliance Tool daily x 4 weeks</p>		

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	<p>floor. A fingernail sized pest proceeded to crawl towards the box on the right side of the floor.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) 5, on 8/15/23 at 12:45 p.m., indicated Resident D, who's room was adjacent to the supply closet, stated there were "bugs crawling on her". Upon inspection of her bed there appeared to be crawling pests to her bed. The bed was cleaned, and her room was deep cleaned. There have been no sightings of pests since that occurred last week.</p> <p>An observation conducted of the nursing supply closet by the Memory Care Unit, on 8/15/23 at 12:45 p.m., noted a box containing Ensure supplements on the floor along with decorations within the middle of the closet on the floor. The closet appeared cluttered.</p> <p>An observation conducted of the supply closet in the hallway of the Memory Care Unit, on 8/15/23 at 12:50 p.m., noted 2 racks of shelves with supplies and linens. There were 4 boxes on the floor, 3 totes on the floor, and 5 bags of clothing that were stacked on the boxes and totes. There were other boxes located within the center of the closet along with activity supplies that made the closet appear cluttered.</p> <p>A tour conducted with the Executive Director (ED), on 8/15/23 at 2:33 p.m., noted the same condition of the 200-hallway supply closet. An interview conducted with the ED, during the tour, indicated the areas need to be cleaned and decluttered.</p> <p>A Pest Control policy, dated 11/20, was provided by the ED on 8/15/23 at 1:10 p.m. The policy indicated the following, "...The facility will have</p>				<p>and then monthly x 3 months to ensure compliance is maintained.</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> <ul style="list-style-type: none"> ED or Designee will be responsible for the completed environmental rounds QAPI Tool weekly x 4 weeks, monthly x 3 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a threshold of 90% is not achieved, an new action plan will be developed to ensure compliance. 		

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	an effective pest control program so that the nursing home is free of pests and rodents...1. The facility maintains an agreement with a pest control Company to conduct a monthly and as needed service to assure that the facility is free of pests and rodents...." This Federal tag relates to Complaints IN00414312 and IN00414717. 3.1-19(f)(4)						