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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

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F 0000 Bldg. 00	This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on May 26, 2022. This visit included a PSR to the Investigation of Complaints IN00379484, IN00379008, IN00379801, and IN00380287 completed on May 26, 2022. Complaint IN00379484 - Corrected. Complaint IN00379008 - Corrected. Complaint IN00379801 - Corrected. Complaint IN00380287 - Corrected. Survey dates: July 12, 13, and 14, 2022 Facility number: 000172 Provider number: 155272 AIM number: 100267130 Census Bed Type: SNF/NF: 121 Total: 121 Census Payor Type: Medicare: 7 Medicaid: 90 Other: 24 Total: 121 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 19, 2022	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from 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. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;			
	Based on interview and record review, the facility failed to ensure a resident's right to be free from abuse for 2 of 6 residents reviewed for abuse. (Residents 33 and 230) Findings include: The clinical record for Resident 33 was reviewed on 7/14/22 at 8:45 a.m. Resident 33's diagnoses included, but not limited to, major depressive disorder, chronic obstructive pulmonary disease, anxiety disorder, and cerebral infarction (stroke). Resident 33's quarterly MDS (minimum data set) dated 5/30/22 indicated, they were cognitively intact. The clinical record for Resident 230 was reviewed on 7/14/22 at 9:26 a.m. Resident 230's diagnoses included, but not limited to, chronic obstructive pulmonary disease, diabetes type II, and asthma.	F 0600	**F 600** Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident 33 no longer resides at the facility. Resident 230 has remained free from abuse. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected. DNS or designee completed an audit of all residents to ensure they were free from abuse. **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:** The facility needs to ensure abuse does not occur and that any	08/01/2022

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	Resident 230's admission MDS dated 4/18/22 indicated, they were cognitively intact. An incident investigation file was received from DON (Director of Nursing) on 7/13/22 at 1:50 p.m. The investigation file contained, but not limited to, a copy of the reported incident, resident interviews, and staff interviews. The reported facility incident indicated, on 7/3/22, Resident 230 approached Resident 33 and without making contact, called her a "B----" (female dog). Resident 33 responded by pushing Resident 230 with her open hand, applying force to the left side of Resident 230's face and causing him to move backwards. Resident 230 used his hand to make contact with Resident 33's face which caused her to fall backwards to the ground. A nursing note documented in Resident 33's EHR (electronic health record) dated 7/3/22 at 7:18 p.m. indicated, "Resident was struck on the right cheek by another resident outside in the smoking area of the facility/(sic)the two residents involved were immediately separated with incident/ (sic)Residents(sic) right cheek area is reddened and will continue to be assessed per protocol..." No bumps or bruises were noted to her scalp and neck area, no signs or symptoms of respiratory distress, but was "upset" by the altercation. It further indicated, the ED (Executive Director. DON and Unit Manager were notified. A nursing note documented in Resident 230's EHR dated 7/3/22 at 6:37 p.m. indicated, "Resident was pushed on the left cheek by another resident outside in the smoking area of the facility". No bumps or bruises to head or scalp area were noted. The ED, DON and Unit Manager were notified.		abuse allegation is reported and investigated in accordance with existing facility policy. All allegations of abuse or a concern that may constitute abuse will be reported to the Executive Director immediately. DON/Designee educated all staff on the existing facility policy identified as, “Indiana Abuse, Neglect, and Misappropriation”, with emphasis on reporting and investigating and reinforcing the expectation this policy will be followed including discussion of the consequences of not following facility policy for both the residents and staff. In-services on the facility’s abuse prevention, investigation, and reporting policy will be conducted once a quarter. Alert and oriented residents were educated and encouraged to report any acts of abuse or reports of abuse to facility staff. All new hires will continue to receive education during their orientation on the facility’s Abuse policy, the expectation that this policy will be followed, and the consequences of not following this policy. All staff and alert and oriented residents have been educated on the facility’s existing policy and process on reporting abuse, including but not limited to what constitutes abuse, when to report abuse, to whom to report abuse to, the Executive Director’s phone number, and the grievance process including where to locate	

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	A witness statement from the investigation file indicated, Resident 87 was in the smoking area having a cigarette when Resident 230 came outside. Resident 230 smoked a cigarette then asked Resident 87 for another cigarette. When Resident 87 declined to give Resident 230 a cigarette, he got mad which made Resident 33 laugh. Resident 33 "stated don't tell say nothing (sic), [Resident 33's first name] walked over, said don't say anything about her mother & [Resident 33's first name] went over, stated [Resident 230's first name] I don't care about you or your mom & then [Resident 33's first name] pushed him & then [Resident 230's name] pushed [Resident 33's name]. [Resident 33's name] fell to ground [sic]..." A witness statement from Resident 33 dated 7/3/22 indicated, she was outside on the smoking patio that day when Resident 230 started asking others for a cigarette. She made a comment to Resident 230 stating "why are you always bumming". Resident 230 replied to Resident 33 saying it doesn't concern her and Resident 33 said "something smart" but couldn't remember what exactly and Resident 230 said F--- you (expletive) and your mom. Resident 33 stood up, walked over to Resident 230, and took her index finger and pushed his head back. Resident 230 then pushed her and she fell backwards to the ground. Resident 33 reported the incident to staff then left the facility on a LOA (leave of absence). An interview was conducted with Resident 87 was conducted on 7/13/22 at 3 p.m. He indicated, he was outside on the smoking patio with Resident 33 on 7/3/22 when the incident between her and Resident 230 occurred. He stated, Resident 230 came out to the smoking area, smoked a cigarette, then asked him to bum another cigarette.		grievance forms. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Interview residents at random to ensure they are free from abuse.	

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	Resident 87 did not offer him another cigarette, but Resident 33 made a comment to him and he replied with something to the effect of mind your own business. That was when Resident 33 walked over to Resident 230 and "gets in his face and he leaned forward like he was going to stand up and she poked him in the face" as if to push him back. Resident 230 then "pulled back and punched her and she fell back". Resident 87 indicated, Resident 230 hit Resident 33 with a closed fist. An interview with Resident 230 was conducted on 7/13/22 at 3:40 p.m. Resident 230 indicated, on 7/3/22, he had gone outside to smoke and had asked Resident 87 for a cigarette. When Resident 87 said he didn't have one, Resident 33 made a comment and Resident 230 told Resident 33 that his conversation with Resident 87 doesn't concern her. She then got in his face saying "Why don't you make me" then poked him in the face and her nail scratched him by his eye. He stated, he then pushed her back and she fell down. He indicated, he pushed her with an open hand and not a fist. A skin grid dated 7/3/22 for Resident 230 indicated, he had a new scratch to the corner of his left eye. Resident 33's 10/6/20 care plan dated indicated she has the potential to demonstrate verbally abusive behaviors and has potential to demonstrate physical abusive behaviors related to a resident to resident altercation The interventions included, but not limited to: analyze of key times, places, circumstances, triggers, and what deescalates behavior; assess the resident's understanding of the situation; allow time for the resident to express self and feelings towards the situation; when resident becomes agitated,			

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	intervene before agitation escalates; guide away from source of distress; engage calmly in conversation; if response is aggressive, staff to walk calmly away, and approach later. An Abuse & Neglect & Misappropriation of Property policy was received from DON on 7/14/22 at 9:43 a.m. The policy indicated, under definitions, "Physical Abuse: In Indiana, is defined as a willful act against a resident by another resident, staff or other individuals. Examples: hitting, beating, slapping, punching, shoving, spitting, striking with an object, pulling/twisting...It is the intent of this facility to prevent the abuse, mistreatment, or neglect of residents or the misappropriation of their property, corporal punishment and/or involuntary seclusion and to provide guidance to direct staff to manage any concerns or allegations of abuse, neglect, or misappropriation of their property."			
F 0697 SS=D Bldg. 00	483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on interview and record review, the facility failed to provide pain management to a resident who required such services by not administering narcotic pain medication as ordered by a physician for 1 of 3 residents reviewed for pain management. (Resident 68) Findings include: The clinical record for Resident 68 was reviewed	F 0697	**F 697** **Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident 68: Medical records were reviewed and appropriately reflects pain**	08/01/2022

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	on 7/12/22 at 2:17 p.m. The Resident's diagnosis included, but were not limited to, peripheral vascular disease and stage 3 pressure ulcer on right thigh. An Admission MDS (Minimum Data Set) Assessment, completed 3/16/22, indicated he was cognitively intact. A care plan, revised on 4/22/22, indicated he had acute and chronic pain related to his peripheral vascular disease. The goal, revised on 4/4/22, was for him to be able to verbalize relief of pain. The interventions included, but were not limited to, Ensure residents are turned and repositioned, initiated 5/19/22, and provide medications as ordered, initiated 3/9/22. A physician's order placed on 5/18/22 indicated, to administer one 10 mg(milligram) oxycodone ER (extended release) tablet every two hours for pain. Resident 68's July 2022 MAR (medication administration record) indicated, the oxycodone was not administered on the following dates and times with the respective reason codes and pain ratings: - 7/6/22, 8 a.m. dose; coded as "9", pain rating was marked as "x". - 7/6/22, 8 p.m. dose; coded as "9" and pain rating marked as "x". - 7/7/22, 8 a.m. dose; coded as "9" and pain rating marked as "x". - 7/8/22, 8 a.m. dose; coded as "9" and pain rating marked as "x" At the bottom of the MAR, it denoted a code of "9" indicated, "Other, See Nurses Notes" The nurse's notes for the following days and times were as follows:		**assessment, management and plan of care for pain management.** **Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents hat are currently on pain management have the potential to be affected by the same deficient practice. DNS or designee completed an audit of all residents on pain management to ensure pain goals are being met, plan of care reflects resident pain management needs, and medications are available per MD order.** **Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: 1.) Licensed clinical staff were educated on the guideline for pain management to include but not limited to adequately assessing and treating a resident's pain. 2.) Licensed clinical staff were educated on**	

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	- 7/6/22, 8 a.m. dose indicated "pending" - 7/6/22, 8 p.m. dose indicated "pending" - 7/7/22, 8 a.m. dose indicated "reordered" - 7/8/22, 8 a.m. dose indicated, "on order" Resident 68's controlled drug administration record for the oxycodone ER 10 mg tablets indicated, a total of 20 tablets were received by the facility on 6/26/22 and the last administration from that delivery was on 7/5/22 at 6 p.m. Resident 68's controlled drug administration record for the oxycodone ER 10 mg tablets indicated, a total of 18 tablets were received by the facility and the first administration from that delivery was on 7/9/22 at 8 a.m. A copy of the facility's EDK (emergency drug kit) activity transaction report from 7/5/22 to 7/9/22 was received from DON (Director of Nursing) on 7/12/22 at 3:36 p.m. It indicated, an oxycodone ER 10 mg tablet was pulled from the EDK on 7/8/22 at 2:44 a.m. An interview with Resident 68 was conducted on 7/12/22 at 2:45 p.m. He indicated, he was still having issues with getting his oxycodone. He indicated, the facility always seems to run out of his oxycodone tablets near the weekend and then he has to wait a couple of days for the refill to come in. He stated, the wounds he has on the back of his legs are very painful and because of that he has to lie a certain way and that complicates the pain. He indicated, he has now started asking the nursing staff how many tablets he had left in order to be sure he has enough tablets to make it through the weekends. He stated, "I shouldn't have to worry about it".		**the use of the EDK. 3.) Licensed clinical staff were educated on the Medication Administration policy to include but not limited to administering pain medication per MD order.** **How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: 1.) Audit and interview residents to ensure pain management needs are being met per the residents plan of care. 2.) Interview staff on the use of the EDK 3.) Audit the EMAR to ensure residents are receiving pain medications per MD order.** **The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.**	

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F 9999 Bldg. 00		F 9999	No response required	08/01/2022