

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

PRINTED: 04/26/2023
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 03/21/2023	
NAME OF PROVIDER OR SUPPLIER NORTH CAPITOL NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2010 N CAPITOL AVE INDIANAPOLIS, IN 46202			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00404118.</p> <p>Complaint IN00404118 -- Federal/state deficiencies related to the allegations are cited at F557, F580 and F842.</p> <p>Survey dates: March 20 and 21, 2023</p> <p>Facility number: 000131 Provider number: 155226 AIM number: 100274910</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 1 Medicaid: 57 Other: 12 Total: 70</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 27, 2023</p>			F 0000			
F 0557 SS=D Bldg. 00	<p>483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do</p>						

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

TITLE

(X6) DATE

Roland Mann

Administrator

04/03/2023

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 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>so would infringe upon the rights or health and safety of other residents.</p> <p>Based on interview and record review, the facility failed to ensure a completed record of the resident's personal property was maintained for 1 of 3 residents reviewed for misappropriation of property. (Resident B)</p> <p>Findings include:</p> <p>In an interview with a family member of Resident B on 3-20-23 at 3:08 p.m., she indicated during Resident B's stay at the facility, his belongings of clothing, eyeglasses, Bible, cell phone and wallet went missing and were not recovered.</p> <p>In an interview on 3-20-23 at 1:40 p.m., with the Assistant Director of Nursing (ADON), she indicated she was unable to find a personal inventory record in Resident Bs' chart, but one of the admitting nurses had documented his belongings in the nursing notes at admission. A nursing note, dated 10-3-23 at 9:07 p.m., and signed by LPN 3, indicated, "Resident has a cell phone, wallet, and wedding ring."</p> <p>In an interview with the Executive Director (ED) on 3-21-23 at 2:05 p.m., he indicated he was unable to locate any grievances [reports of any type of resident concerns] during the time Resident B was at the facility. "I could not locate any reports of missing items from either the resident or his family. Normally, we have the resident or their family fill out an Inventory Record, if they are capable of doing it. Any report we receive of lost or missing items, we immediately look into the situation and try to rectify it, but like I said, I couldn't find anything."</p> <p>On 3-21-23 at 2:20 p.m., the ED provided a copy of</p>			F 0557	<p>F557 – Respect and Dignity</p> <p>1. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? Resident does not currently reside at facility.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents that reside in the facility have the potential to be affected by this alleged deficient practice. All other residents identified will have an inventory sheet completed.</p> <p>3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All nursing staff will be educated on completing the inventory sheet. In addition, an inventory sheet review will be added to the daily clinical start up process for all residents. Communication will be sent to families reminding them to request new inventory sheets for any items they bring in post</p>		04/07/2023

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F 0580 SS=D Bldg. 00	<p>a policy entitled, "Nursing Admission/Return Policy and Procedure," with a revision date of 2-2019. This policy indicated, "It is the policy of American Senior Communities to provide baseline and accurate documentation of the mental and physical condition of each resident admitted or readmitted to the facility and to assist the resident and family with adjusting to the facility. Admission procedures will be followed for all new admissions including respite care...Personal property inventory record: 1. Complete the personal property inventory form, listing all belongings. 2. Label clothing per facility policy. 3. Obtain resident/family signature."</p> <p>This Federal tag relates to Complaint IN00404118.</p> <p>3.1-9(a) 3.1-9(b)</p>				<p>admission. DNS or designee will audit daily to ensure inventory sheets are completed. Audits will be conducted each business day x 4 week, then 2 business x 4 week, then as needed if no trends are identified.</p> <p>4. 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? Inventory QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director</p> <p>·If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p>		
	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Delirium/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening</p>						

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	<p>conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). Based on interview and record review, the facility failed to notify the physician or family of multiple medication administrations for an anti-convulsant</p>			F 0580	What corrective action(s) will be accomplished for those residents found to have been		04/07/2023

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	<p>that were not documented as administered for 1 of 3 residents reviewed for notification. (Resident B)</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 3-20-23 at 10:22 a.m. His diagnoses included, but were not limited to seizures and unspecified convulsions. In an interview with a family member on 3-20-23 at 3:08 p.m., she indicated Resident B had been diagnosed with seizure activity for over 20 years.</p> <p>A review of his Medication Administration Record (MAR) for December, 2022, revealed the following undocumented medication administrations, as evidenced by a blank entry in the block designated for the medication of levetiracetam [Keppra] 1500 milligrams twice daily at 8:00 a.m. and 8:00 p.m., by mouth, and a lack of any nursing progress notes related to the lack of medication administration on December 9, 11, 14, 16, 17, 20, 21, 22 and 23 at 8:00 a.m., and December 22 at 8:00 p.m.</p> <p>In an interview with LPN 4 on 3-20-23 at 1:32 p.m., she indicated she did not recall Resident B having any seizures that she was aware of during his stay at the facility, but recalled he was on Keppra as an anti-convulsant. She indicated Resident B was forgetful and very non-compliant with getting his dressings done, taking his medications and other care related issues. She indicated she had spoken with Resident B's family multiple times on the phone, "usually because of notifying him about non-compliance with care." She did not indicate she documented these conversations in the resident's clinical record.</p> <p>On 3-21-23 at 11:30 a.m. and 2:10 p.m. the</p>				<p>affected by the deficient practice:</p> <ul style="list-style-type: none"> Resident currently does not reside in facility. <p>How will other residents who have the potential to be affected by the same deficient practice be identified; and what corrective action(s) will be taken:</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. DNS or Designee will complete a missing medications audit to see if any other residents were affected by the alleged deficient practice. All missing medications have been reconciled; results reviewed by Medical Director. <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> <ul style="list-style-type: none"> DNS or Designee will educate all nurses in correctly identifying and immediately replacing any missing medications and notification of MD and Responsible Party, inservice completed by 4/7/2023 DNS or Designee will run Administration Compliance Report daily to ensure all medications have been administered as ordered. DNS or Designee will review any resident with missing 		

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	<p>Executive Director (ED) was asked to provide any policies for medication administration, specific to how staff are to handle a situation when a medication is not given and if there are any documentation requirements or notification requirements to the resident's physician, pharmacy or resident/family that need to occur when this happens. No other policies specific to this request were provided, related to medication administration, were provided, except for the policy below.</p> <p>On 3-21-23 at 2:57 p.m., the ED provided a copy of a policy entitled, "Medication Shortage/Unavailable Medications," with a revision date of 1-1-2013. This policy indicated, "This Policy 7.0 sets forth procedures relating to the medication shortages and unavailable medications. 1. Upon discovery that facility has an inadequate supply of medication to administer to a resident, facility should immediately initiate action to obtain the medication from pharmacy...6. If the medication is unavailable from pharmacy due to formulary coverage, contraindication, drug-drug interaction, drug-disease interaction, allergy or other clinical reason, facility should collaborate with the pharmacy and physician/prescriber to determine therapeutic alternative...8. When a missed dose is unavoidable, facility nurse should document the missed dose and the explanation for such a missed dose on the MAR or TAR [treatment administration record] and in the nurse's notes per facility policy. Such documentation should include the following information: 8.1 A description of the circumstances of the medication shortage; 8.2 A description of pharmacy's response upon notification; and 8.3 Action(s) taken."</p>				<p>medications and notify the Physician and Responsible Party as indicated and ensure replacement of any missing medication.</p> <ul style="list-style-type: none"> DNS or Designee will complete eMAR Compliance Tool daily x 4 weeks and then monthly x 3 months to ensure compliance is maintained. <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"> DNS or Designee will be responsible for the completion of the Missing medication 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. <p>If a threshold of 90% is not achieved, an action plan will be developed to ensure compliance</p>		

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F 0842 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00404118.</p> <p>3.1-5(a)(3)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health</p>						

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	<p>oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for medications had accurate documentation to reflect a physician-ordered anti-convulsant medication was administered as ordered. (Resident B)</p>	F 0842	<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 currently does not 		04/07/2023		

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	<p>Findings include:</p> <p>Resident B's clinical record was reviewed on 3-20-23 at 10:22 a.m. His diagnoses included, but were not limited to seizures and unspecified convulsions. In an interview with a family member on 3-20-23 at 3:08 p.m., she indicated Resident B had been diagnosed with seizure activity for over 20 years.</p> <p>A review of his Medication Administration Record (MAR) for December, 2022, revealed the following undocumented medication administrations, as evidenced by a blank entry in the block designated for the medication of levetiracetam [Keppra] 1500 milligrams twice daily at 8:00 a.m. and 8:00 p.m., by mouth, and a lack of any nursing progress notes related to the lack of medication administration on December 9, 11, 14, 16, 17, 20, 21, 22 and 23 at 8:00 a.m., and December 22 at 8:00 p.m.</p> <p>In an interview with LPN 4 on 3-20-23 at 1:32 p.m., she indicated she did not recall Resident B having any seizures that she was aware of during his stay at the facility, but recalled he was on Keppra as an anti-convulsant. She indicated Resident B was forgetful and very non-compliant with getting his dressings done, taking his medications and other care related issues. She indicated she had spoken with Resident B's family multiple times on the phone, "usually because of notifying him about non-compliance with care." She did not indicate she documented these conversations in the resident's clinical record.</p> <p>On 3-21-23 at 11:30 a.m. and 2:10 p.m. the Executive Director (ED) was asked to provide any policies for medication administration, specific to how staff are to handle a situation when a</p>				<p>reside in facility.</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> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. DNS or Designee will complete a missing medications audit to see if any other residents were affected by the alleged deficient practice. All missing medications have been reconciled, results reviewed by Medical Director. <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> <ul style="list-style-type: none"> DNS or Designee will educate all nurses in correctly notifying MD and Responsible Party and documenting notification in the medical record, inservice completed by 4/7/2023 DNS or Designee will run Administration Compliance Report daily to ensure all medications have been administered as ordered. DNS or Designee will review any resident with missing medications and notify the Physician and Responsible Party as indicated, document actions taken and ensure replacement of 		

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	<p>medication is not given and if there are any documentation requirements or notification requirements to the resident's physician, pharmacy or resident/family that need to occur when this happens. No other policies specific to this request were provided, related to medication administration, were provided, except for the policy below.</p> <p>On 3-21-23 at 2:57 p.m., the ED provided a copy of a policy entitled, "Medication Shortage/Unavailable Medications," with a revision date of 1-1-2013. This policy indicated, "This Policy 7.0 sets forth procedures relating to the medication shortages and unavailable medications...8. When a missed dose is unavoidable, facility nurse should document the missed dose and the explanation for such a missed dose on the MAR or TAR [treatment administration record] and in the nurse's notes per facility policy. Such documentation should include the following information: 8.1 A description of the circumstances of the medication shortage; 8.2 A description of pharmacy's response upon notification; and 8.3 Action(s) taken."</p> <p>This Federal tag relates to Complaint IN00404118.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			<p>any missing medication.</p> <ul style="list-style-type: none"> DNS or Designee will complete eMAR Compliance Tool daily x 4 weeks and then monthly x 3 months to ensure compliance is maintained. <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"> DNS or Designee will be responsible for the completion of the Missing medication 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 action plan will be developed to ensure compliance. 			