

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

PRINTED: 03/20/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155668		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2025	
NAME OF PROVIDER OR SUPPLIER CHARLESTOWN PLACE AT NEW ALBANY				STREET ADDRESS, CITY, STATE, ZIP COD 4915 CHARLESTOWN RD NEW ALBANY, IN 47150			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaints IN00452133, IN00452809, IN00453742 and IN00453811.</p> <p>Complaint IN00452133 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00452809 - Federal/State deficiency related to the allegations is cited at F760.</p> <p>Complaint IN00453742 - Federal/State deficiencies related to the allegations is cited at F684.</p> <p>Complaint IN00453811 - Federal/State deficiency related to the allegations are cited a F684 and F695.</p> <p>Survey dates: February 18, 19 and 20, 2025</p> <p>Facility number: 001144 Provider number: 155668 AIM number: 200256980</p> <p>Census Bed Type: SNF/NF: 135 Residential: 9 Total: 144</p> <p>Census Payor Type: Medicare: 20 Medicaid: 66 Other: 49 Total: 135</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p><u>Allegation of Compliance</u></p> <p>Please accept the following plan of correction for the survey that was completed on February 20, 2025. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth, facts alleged, or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. We respectfully request consideration for a desk review to ensure compliance.</p>		

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

TITLE

(X6) DATE

Jesse Ray

Executive Director

03/12/2025

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 disclosed 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 0684 SS=D Bldg. 00	<p>Quality review completed on February 26, 2025.</p> <p>483.25 Quality of Care</p> <p>Based on observation, interview and record review, the facility failed to ensure neurological checks were completed on residents (Resident H and Resident K) with unwitnessed falls for 2 of 4 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>1. The clinical record for Resident H was reviewed on 2/20/25 at 2:37 p.m. The resident's diagnoses included, but were not limited to, cognitive communication deficit, tremors and paraplegia.</p> <p>The progress note, dated 1/23/25 at 2:56 a.m., indicated the resident was found lying on the floor on his right side faced towards the bed. The resident was assessed and his neurological checks were within normal limits. The resident denied any pain or injury.</p> <p>The clinical record lacked documentation of a completed neurological assessment for the fall on 1/23/25 at 2:56 a.m.</p> <p>2. The clinical record for Resident K was reviewed on 2/20/25 at 3:11 p.m. The resident's diagnoses included, but were not limited to, muscle weakness, dementia with other behavioral disturbance and cognitive communication deficit.</p> <p>The progress note, dated 1/28/25 at 5:29 p.m., indicated the resident was found lying on the floor with his left lateral side touching the floor. The resident was assessed for injury and the fall protocol initiated.</p>			F 0684	<p>F684- Quality of Care</p> <p>1 Corrective Action(s) for Affected Residents:</p> <p>a Resident H and K were reassessed by nursing to confirm their neurological status and are at baseline.</p> <p>2 Identification of Other Residents & Corrective Action:</p> <p>a A facility-wide audit was initiated by the Assistant Director of Nursing and Unit Manager on 2/20/25 to identify other residents lacking Neurological Evaluations after an unwitnessed fall.</p> <p>b No other residents were found to have incomplete Neurological Evaluations Documentation.</p> <p>3 Systemic Changes to Prevent Recurrence:</p> <p>a On 2/20/2025, the Staff Development Coordinator initiated education for Licensed nursing staff on required neurological assessments, emphasizing the requirement to conduct and document neurological checks following any unwitnessed fall or suspected head injury.</p> <p>4 Monitoring and Quality Assurance:</p> <p>a The DON/ADON/UM will audit falls daily to validate Neurological Evaluations have been completed when required for</p>		03/10/2025

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F 0695 SS=D Bldg. 00	<p>The clinical record lacked documentation of a completed neurological assessment for the fall on 1/28/25 at 5:29 p.m.</p> <p>During an interview on 2/20/25 at 1:52 p.m., LPN (Licensed Practical Nurse) 6 indicated if a resident had an unwitnessed fall, neurological checks should be implemented and fully completed.</p> <p>On 2/20/25 at 3:01 p.m., the Director of Nursing provided a current copy of the document titled "Neurological Assessment" dated 10/2010. It included, but was not limited to, "Purpose...The purpose of this procedure is to provide guidelines for a neurological assessment...when following an unwitnessed fall...subsequent to a fall with a suspected head injury...."</p> <p>This Citation relates to Complaints IN00453742 and IN00453811.</p> <p>3.1-37</p> <p>483.25(i) Respiratory/Tracheostomy Care and Suctioning</p> <p>Based on observation, interview and record review, the facility failed to ensure respiratory assessments were completed for a resident and failed to ensure nebulizer equipment was stored appropriately for 1 of 3 residents reviewed for respiratory care. (Resident F)</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 2/18/25 at 1:48 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD),</p>		F 0695	<p>no less than three (3) months.</p> <p>b Any corrective action needed will be completed immediately. Findings will be submitted to the monthly QAPI Committee for review and further recommendations for a minimum of three (3) months or until audit compliance is maintained at 100% then on-going per routine QAPI reviews.</p> <p>F695- Respiratory/Tracheostomy Care and Suctioning</p> <p>1 1. Corrective Action(s) for Affected Resident:</p> <p>a Resident F was assessed for any respiratory complications and the nebulizer equipment was re-cleaned, stored in a plastic bag, and labeled on 2/20/2025.</p> <p>2 2. Identification of Other Residents and Corrective Action:</p> <p>a On 2/20/2025, the Director of Nursing, Assistant Director of</p>		03/10/2025	

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	<p>obstructive sleep apnea and congestive heart failure.</p> <p>On 2/19/25 at 12:35 p.m., the resident's nebulizer was observed on top of the nebulizer machine unbagged. Resident F indicated she received her last nebulizer treatment on 2/18/25 in the evening.</p> <p>The January 2025 medication administration record (MAR) indicated the resident was to receive Ipratropium-Albuterol (medication used to treat COPD), 3 ml (milliliters) via inhalation four times a day at 2:00 a.m., 8:00 a.m., 1:00 p.m. and 8:00 p.m.</p> <p>The clinical record lacked documentation or a respiratory assessment prior to and after the administration of the nebulizer treatments from 1/1/25 through 1/25/25.</p> <p>During an interview, on 2/19/25 at 12:40 p.m., RN (Registered Nurse) 4 indicated the respiratory equipment should be bagged when not in use.</p> <p>During an interview, on 2/20/25 at 11:07 a.m., RN 3 indicated to ensure a breathing treatment was effective, a respiratory assessment should be completed prior to and after the administration of the nebulizer treatment. The assessment would include monitoring of lung sounds, type of cough, respirations, oxygen saturation and heart rate and documented on the MAR.</p> <p>The facility policy, dated 4/1/2012, and titled "Respiratory Infection Control" included, but was not limited to, "Purpose...To provide infection control guidelines to help prevent infections associated with respiratory therapy equipment and to prevent the transmission of infections to residents and staff...Medication</p>				<p>Nursing and Unit Manager conducted a full respiratory equipment audit to ensure all nebulizers and other respiratory devices were stored per infection control protocols.</p> <p>b Any residents with prescribed nebulizer treatments had their documentation reviewed to confirm respiratory assessments were completed before and after each treatment.</p> <p>3 3. Systemic Changes to Prevent Recurrence:</p> <p>a On 2/20/2025, the Staff Development Coordinator initiated education on Admission Ancillary Orders and Respiratory Care Procedures, including documentation of pre- and post-treatment respiratory assessments and proper storage of nebulizer equipment.</p> <p>b New infection control signage was placed in medication rooms and treatment carts to remind staff about proper nebulizer storage protocols.</p> <p>4</p> <p>2 4. Monitoring and Quality Assurance:</p> <p>a The DON/ADON/UM/SDC will audit 5 residents weekly for 4 weeks then continue weekly audits for no less than two (2) months to verify that nebulizer masks are being rinsed and let air dry then placed into a dated bag.</p> <p>b The DON/ADON/UM/SDC will audit all new admissions daily to</p>		

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F 0760 SS=D Bldg. 00	<p>Nebulizers/Continuous Aerosol...Store...in a plastic bag...."</p> <p>On 2/20/25 at 4:03 p.m., the Director of Nursing provided a current copy of the document titled "Medication Administration...Nebulizer Inhalation Administration" dated 6/10/22. It included, but was not limited to...Procedure...Obtain and record vital signs necessary prior to medication administration...."</p> <p>This Citation relates to Complaint IN00453811</p> <p>3.1-47(a)(6)</p> <p>483.45(f)(2) Residents are Free of Significant Med Errors</p> <p>Based on interview and record review, the facility failed to ensure a significant medication error did not occur for 1 of 3 residents reviewed for medication errors. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 2/18/24 at 11:13 a.m. The resident's diagnoses included, but were not limited to, left-sided hemiparesis/hemiplegia following a cerebral infarction and convulsions.</p> <p>The admission order, dated 2/2/25, indicated the resident was to receive Keppra (anti-convulsant)</p>			F 0760	<p>ensure the Pre and Post Nebulizer Assessment is ordered as required.</p> <p>c The DON/ADON/UM/SDC will audit 5 residents weekly for 4 weeks then monthly for no less than two (2) months to verify these ancillary orders are entered correctly.</p> <p>d Any corrective action needed when performing the above audits will be completed immediately. Findings will be submitted to the monthly QAPI Committee for review and further recommendations for a minimum of three (3) months or until audit compliance is maintained at 100% then on-going per routine QAPI reviews.</p> <p>Past noncompliance: no plan of correction required per SOD.</p>		02/21/2025

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	<p>2,000 mg (milligrams) twice daily at 3:00 a.m. and 3:00 p.m.</p> <p>The February 2025 medication administration record (MAR) indicated the resident received the Keppra at 3:00 a.m. and 3:00 p.m.</p> <p>The progress note, dated 2/3/25 at 7:47 p.m., indicated the resident was given Keppra 2,000 mg at 8:00 p.m. inadvertently.</p> <p>The progress note, date 2/3/25 at 8:56 p.m., indicated the resident was sent to the hospital for further evaluation. The resident was alert and able to make needs known.</p> <p>The progress note, dated 2/4/25 at 1:55 a.m., indicated the resident was admitted to the hospital for altered mental status and an abnormal CT (computed tomography) of the head.</p> <p>The resident's MAR lacked documentation of an order for the additional dose of Keppra 2,000 mg.</p> <p>During an interview on 2/20/25 at 10:31 a.m., the Director of Nursing indicated that on 2/3/25, Licensed Practical Nurse (LPN) 5, and agency nurse, worked the night shift. The resident received the 3:00 a.m. and 3:00 dose of Keppra. When LPN 5 administered the resident's nighttime medication, pharmacy had an additional Keppra in the rollpack and the LPN administered the additional dose. LPN 5 did not follow the facility policy and check her medication administration record prior to administering the medications.</p> <p>On 2/20/25 at 11:17 a.m., the Director of Nursing provided a current copy of the document titled "Medication Administration" dated 6/21/2017. It included, but was not limited to,</p>						

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	<p>"Policy...Medications will be administered...in accordance to applicable State, Local and Federal laws and consistent with accepted standards of practice...Procedure...Open the medication administration book/eMAR to the appropriate resident...Identify the resident before administering any medication...Explain to the resident the type of medication to be administered. The resident has the right to be informed of all medications that are administered...."</p> <p>The Past noncompliance began on 2/3/25. The deficient practice was corrected on 2/10/25 before the being of the survey. The facility implemented a systemic plan that included the following actions: All licensed nurses and medication aides were educated on medication administration which included the 5 rights of medication administration (2/7/25); All licensed staff and medication aides completed skilled competencies for medication administration (2/7/25); Medication audits were implemented to ensure compliance (2/10/25); Medication audits will be ongoing weekly and reviewed in QAPI.</p> <p>This Citation relates to Complaint IN00452809</p> <p>3/1-48(a)(1)</p>						