STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING O B. WING X3) DATE SURVEY COMPLETED 11/14/2024			
	PROVIDER OR SUPPLIE		4600 E	ADDRESS, CITY, STATE, ZIP COD E JACKSON ST	
CARDIN	AL CARE STRATE	GIES	MUNC	IE, IN 47303	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
F 0000					
F 0711 SS=E Bldg. 00	IN00444819 and II Complaint IN0044 the allegations are Complaint IN0044 related to the allegations are F712. Survey dates: Nov Facility number: 00 Provider number: 1 AIM number: 1002 Census Bed Type: SNF/NF: 76 Total: 76 Census Payor Type Medicare: 2 Medicaid: 66 Other: 8 Total: 76 These deficiencies accordance with 41 Quality review con 483.30(b)(1)-(3) Physician Visits -	4819 - No deficiencies related to cited. 5661 - Federal/State deficiencies ations are cited at F711 and ember 13 and 14, 2024 00269 55400 267720 e: reflect State Findings cited in 0 IAC 16.2-3.1. mpleted November 25, 2024. Review Care/Notes/Order	F 0711	December 6, 2024 Ms. Brenda Buroker Director of Long Term Care 2 North Meridian St. Indianapolis, IN 46204 Re: Survey Event ID 4V7J11 Dear Ms. Buroker: Please find attached my Plan Correction for deficiencies cite during this Complaint Survey. am respectfully requesting pa compliance. If you have any questions, ple feel free to contact me. Sincerely, Shannon Harris Administrator	ed I per ease
	failed to ensure phy	and record review, the facility ysician and nurse practitioner ented and signed at the time of	F 0711	PROPOSED PLAN OF CORRECTION	12/13/2024
LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRESENTATIVE'S S.	IGNATURE	TITLE	(X6) DATE
Shannon			Harris		12/06/2024

Any defiency statement 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 disclodays 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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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
		155400	B. WI			11/14/2024	
				CTD FFT A	DDDFGG CITY CTATE ZID COD		
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD JACKSON ST		
CADDINI	AL CADE CEDATE	OIFO					
CARDINA	AL CARE STRATE	31E2		MUNCI	E, IN 47303		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	the visit for 6 of 6 r	esidents reviewed for			F711		
	physician's services	(Residents B, C, D, E, F, and					
	G).				It is the practice of this facility	to	
					ensure physician and nurse		
	Findings include:				practitioner notes were		
					documented and signed at the	:	
		ical record was reviewed on			time of the visit.		
		m. Current diagnoses included					
		, and diabetes mellitus. The			1 – What corrective action will		
		are physician was the facility's			accomplished for those reside		
		Nurse Practitioner (NP) 3 was			found to have been affected by	y the	
		the resident's medical care			deficient practice:		
	providers.			a Upon notification of alleged			
					deficient practice, the facility		
	The resident had a care visit completed by Nurse				shared we had already identifi		
	Practitioner 3 on 7/9/24. A care note was not				concern regarding the timely		
	documented for this visit until 9/16/24 (72 days).				physician 's visits and timely visit		
	A. B. 11 . GL 11				notes.		
		nical record was reviewed on			b The facility shared the act	ion	
		.m. Current diagnoses included			plan to address the concerns,		
		order, hypertension, chronic			however; the plan had not been		
		ary disorder. The resident's rian was the facility's Medical			fully implemented and corrective		
		actitioner 3 was identified as			actions were still in process.		
		s medical care providers.			2. How other residents beside	a tha	
	one of the resident's	s medicai care providers.			2 – How other residents having potential to be affected by the	y u i e	
	The resident had a	care visit note for a visit			same deficient practice will be		
		e Practitioner 3 on 9/5/24. The			identified and what corrective		
		ocumented on until 10/30/24			action(s) will be taken:		
	(55 days after the v				astion(3) will be taken.		
	(22 days area are v.	<i>j</i> -			a All residents have the		
	3. Resident D's cli	nical record was reviewed on			potential to be affected by the		
	=	n. Current diagnoses included			alleged deficient practice.		
	diabetes mellitus, depression, dementia, and hypertension. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.				b The physician and NP hav	/e	
					been given a list of residents v		
					need notes entered from visits		
					rendered. The documentation		
					been completed for the visits.		
		-			further issues have been ident		
	The resident had a	7/18/24 care visit from Nurse					
			1				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155400 B. WING 11/14/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 4600 E JACKSON ST CARDINAL CARE STRATEGIES MUNCIE. IN 47303 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE Practitioner 3. This note was not documented until 3 – What measures will be put 9/8/24, when it was made as a late entry (51 days into place and what systemic after the visit date). changes will be made to ensure that the deficient practice does not A care visit on 9/10/24 from the NP was not recur: documented until 10/26/24 (46 days after the visit). a A discussion with the Medical Director and NP was completed A care visit on 9/19/24 from the NP was not on 11/15/2024 by the documented until 11/2/24 (44 days after the visit). Administrator, Director of Nursing, and the Chief Operation Officer of 4. Resident E's clinical record was reviewed on the company. 11/14/24 at 10:00 a.m. Current diagnoses included A calendar of required scheduled visits has been provided anxiety, depression, and obesity. The resident's primary care physician was the facility's Medical to the physicians and NPs and will Director. Nurse Practitioner 3 was identified as be updated as needed. one of the resident's medical care providers. The resident had a physician's admission 4 – How the corrective action(s) progress visit on 7/27/24 that was not will be monitored to ensure the documented until 10/31/24 (126 days after the deficient practice will not recur, visit). i.e, what quality assurance program will be put into place: An NP care visit on 8/6/24 was not documented until 9/17/24 (42 days after the visit). The Administrator, DON, and/or ADON will conduct an audit An NP care visit on 8/15/24 was not documented of all resident charts to ensure until 10/27/24 (73 days after the visit). physician and nurse practitioner notes were documented and An NP care visit on 9/10/24 was not documented signed at the time of the visit. until 10/30/24 (51 days after the visit). This audit will then be conducted once per week for 12 weeks and 5. Resident F's clinical record was reviewed on then monthly ongoing. 11/13/24 at 2:45 p.m. Current diagnoses included schizoaffective disorder, bipolar disorder, and diabetes mellitus. The resident's primary care As a means of quality assurance, physician was the facility's Medical Director. results of the audits and any Nurse Practitioner 3 was identified as one of the corrective actions taken shall be resident's medical care providers. reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of An NP care visit on 8/29/24 was not documented

PRINTED: 12/12/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							FORM APPROVED OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155400		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/14/2024			
NAME OF PROVIDER OR SUPPLIER CARDINAL CARE STRATEGIES		STREET ADDRESS, CITY, STATE, ZIP COD 4600 E JACKSON ST MUNCIE, IN 47303						
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION Have often the visit		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
	An NP care visit or until 11/2/24 (39 da 6. Resident G's clin 11/14/24 at 2:00 p. depression, anxiety resident's primary of Medical Director. Identified as one of providers. The resident had a 6 Practitioner 3 on 8/2 until 9/17/24 (41 da During an interview Administrator indic concern regarding to timely visit notes. Saction plan to address plan had not been from the corrective actions where the corrective actions where the corrective actions of the correction action actions of the correction actions of the correction action actions of the correction action	a 9/10/24 was not documented anys after the visit). a 9/24/24 was not documented anys after the visit). an ical record was reviewed on m. Current diagnoses included and bipolar disorder. The care physician was the facility's Nurse Practitioner 3 was the resident's medical care are visit completed by Nurse 8/24 and was not documented anys). and of the facility had identified a simely physician's visits and and the care the facility had developed an are sthe concern. However, the facility had developed and the care still in the works. and facility policy titled, "Medical provided by the Administrator and p.m., indicated "Cardinal Care designated as Medical and the medical care provided rector's responsibilities include			monitoring increased or decree on the basis of compliance. 5 – Corrective action complete 12/13/2024.			

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going..."

assessments of residents when admitted and on

A current 11/4/24, facility document, titled

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155400		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVEY COMPLETED 11/14/2024						
	PROVIDER OR SUPPLIER		4600 E	STREET ADDRESS, CITY, STATE, ZIP COD 4600 E JACKSON ST MUNCIE, IN 47303				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP TAG DEFICIENCY)		LD BE COMPLETION			
	"Action Plan," prov 11/14/24 at 1:00 p.r. Needing Improvement and/pr Medical Directioner) visits a Goals: Every reside entered into Medical Action to be Taken: 1.) MD to see Reside Admission/Readmis 2.) MD and NP to a 60 days-Ongoing 3.) Visit notes entered Ongoing 4.) Interviewing for new NP-Ongoing 5.) Auditing and no weekly-Ongoing 6.) Full facility wide 11/4/24"	ided by the Administrator on in., indicated "Identified Area ent-Noted MD (physician ector) [and] NP (Nurse and notes were not timely. ent to be seen and notes I Records in a timely manner. elents within 72 hours of ession alternate Resident visit every red with 14-21 days of visits- r a new Medical Director and						
F 0712 SS=E Bldg. 00	NPP Based on interview failed to ensure phy regulatory required practitioner visits al required visits for 6 physician's services G). Findings include:	and record review, the facility sician's visits occurred at the frequency and nurse ternated with a physician for of 6 residents reviewed for (Residents B, C, D, E, F, and	F 0712	PROPOSED PLAN OF CORRECTION F712 It is the practice of this facility ensure physician's visits occuat the regulatory required frequency and nurse practitio visits alternated with a physic required visits.	ner			

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4V7J11

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 00 COMPLETED 155400 B. WING 11/14/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 4600 E JACKSON ST CARDINAL CARE STRATEGIES MUNCIE. IN 47303 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 1 – What corrective action will be During a confidential interview, a facility resident accomplished for those residents indicated, "I do not think I have a doctor. All I found to have been affected by the see is the nurse practitioner." deficient practice: Upon notification of alleged During a confidential interview, a facility resident deficient practice, the facility indicated, "I see the nurse practitioner. I do not shared we had already identified a have a doctor." concern regarding the timely physician 's visits and timely visit During a confidential interview, a facility resident notes. indicated, "When I asked to see the doctor, the The facility shared the action doctor said no." plan to address the concerns. however; the plan had not been During a confidential interview, a facility resident fully implemented and corrective indicated, "The nurse practitioner is my doctor." actions were still in works. During a confidential interview, a facility resident 2 - How other residents having the indicated, "I am kind of new. I do not think I have potential to be affected by the ever seen a doctor." same deficient practice will be identified and what corrective 1. Resident B's clinical record was reviewed on action(s) will be taken: 11/14/24 at 1:44 p.m. Current diagnoses included All residents have the anxiety, depression, and diabetes mellitus. The resident's primary care physician was the facility's potential to be affected by the Medical Director (MD). Nurse Practitioner (NP) 3 alleged deficient practice. was identified as one of the resident's medical care The physician and NP have providers. been given a list of residents who need visits completed along with The resident's most recent physician's visit was documentation of visit. completed on 7/6/24. The resident had not had a physicians visit since 7/6/24 (131 days). The 3 – What measures will be put resident had a nurse practitioner visit completed into place and what systemic on 7/9/24. The resident had not had either a MD changes will be made to ensure or NP visit completed since that date (128 days). that the deficient practice does not recur: 2. Resident C's clinical record was reviewed on A discussion with the Medical 11/13/24 at 10:40 a.m. Current diagnoses included Director and NP was completed schizoaffective disorder, hypertension, chronic on 11/15/2024 by the

obstructive pulmonary disorder. The resident's

primary care physician was the facility's Medical

Administrator, Director of Nursing,

and the Chief Operation Officer of

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>		COMPLETED	
		155400	B. W	ING		11/14	/2024
			1	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIE	R			JACKSON ST		
CARDINA	AL CARE STRATE	GIES			E, IN 47303		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		actitioner 3 was identified as			the company.		
	one of the resident'	s medical care providers.			b A calendar of required		
					scheduled visits has been pro		
		care visit note by Nurse			to physicians and NPs and wi	II be	
		75/24. The clinical record lacked			updated as needed.		
		sician visit within the next 70			c All required physician an		
	1 -	24 at 3:00 p.m., the resident had			NP visits are back in compliar	nce	
	not received a care	visit by a physician.			as of 12/6/2024.		
	3. Resident D's cl	inical record was reviewed on			4 – How the corrective action	(s)	
	11/14/24 at 1:36 p.	m. Current diagnoses included			will be monitored to ensure th		
	diabetes mellitus, depression, dementia, and				deficient practice will not recu		
	hypertension. The resident's primary care				i.e, what quality assurance		
	physician was the facility's Medical Director.				program will be put into place	:а	
	Nurse Practitioner 3 was identified as one of the				The Administrator, DON, and	or	
	resident's medical care providers. The resident				ADON will conduct an audit o	f all	
	was admitted to the facility on 7/17/24.				resident charts to ensure		
					physician and/or NP visits we	re	
		7/18/24 care visit from Nurse			done according to the F712		
		ch indicated the purpose of the			regulation. This audit will the		
		sh services. The clinical record			conducted once per week for		
		f a physician's visit since his			weeks and then monthly ongo	-	
	admission (a period	d of 130 days).			As a means of quality assura	nce,	
	4 5 11 15 1				results of the audits and any		
		nical record was reviewed on			corrective actions taken shall		
		n.m. Current diagnoses included			reviewed by the Quality Assur		
		a, and obesity. The resident's			Committee for a minimum of s		
		cian was the facility's Medical ractitioner 3 was identified as			(6) months, with frequency of		
		s medical care providers.			monitoring increased or decre	ased	
	one of the resident	s medicai care providers.			on the basis of compliance.		
	The resident had a	physician's admission			5 – Corrective action complet	ed by	
	progress visit on 7/27/24. The resident had not had another physician or NP visit since 7/27/24 visit (111 days at the time of the survey). 5. Resident F's clinical record was reviewed on				12/13/2024.	-	
		m. Current diagnoses included					
	_	order, bipolar disorder, and					
	diabetes mellitus. The resident's primary care						

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u> COMPLE			ETED	
		155400	B. WI	B. WING 11/14/20		/2024	
				_			
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD		
					JACKSON ST		
CARDINAL CARE STRATEGIES				MUNCI	E, IN 47303		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX			COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)	DATE	
	physician was the f	acility's Medical Director.					
	Nurse Practitioner	3 was identified as one of the					
	resident's medical o	eare providers.					
		•					
	The resident's most	current physician care visit					
	was completed on 7	7/6/24. He had a NP care visit					
	completed on 8/29/	24. As of 11/14/24, the resident					
		ician or NP visit since 7/6/24 (a					
	period of 121 days)	The state of the s					
	6. Resident G's clir	nical record was reviewed on					
	11/14/24 at 2:00 p.i	m. Current diagnoses included					
	depression, anxiety	, and bipolar disorder. The					
	resident's primary of	care physician was the facility's					
	Medical Director.	Nurse Practitioner 3 was					
	identified as one of the resident's medical care						
	providers.						
	The resident had a	physician's care visit					
	completed on 7/6/2	4. The resident had a NP visit					
	completed on 8/8/2	4. As of 11/14/24, the clinical					
	record lacked indic	ation of an NP or physician					
	visit since 8/8/24 (9	99 days).					
	-	v on 11/14/24 at 2:51 p.m., the					
		eate the facility had identified a					
		imely physician's visits and					
	timely visit notes.	The facility had developed an					
	action plan to addre	ess the concern. However, the					
	plan had not been f	ully implemented and the					
	corrective actions v	vere still in the works.					
		facility policy titled, "Medical					
	Director Services", which was provided by the						
	Administrator on 11/14/24 at 3:22 p.m., indicated						
	"Cardinal Care retains a physician designated as						
	Medical Director, to	o coordinate the medical care					
	provided						
	4. The Medical Dir	rector's responsibilities include					
	participating in:						

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

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED	
		155400	B. WING		11/14/2024	
NAME OF T	DOLUBER OF GLESS ST		STREET	ADDRESS, CITY, STATE, ZIP COD	1	
NAME OF F	PROVIDER OR SUPPLIEI	₹	4600 E	JACKSON ST		
CARDIN	AL CARE STRATE	GIES	MUNCI	E, IN 47303		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIATE	ATE COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	a. Following all re	=				
		dents when admitted and on				
	going"					
	A current 11/4/24 f	acility document titled, "Action				
		the Administrator on 11/14/24				
		ted: "Identified Area Needing				
	_	d MD (physician and/pr				
	Medical Director) [and] NP (Nurse Practitioner)				
	visits and notes we					
		ent to be seen and notes				
		al Records in a timely manner.				
	Action to be Taken					
	· ·	dents within 72 hours of				
	Admission/Readmi					
	· ·	alternate Resident visits every				
	60 days-Ongoing	1 21 14 21 1 6 1 2				
	· ·	ered with 14-21 days of visits-				
	Ongoing 4) Interviewing for	r a new Medical Director and				
	new NP-Ongoing	a new Medical Diffettol and				
	~ ~	otifying MD and NP				
	weekly-Ongoing					
	6.) Full facility wide audits of charts- Completed					
	11/4/24"	1				
	This citation relates	s to Complaint IN00445661.				
	3.1-22(d)(1)					
	3.1-22(d)(2)					
3.1-22(d)(3)						

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