

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

PRINTED: 12/12/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155400		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 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	SUMMARY STATEMENT OF DEFICIENCIE (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 IN00444819 and IN00445661.</p> <p>Complaint IN00444819 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445661 - Federal/State deficiencies related to the allegations are cited at F711 and F712.</p> <p>Survey dates: November 13 and 14, 2024</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Census Bed Type: SNF/NF: 76 Total: 76</p> <p>Census Payor Type: Medicare: 2 Medicaid: 66 Other: 8 Total: 76</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 25, 2024.</p>			F 0000	<p>December 6, 2024</p> <p>Ms. Brenda Buroker Director of Long Term Care 2 North Meridian St. Indianapolis, IN 46204</p> <p>Re: Survey Event ID 4V7J11</p> <p>Dear Ms. Buroker:</p> <p>Please find attached my Plan of Correction for deficiencies cited during this Complaint Survey. I am respectfully requesting paper compliance.</p> <p>If you have any questions, please feel free to contact me.</p> <p>Sincerely,</p> <p>Shannon Harris Administrator</p>		
F 0711 SS=E Bldg. 00	<p>483.30(b)(1)-(3) Physician Visits - Review Care/Notes/Order</p> <p>Based on interview and record review, the facility failed to ensure physician and nurse practitioner notes were documented and signed at the time of</p>			F 0711	PROPOSED PLAN OF CORRECTION		12/13/2024

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

TITLE

(X6) DATE

Shannon

Harris

12/06/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>the visit for 6 of 6 residents reviewed for physician's services (Residents B, C, D, E, F, and G).</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 11/14/24 at 1:44 p.m. Current diagnoses included anxiety, depression, and diabetes mellitus. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner (NP) 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a care visit completed by Nurse Practitioner 3 on 7/9/24. A care note was not documented for this visit until 9/16/24 (72 days).</p> <p>2. Resident C's clinical record was reviewed on 11/13/24 at 10:40 a.m. Current diagnoses included schizoaffective disorder, hypertension, chronic obstructive pulmonary disorder. 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.</p> <p>The resident had a care visit note for a visit completed by Nurse Practitioner 3 on 9/5/24. The care visit was not documented on until 10/30/24 (55 days after the visit).</p> <p>3. Resident D's clinical record was reviewed on 11/14/24 at 1:36 p.m. Current diagnoses included 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.</p> <p>The resident had a 7/18/24 care visit from Nurse</p>				<p>F711</p> <p>It is the practice of this facility to ensure physician and nurse practitioner notes were documented and signed at the time of the visit.</p> <p>1 – What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>a Upon notification of alleged deficient practice, the facility shared we had already identified a concern regarding the timely physician 's visits and timely visit notes.</p> <p>b The facility shared the action plan to address the concerns, however; the plan had not been fully implemented and corrective actions were still in process.</p> <p>2 – How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>a All residents have the potential to be affected by the alleged deficient practice.</p> <p>b The physician and NP have been given a list of residents who need notes entered from visits rendered. The documentation has been completed for the visits. No further issues have been identified.</p>		

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	<p>Practitioner 3. This note was not documented until 9/8/24, when it was made as a late entry (51 days after the visit date).</p> <p>A care visit on 9/10/24 from the NP was not documented until 10/26/24 (46 days after the visit).</p> <p>A care visit on 9/19/24 from the NP was not documented until 11/2/24 (44 days after the visit).</p> <p>4. Resident E's clinical record was reviewed on 11/14/24 at 10:00 a.m. Current diagnoses included anxiety, depression, and obesity. 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.</p> <p>The resident had a physician's admission progress visit on 7/27/24 that was not documented until 10/31/24 (126 days after the visit).</p> <p>An NP care visit on 8/6/24 was not documented until 9/17/24 (42 days after the visit).</p> <p>An NP care visit on 8/15/24 was not documented until 10/27/24 (73 days after the visit).</p> <p>An NP care visit on 9/10/24 was not documented until 10/30/24 (51 days after the visit).</p> <p>5. Resident F's clinical record was reviewed on 11/13/24 at 2:45 p.m. Current diagnoses included schizoaffective disorder, bipolar disorder, and diabetes mellitus. 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.</p> <p>An NP care visit on 8/29/24 was not documented</p>				<p>3 – What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>a A discussion with the Medical Director and NP was completed on 11/15/2024 by the Administrator, Director of Nursing, and the Chief Operation Officer of the company.</p> <p>b A calendar of required scheduled visits has been provided to the physicians and NPs and will be updated as needed.</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:</p> <p>a The Administrator, DON, and/or ADON will conduct an audit of all resident charts to ensure physician and nurse practitioner notes were documented and signed at the time of the visit. This audit will then be conducted once per week for 12 weeks and then monthly ongoing.</p> <p>As a means of quality assurance, results of the audits and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of</p>		

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	<p>until 10/29/24 (61 days after the visit).</p> <p>An NP care visit on 9/10/24 was not documented until 11/2/24 (53 days after the visit).</p> <p>An NP care visit on 9/24/24 was not documented until 11/2/24 (39 days after the visit).</p> <p>6. Resident G's clinical record was reviewed on 11/14/24 at 2:00 p.m. Current diagnoses included depression, anxiety, and bipolar disorder. 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.</p> <p>The resident had a care visit completed by Nurse Practitioner 3 on 8/8/24 and was not documented until 9/17/24 (41 days).</p> <p>During an interview on 11/14/24 at 2:51 p.m., the Administrator indicate the facility had identified a concern regarding timely physician's visits and timely visit notes. The facility had developed an action plan to address the concern. However, the plan had not been fully implemented and the corrective actions were still in the works.</p> <p>A current, undated, facility policy titled, "Medical Director Services," provided by the Administrator on 11/14/24 at 3:22 p.m., indicated "...Cardinal Care retains a physician designated as Medical Director, to coordinate the medical care provided...</p> <p>4. The Medical Director's responsibilities include participating in:</p> <p>a. Following all regulations related to assessments of residents when admitted and on going..."</p> <p>A current 11/4/24, facility document, titled</p>				<p>monitoring increased or decreased on the basis of compliance.</p> <p>5 – Corrective action completed by 12/13/2024.</p>		

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F 0712 SS=E Bldg. 00	<p>"Action Plan," provided by the Administrator on 11/14/24 at 1:00 p.m., indicated "...Identified Area Needing Improvement-Noted MD (physician and/pr Medical Director) [and] NP (Nurse Practitioner) visits and notes were not timely. Goals: Every resident to be seen and notes entered into Medical Records in a timely manner. Action to be Taken:</p> <ol style="list-style-type: none"> 1.) MD to see Residents within 72 hours of Admission/Readmission 2.) MD and NP to alternate Resident visit every 60 days-Ongoing 3.) Visit notes entered with 14-21 days of visits-Ongoing 4.) Interviewing for a new Medical Director and new NP-Ongoing 5.) Auditing and notifying MD and NP weekly-Ongoing 6.) Full facility wide audits of charts- Completed 11/4/24...." <p>This citation relates to complaint IN00445661.</p> <p>3.1-22(c)(2)</p> <p>483.30(c)(1)-(4) Physician Visits-Frequency/Timeliness/Alt NPP</p> <p>Based on interview and record review, the facility failed to ensure physician's visits occurred at the regulatory required frequency and nurse practitioner visits alternated with a physician for required visits for 6 of 6 residents reviewed for physician's services (Residents B, C, D, E, F, and G).</p> <p>Findings include:</p> <p>Confidential interviews were conducted during the survey.</p>			F 0712	<p>PROPOSED PLAN OF CORRECTION</p> <p>F712</p> <p>It is the practice of this facility to ensure physician's visits occurred at the regulatory required frequency and nurse practitioner visits alternated with a physician required visits.</p>		12/13/2024

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	<p>During a confidential interview, a facility resident indicated, "I do not think I have a doctor. All I see is the nurse practitioner."</p> <p>During a confidential interview, a facility resident indicated, "I see the nurse practitioner. I do not have a doctor."</p> <p>During a confidential interview, a facility resident indicated, "When I asked to see the doctor, the doctor said no."</p> <p>During a confidential interview, a facility resident indicated, "The nurse practitioner is my doctor."</p> <p>During a confidential interview, a facility resident indicated, "I am kind of new. I do not think I have ever seen a doctor."</p> <p>1. Resident B's clinical record was reviewed on 11/14/24 at 1:44 p.m. Current diagnoses included anxiety, depression, and diabetes mellitus. The resident's primary care physician was the facility's Medical Director (MD). Nurse Practitioner (NP) 3 was identified as one of the resident's medical care providers.</p> <p>The resident's most recent physician's visit was completed on 7/6/24. The resident had not had a physician's visit since 7/6/24 (131 days). The resident had a nurse practitioner visit completed on 7/9/24. The resident had not had either a MD or NP visit completed since that date (128 days).</p> <p>2. Resident C's clinical record was reviewed on 11/13/24 at 10:40 a.m. Current diagnoses included schizoaffective disorder, hypertension, chronic obstructive pulmonary disorder. The resident's primary care physician was the facility's Medical</p>				<p>1 – What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>a Upon notification of alleged deficient practice, the facility shared we had already identified a concern regarding the timely physician's visits and timely visit notes.</p> <p>b The facility shared the action plan to address the concerns, however; the plan had not been fully implemented and corrective actions were still in works.</p> <p>2 – How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>a All residents have the potential to be affected by the alleged deficient practice.</p> <p>b The physician and NP have been given a list of residents who need visits completed along with documentation of visit.</p> <p>3 – What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>a A discussion with the Medical Director and NP was completed on 11/15/2024 by the Administrator, Director of Nursing, and the Chief Operation Officer of</p>		

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	<p>Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a care visit note by Nurse Practitioner 3 on 9/5/24. The clinical record lacked indication of a physician visit within the next 70 days. As of 11/14/24 at 3:00 p.m., the resident had not received a care visit by a physician.</p> <p>3. Resident D's clinical record was reviewed on 11/14/24 at 1:36 p.m. Current diagnoses included 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. The resident was admitted to the facility on 7/17/24.</p> <p>The resident had a 7/18/24 care visit from Nurse Practitioner 3, which indicated the purpose of the visit was to establish services. The clinical record lacked indication of a physician's visit since his admission (a period of 130 days).</p> <p>4. Resident E's clinical record was reviewed on 11/14/24 at 10:00 a.m. Current diagnoses included anxiety, depression, and obesity. 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.</p> <p>The resident had a physician's admission 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).</p> <p>5. Resident F's clinical record was reviewed on 11/13/24 at 2:45 p.m. Current diagnoses included schizoaffective disorder, bipolar disorder, and diabetes mellitus. The resident's primary care</p>				<p>the company.</p> <p>b A calendar of required scheduled visits has been provided to physicians and NPs and will be updated as needed.</p> <p>c All required physician and NP visits are back in compliance as of 12/6/2024.</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:a The Administrator, DON, and/or ADON will conduct an audit of all resident charts to ensure physician and/or NP visits were done according to the F712 regulation. This audit will then be conducted once per week for 12 weeks and then monthly ongoing. As a means of quality assurance, results of the audits and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased on the basis of compliance.</p> <p>5 – Corrective action completed by 12/13/2024.</p>		

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	<p>physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident's most current physician care visit was completed on 7/6/24. He had a NP care visit completed on 8/29/24. As of 11/14/24, the resident had not had a physician or NP visit since 7/6/24 (a period of 121 days).</p> <p>6. Resident G's clinical record was reviewed on 11/14/24 at 2:00 p.m. Current diagnoses included depression, anxiety, and bipolar disorder. 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.</p> <p>The resident had a physician's care visit completed on 7/6/24. The resident had a NP visit completed on 8/8/24. As of 11/14/24, the clinical record lacked indication of an NP or physician visit since 8/8/24 (99 days).</p> <p>During an interview on 11/14/24 at 2:51 p.m., the Administrator indicate the facility had identified a concern regarding timely physician's visits and timely visit notes. The facility had developed an action plan to address the concern. However, the plan had not been fully implemented and the corrective actions were still in the works.</p> <p>A current, undated, 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 coordinate the medical care provided...</p> <p>4. The Medical Director's responsibilities include participating in:</p>						

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	<p>a. Following all regulations related to assessments of residents when admitted and on going..."</p> <p>A current 11/4/24 facility document titled, "Action Plan," provided by the Administrator on 11/14/24 at 1:00 p.m., indicated: "...Identified Area Needing Improvement-Noted MD (physician and/pr Medical Director) [and] NP (Nurse Practitioner) visits and notes were not timely.</p> <p>Goals: Every resident to be seen and notes entered into Medical Records in a timely manner.</p> <p>Action to be Taken:</p> <p>1.) MD to see Residents within 72 hours of Admission/Readmission</p> <p>2.) MD and NP to alternate Resident visits every 60 days-Ongoing</p> <p>3.) Visit notes entered with 14-21 days of visits-Ongoing</p> <p>4.) Interviewing for a new Medical Director and new NP-Ongoing</p> <p>5.) Auditing and notifying MD and NP weekly-Ongoing</p> <p>6.) Full facility wide audits of charts- Completed 11/4/24...."</p> <p>This citation relates to Complaint IN00445661.</p> <p>3.1-22(d)(1)</p> <p>3.1-22(d)(2)</p> <p>3.1-22(d)(3)</p>						