

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

PRINTED: 01/09/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 12/07/2022	
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM				STREET ADDRESS, CITY, STATE, ZIP COD 3177 MERIDIAN PARKE DR GREENWOOD, IN 46142			
(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
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00395326.</p> <p>Complaint IN00395326 - Substantiated. State deficiencies related to the allegations are cited at R0241.</p> <p>Survey dates: December 6 and 7, 2022</p> <p>Facility number: 011478</p> <p>Residential Census: 87</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed December 14, 2022.</p>			R 0000	<p>This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Country Charm as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.</p>		

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

TITLE

(X6) DATE

Julie Madison

Executive Director

12/29/2022

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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R 0121 Bldg. 00	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least</p>				<ul style="list-style-type: none"> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; 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; and By the date the systemic changes will be completed. 		

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	<p>annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review, the facility failed to document the time a tuberculin skin test was administered read for 3 of 5 employees reviewed. (QMA 1, QMA 2, QMA 3)</p> <p>Findings include:</p> <p>1. On 12/7/22 at 10:30 a.m., the employee record of Qualified Medication Assistant (QMA) 1 was reviewed. The record indicated QMA 1 had received a Step 1 tuberculin skin test on 3/16/22 at 12:50 p.m. in the right forearm. The form indicated</p>			R 0121	<p>1. QMA 1, QMA 2, and QMA 3 tuberculin skin tests will be readministered, and the staff will document the time a tuberculin skin test was administered /read.</p> <p>2. The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice.</p> <p>3. An audit will be conducted to identify any staff TB form that</p>		12/31/2022

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R 0123 Bldg. 00	<p>the test was read on 3/18/22, the time the test was read was not documented on the record. The employee record indicated QMA 1 received a step 2 tuberculin skin test on 3/28/22, the record lacked the the time it was administered. The date the test was read was 3/30/22, the time the test was read was not documented on the record.</p> <p>2. On 12/7/22 at 11:00 a.m., the employee record of QMA 2 was reviewed. The record indicated QMA 2 had received a tuberculin skin test in the left forearm on 1/3/22, the time the test was administered was not documented on the record. The record indicated the test was read on 1/5/22, the time the test was read was not documented on the record.</p> <p>3. On 12/7/22 at 11:15 a.m., the employee record of QMA 3 was reviewed. The record indicated QMA 3 had received a tuberculin skin test in the left forearm on 10/19/22, the record lacked the time it was administered. The record indicated the tuberculin skin test was read 10/21/22, the documented time was ineligible.</p> <p>During an interview on 12/7/22 at 12:10 p.m., the Director of Nursing indicated the time of administration and the time the test was read for each employee should have been documented on the tuberculin skin test form.</p> <p>A document titled Tuberculin Testing for Employees, undated, indicated "these test[s] must be read 48 - 72 hours after injection. ...If the test is not read on time, it will have to be repeated."</p> <p>410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance (h) The facility shall maintain current and accurate personnel records for all employees.</p>				<p>does not include the documented time the tuberculin skin test was administered /read. Any form found without the documented time of the tuberculin skin test was administered /read will be readministered the TB skin test.</p> <p>4. The Community will conduct an audit of all employee's files on or before December 31, 2022. On or before December 31, 2022, all staff that administers a TB test will be in-serviced on documenting the time the tuberculin skin test is administered /read. The TB form will be revised to include a space to document the time a tuberculin skin test was administered /read.1. The Wellness Director or designee will complete a monthly audit of the TB book to ensure all times and dates are within an appropriate range.</p> <p>5. Corrective date: December 31, 2022</p>		

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	<p>The personnel records for all employees shall include the following:</p> <ol style="list-style-type: none"> (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable. (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills. (8) Signed acknowledgement of orientation to residents' rights. (9) Performance evaluations in accordance with facility policy. (10) Date and reason for separation. <p>Based on interview and record review, the facility failed to ensure certifications were valid for 1 of 19 CNA/QMA's reviewed. (QMA 4)</p> <p>Findings include:</p> <p>On 12/7/22 at 10:00 a.m., the Director of Nursing Services (DNS) provided the nursing staff license and certification book. Qualified Medication Aide (QMA) 4's certification was reviewed. The QMA certification was issued by the State of Indiana on 6/13/2019, was renewed on 9/2/2020, and had expired on 8/30/2022. QMA 4 had a related certification identified as a Certified Nursing Assistant (CNA). The document indicated the QMA and the CNA certifications were combined, registered under the QMA certification and both had expired on 8/30/2022.</p> <p>On 12/7/22 at 1:25 p.m., the DNS provided a copy</p>			R 0123	<ol style="list-style-type: none"> 1. QMA 4 was removed from the schedule before the completion of the survey. 2. The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice. 3. The Wellness Director or designee will conduct an audit of all nursing staff. Any staff found to have an expired license will be removed from the schedule until they renew their license. 4. The Wellness Director or designee will conduct monthly audits of all nursing personnel to ensure that certifications are valid and not expired. 5. Corrective dates: December 31, 2022 		12/31/2022

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R 0241 Bldg. 00	<p>of QMA 4's QMA job description. A review of the document indicated, "...Minimum Qualifications: education/experience-has current QMA Certificate in good standing on file with the Indiana State Department of Health. Has current CNA Certificate in good standing with the Indiana Nursing Assistant Registry...function as a CNA per job description when not assigned to administer medications...I have read and understand this job description. I agree to accept the duties and responsibilities as outlined above..." QMA 4 had signed the document on 6/27/2019.</p> <p>On 12/7/22 at 1:30 p.m., the DNS provided a copy of the "as worked schedule" from 9/28/22 to 12/6/22. A review of the document indicated between 9/28/22 and 12/6/22, QMA 4 worked 8.5 shifts as a CNA and 7.5 shifts as a QMA.</p> <p>During an interview on 12/7/22 at 1:25 p.m., the Administrator indicated QMA 4's certifications (QMA and CNA) had expired on 8/30/22. QMA 4 should not have been scheduled to work as a QMA or CNA since 8/30/22. The Administrator indicated the facility lacked a specific policy for monitoring and preventing staff from work without a current QMA and CNA certification.</p> <p>During an interview on 12/7/22 at 1:55 p.m., the DNS indicated, on this date (12/7/2022), she became aware of QMA 4's expired QMA and CNA certification. QMA 4 had worked multiple QMA and CNA shifts between 9/28/22 and 12/6/22 without a valid certification to do so.</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be</p>						

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	<p>as ordered by the resident 's physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to administer medications as ordered by the physician for 2 of 5 residents reviewed for medication administration. This resulted in the residents receiving an inaccurate dose of their medications (Resident B, Resident C)</p> <p>Findings include:</p> <p>1. On 12/6/22 at 2:30 p.m., Resident B's clinical record was reviewed. Resident B's diagnoses included, but were not limited to, diabetes, hypertension, and aortic stenosis (narrowing of the valve in the large blood vessel branching off the heart causing reduced blood flow to the body).</p> <p>The Physician's Orders for September 2022 included, but were not limited to:</p> <p>Metolazone (a diuretic medication) 5 mg (milligrams), give one tablet by mouth once a week, initiated 9/13/22.</p> <p>A nurse's note, dated 9/12/22 at 2:34 p.m., indicated Resident B was seen by the Nurse Practitioner and new orders were received for metolazone 5 mg, one tablet by mouth once a week.</p> <p>The September 2022 MAR (Medication Administration Record) indicated Resident B had an order for metolazone 5 mg daily; the medication was ordered for 7:00 a.m. and had a start date of</p>			R 0241	<p>1. Residents B and C's medications are being administered as ordered by the physician.</p> <p>2. The Community reviewed each resident's record to determine which residents, if any, could be affected by the alleged deficient practice</p> <p>3. On December 14, 2022, the Administrator and the Wellness Director were in-serviced on ensuring that medications are administered as ordered by the physician. In addition, the Administrator and the Wellness Director were in-serviced the EMAR system and reviewed how orders are entered and verified. All medications will now be entered by the nursing staff and verified by the pharmacist. All nursing personnel entering, and approving orders will be in-serviced on or before December 31, 2022 In addition, on or before December 16, 2022, the Wellness Director all weekly medications to ensure they were entered into the EMAR system correctly.</p> <p>4. The Wellness Director or designee will run a report in EMAR to review any medications that were refused. 1. The Wellness</p>		12/31/2022

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	<p>9/13/22 and it was discontinued on 9/27/22. The MAR indicated the metolazone was administered for 13 of the 15 days during this period.</p> <p>A nurse's note, dated 9/29/22 at 1:42 p.m., indicated "writer spoke with Family r/t [related to] metolazone, pharmacy entered the medication into the MAR incorrectly and the Medication [sic] was approved and resident was given the medication daily instead of weekly."</p> <p>During an interview on 12/7/22 at 12:35 p.m., the Administrator indicated that the medication error had occurred and that all resident orders should match the physician or nurse practitioner's orders.</p> <p>2. On 12/6/22 at 1:30 p.m., Resident C's clinical record was reviewed. Resident C's diagnoses included, but were not limited to, osteoporosis (a condition where the bones become weak and brittle).</p> <p>The Physician's Orders included, but were not limited to:</p> <p>Alendronate (a medication used to treat and prevent osteoporosis) 70 mg, give one tablet by mouth once weekly on Sundays, initiated 4/11/22.</p> <p>A nurse's note, dated 9/16/22 at 6:26 p.m., indicated, "Resident is now on medication management".</p> <p>A nurse's noted, dated 9/16/22 at 6:27 p.m., indicated, the facility notified Resident C the facility would need to start administering Resident C's medications. The family was notified and agreed. Order changed in the computer.</p> <p>The MAR indicated that Resident C had an order</p>				<p>Director or designee will do a weekly audit of all missed doses of medications to ensure this deficiency will not recur.</p> <p>5. Corrective dates: December 31, 2022</p>		

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	<p>for alendronate 70 mg once weekly on Sundays; the medication was ordered for 8:00 a.m. once weekly on Sundays up until 11/8/22 when the time was changed to 5:00 a.m.</p> <p>The September 2022 MAR indicated Resident C's Alendronate medication was ordered through 9/16/22 with a discontinue date of 9/16/22 at 5:37 p.m. The medication came up on the MAR to be given on 9/6/22 (Tuesday) and on 9/13/22 (Tuesday). The medication was left blank on both dates, which indicated that it was not administered.</p> <p>The October 2022 MAR indicated Resident C's Alendronate medication was ordered with a start date of 9/16/22. The medication came up on the MAR to be given on 10/4/22, 10/11/22, 10/18/22, and 10/25/22 which were all Tuesdays. The MAR was marked on each of these days with a "0"; the symbol key located on the MAR sheet indicated that a 0 entry stood for "NOT ADMINISTERED See Notes". The MAR sheets on the following dates indicated:</p> <p>10/4/22 at 8:00 a.m., an entry of 0 with the note, "ONLY ON SUNDAYS"</p> <p>10/11/22 at 8:00 a.m., an entry of 0 with the note, "due on Sunday"</p> <p>10/18/22 at 8:00 a.m., an entry of 0 with the note, "SUNDAYS ONLY"</p> <p>10/25/22 at 8:00 a.m., an entry of 0 with the note, "SUNDAYS ONLY"</p> <p>The November 2022 MAR indicated Resident C's Alendronate medication was ordered with a start date of 9/16/22 and was discontinued on 11/8/22.</p>						

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	<p>The medication came up on the MAR to be given on 11/1/22 and on 11/8/22 which were both Tuesdays. It was marked as administered on 11/1/22 and was marked with a 0 entry on 11/8/22. The MAR sheets on the following date indicated:</p> <p>11/8/22 at 8:00 a.m., an entry of 0 with the note, "not due till Sunday"</p> <p>A review of the MAR sheet for the month of November 2022 indicated Resident C's Alendronate medication was ordered with a start date of 11/8/22 with a new time of 5:00 a.m. instead of 8:00 a.m.; the MAR from 11/8/22 did not have a place to administer the medication any further for the month of November.</p> <p>The December 2022 MAR indicated Resident C's Alendronate medication was ordered with a start date of 11/8/22. The medication was only coming up to be given once for the month of December, on 12/18/22 (Sunday).</p> <p>From the period of 9/6/22 through 12/6/22, Resident C received 3 of the 13 opportunities for her weekly dosage of Alendronate 70 mg.</p> <p>During an interview on 12/7/22 at 12:35 p.m., the Administrator indicated that the medication error had occurred and that all resident orders should match the physician and nurse practitioner's orders.</p> <p>During an interview on 12/7/22 at 1:45 p.m., the DNS (Director of Nursing Services) indicated that for any place where the medication was left blank or had a 0 entry, the medication was not given. She also indicated that the order had been incorrectly scheduled on Tuesdays up through 11/8/22. When the time was changed on 11/8/22 to 5:00</p>						

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NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM				STREET ADDRESS, CITY, STATE, ZIP COD 3177 MERIDIAN PARKE DR GREENWOOD, IN 46142			
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	<p>a.m. and only showing up to be given once from 11/8/22 through 12/31/22, she indicated that the order had been entered incorrectly again; it had been entered to be given once on a Sunday every 7 weeks instead of once weekly on Sundays. The DNS was not aware of the medication error had occurred. The DNS indicated that physician orders should be followed as written.</p> <p>On 12/7/22 at 9:45 a.m., the administrator provided a copy of a section of their Health Related Services Ops Manual dated for August 2017 relating to communicating with resident physicians and indicated that this was the policy currently in use. A review of the document indicated "12. All orders from the Resident's health care provider(s) must be incorporated into the Resident's medication/treatment sheet ...".</p> <p>This State Residential finding relates to Complaint IN00395326.</p>						