STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155780	A. BUILDING 00 B. WING	06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HOMESTEAD HEALTHCARE CENTER	7465 MADISON AVE INDIANAPOLIS, IN 46227

(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	This visit was for the Investigation of Complaint IN00432914, IN00433061, IN00433647, IN00435512, and IN00436375. Complaint IN00432914 - No deficiencies related to the allegations are cited. Complaint IN00433061 - Federal/State deficiencies related to the allegations are cited at F760. Complaint IN00433647 - Federal/State deficiencies related to the allegations are cited at F842. Complaint IN00435512 - No deficiencies related to the allegations are cited. Complaint IN00436375 - No deficiencies related to the allegations are cited. Unrelated deficiencies cited. Survey dates: June 12, 13, 14, and 17, 2024 Facility number: 012225 Provider number: 155780 AIM number: 200983560 Census Bed Type: SNF/NF: 62 Total: 62 Census Payor Type: Medicaid: 55 Other: 7 Total: 62 These deficiencies reflect State Findings cited in	F 0000	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Justin Lai	Executive Director	07/05/2024

Any defiencystatement 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 disclo 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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	accordance with 410 IAC 16.2-3.1. Quality review completed June 21, 2024.			
F 0760 SS=D Bldg. 00	483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. Based on observation, interview and record review, the facility failed to prevent significant medication errors when a resident diagnosed with C. diff (Clostridium difficile is a germ that causes inflammation of the colon and can be life threatening.) only received 8 of 39 doses of vancomycin (antibiotic used to treat intestinal infections). (Resident B) Finding included: During an interview, on 6/12/24 at 9:24 a.m. Resident B indicated Resident B had an infection but wasn't sure if he received all of his medications. The clinical record for Resident B was reviewed on 6/13/24 at 10:15 a.m. The diagnoses included, but were not limited to, fracture of right humerus, diabetes, and atrial fibrillation. An Admission MDS (Minimum Data Set) assessment, dated 6/3/24, indicated Resident B was cognitively intact and frequently incontinent of bowel. A hospital discharge summary, dated 5/29/24, indicated Resident B's primary diagnoses included, but were not limited to, diarrhea secondary to C. diff. Resident B was to continue oral vancomycin capsule (antibiotic used to treat	F 0760	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices. 1 Resident B was not harmed by the alleged deficient practice. Resident B is no longer having symptoms of C-Diff. Staff will continue to monitor bowel movements with consistency and report any abnormal findings. 2 All residents on antibiotic medications have the potential to be affected by the alleged deficient practice. An audit of all residents with an active infection has been completed to determine if medications have been administered per physician order.	07/15/2024

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	intestinal infections) 125 mg (milligrams) orally 4 times daily for 12 days. An Inter-Facility Infection Control Transfer Form, dated 5/29/24, indicated Resident B had an active C. diff. infection and was in contact precautions at the hospital. Current Physician's orders included, but were not limited to: Vancomycin capsule 125 mg, give 1 capsule by mouth 4 times daily for infection for 12 days, initiated on 5/29/24. The June 2024 Medication Administration Record indicated Vancomycin 125 mg capsule orally 4 times daily: 6/1/24 at 9:00 a.m., not documented 6/1/24 at 12:00 p.m., not documented 6/1/24 at 5:00 p.m., awaiting pharmacy 6/1/24 at 9:00 p.m., awaiting pharmacy 6/2/24 at 9:00 a.m., awaiting pharmacy 6/2/24 at 12:00 p.m., awaiting pharmacy 6/2/24 at 5:00 p.m., not documented 6/2/24 at 9:00 p.m., not documented 6/3/24 at 9:00 a.m., administered 6/3/24 at 12:00 p.m., administered 6/3/24 at 5:00 p.m., on order 6/3/24 at 9:00 p.m., on order 6/4/24 at 9:00 a.m., not documented 6/4/24 at 12:00 p.m., not documented 6/4/24 at 5:00 p.m., not documented 6/4/24 at 9:00 p.m., not documented 6/5/24 at 9:00 a.m., not documented 6/5/24 at 12:00 p.m., not documented 6/5/24 at 5:00 p.m., not documented 6/5/24 at 9:00 p.m., not documented 6/6/24 at 9:00 a.m., not documented 6/6/24 at 12:00 p.m., not documented		3 DON/Designee has educated the skilled nursing staff on Antibiotic medication administration Policy. 4 DON/Designee will audit all residents on antibiotic medications 5xweek x 4 weeks, 3xweek x 4 weeks, then 1xweek x 4 weeks to verify medications are being administered as ordered by physician. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI Meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance	

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	6/6/24 at 5:00 p.m., administered 6/6/24 at 9:00 p.m., administered 6/7/24 at 9:00 a.m., on order 6/7/24 at 12:00 p.m., on order 6/7/24 at 5:00 p.m., on order 6/7/24 at 9:00 p.m., not documented 6/8/24 at 9:00 a.m., medication not available 6/8/24 at 12:00 p.m., medication not available 6/8/24 at 5:00 p.m., medication not available 6/8/24 at 9:00 p.m., medication not available 6/9/24 at 9:00 a.m., administered 6/9/24 at 12:00 p.m., administered 6/9/24 at 5:00 p.m., administered 6/9/24 at 9:00 p.m., administered 6/10/24 at 9:00 a.m., not documented 6/10/24 at 12:00 p.m., not documented 6/10/24 at 5:00 p.m., on order A pharmacy proof of delivery form indicated: Prescription number 5648946 was for Resident B's vancomycin 25mg/ml (milliliter) oral solution and 150ml bottle was delivered, on 6/1/24 at 5:23 a.m. (2 days after the physicians order was initiation) Prescription number 5666204 was for Resident B's vancomycin 25mg/ml oral solution and 150ml bottle was delivered, on 6/7/24 at 3:00 a.m. Prescription number 5676012 was for Resident B's vancomycin 25mg/ml oral solution and 150ml bottle was delivered, on 6/11/24 at 2:43 a.m. (approximately 8 hours after the physicians order was completed) On 6/13/24 at 1:34 p.m., inside the medication room refrigerator observed: A white plastic 150 ml (milliliter) bottle with a label that indicated prescription number 5648946,			

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	Resident B, Vancomycin 25 mg/ml oral solution give 5 ml (125 mg) orally 4 times daily for 12 days for infection. The bottle had not been opened. A white plastic 150 ml bottle with a label that indicated prescription number 5666204, Resident B, Vancomycin 25 mg/ml oral solution give 5 ml (125mg) orally 4 times daily for 12 days for infection. The bottle had not been opened. A white plastic 150 ml bottle with a label that indicated prescription number 5676012, Resident B, Vancomycin 25 mg/ml oral solution give 5 ml (125mg) orally 4 times daily for 12 days for infection. The bottle had been opened and contained approximately 140 ml fluid. During an interview on 6/17/24 at 8:34 a.m., the Director of Nursing indicated the pharmacy delivered vancomycin solution for Resident B instead of capsules because the pharmacy did not carry vancomycin capsules. The physician should have been notified. During an interview on 6/17/24 at 8:57 a.m., the Assistant Director of Nursing indicated she was also the Infection Preventionist. Staff should have clarified the physicians order for Vancomycin with the physician and pharmacy since oral solution was sent instead of capsules and the physicians order should have been updated in the medical record and the medication administration record. The Infection Preventionist or another nurse should have clarified what infection the antibiotic was treating. On 6/13/24 at 9:48 a.m., the Administrator in Training provided a copy of an undated facility policy, titled Medication Administration. A review of the policy indicated documentation of			

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	medications will follow accepted standards of nursing practice. This Federal tag relates to Complaint IN00433061. 3.1-48(c)(2)			
F 0842 SS=E Bldg. 00	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. §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 §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			

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	compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health 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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.			
	Based on interview and record review, the facility failed to ensure accurate and complete documentation on the medication administration	F 0842	Preparation and execution of this plan of correction does not constitute admission or agreement	07/15/2024

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	record and the treatment administration record for 5 of 5 residents reviewed for medication administration. (Resident B, Resident D, Resident E, Resident F, Resident G) Finding included: 1. During an interview, on 6/12/24 at 9:24 a.m. Resident B indicated Resident B wasn't sure if he received all of his medications. The clinical record for Resident B was reviewed on 6/13/24 at 10:15 a.m. The diagnoses included, but were not limited to, fracture of right humerus, diabetes, and atrial fibrillation. An Admission MDS (Minimum Data Set) assessment, dated 6/3/24, indicated Resident B was cognitively intact and frequently incontinent of bowel. The physicians orders included, but were not limited to: - Atorvastatin (medication used to treat high cholesterol) 20 mg (milligram) tablet orally at bedtime, started on 5/30/24 with no end date noted. - Cholecalciferol (vitamin D3 supplement) 25 mcg (microgram) tablet orally once daily for supplement, started on 5/30/24 with no end date noted. - Ferrous sulfate (iron supplement) 325 mg tablet orally once daily for iron, started on 5/30/24. - Insulin glargine (long acting insulin used to treat diabetes) 100 units/ml (milliliter) inject 10 units subcutaneously in the morning, started on 6/12/24 with no end date noted. - Multivitamin with minerals 2 tablets orally in the evening for supplement, started on 5/30/24 with no end date noted.		by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices. 1 Resident B, D, E, F, G were not harmed by the alleged deficient practice. Provider notified of missed documentation and medication. 2 All residents have the potential to be affected by same alleged deficient practice. An audit of all medication carts completed with list of missing medications. Medications reordered and verified delivery 3 DON/Designee educated nursing staff on reordering medications, accurate documentation, and procedure on interventions for unavailable medications. 4 DON/Designee will audit MARS/TARS for completion and progress notes for missed medications 5 x week x 4 weeks, 3 x week x 4 weeks, then 1 x week x 4 weeks. DON/Designee	

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	- Pantoprazole (medication used to treat gastroesophageal disease) 20 mg tablet orally once daily, started on 5/30/24 with no end date noted. - Spironolactone (medication used to treat fluid retention) 25 mg tablet orally in the morning for 14 days, started on 5/31/24 with no end date noted. - Tamsulosin (medication used to treat urinary retention) 0.4 mg give 2 capsules in the evening, started on 5/30/24 with no end date noted. - Apixaban (medication used to thin blood) 5 mg tablet orally every 12 hours, started on 5/30/24 with no end date noted. - Calcium 600-D3 (calcium vitamin D supplement) orally twice daily as supplement, started on 5/30/24 with no end date noted. - Furosemide (medication used to treat fluid retention) 40 mg orally twice daily, started on 5/30/24 with no end date noted. - Gabapentin (medication used to treat neuropathy) 300 mg orally three times daily, started on 5/30/24 with no end date noted. - Humalog Kwikpen (fast acting insulin used to treat high blood sugar) 100 units/ml inject subcutaneously (under the skin) per sliding scale before meals and at bedtime, started on 5/30/24 with no end date noted. - Vancomycin (antibiotic used to treat intestinal infections) 125 mg capsule orally four times daily for 12 days, start on 5/29/24 with no end date noted. - Cleanse right forearm with wound cleanser. Apply xeroform to base of the wound, secure with ABD and rolled gauze. Change daily and as needed, started on 6/1/24 and discontinued on 6/11/24. - Cleanse right hand area with wound cleanser. Apply xeroform to base of the wound, secure with rolled gauze, change daily and as needed, started on 6/1/24 and discontinued, on 6/11/24.		will report on audits monthly to interdisciplinary team for 3 months during QAPI meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance.	

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	- Diabetic foot care every shift, start on 5/30/24 with no end date noted. The June 2024 MAR (Medication Administration Record) lacked documentation for the following medication administrations: - Atorvastatin 20 mg, on 6/2/24, 6/6/24, and 6/7/24 - Cholecalciferol 25 mcg tablet, on 6/6/24 - Ferrous sulfate 325 mg tablet, on 6/4/24 and 6/6/24 - Insulin glargine 100 units/ml, on 6/12/24. - Pantoprazole 20 mg tablet, on 6/6/24. - Spironolactone 25 mg tablet, on 6/6/24. - Tamsulosin 0.4 mg capsules, on 6/2/24. - Apixaban 5 mg, on 6/2/24 at 9:00 p.m., 6/6/24 at 9:00 a.m., 6/7/24 at 9:00 p.m. - Calcium 600 plus D3 tablet, on 6/2/24 evening dose, 6/4/24 morning dose, 6/6/24 morning dose. - Furosemide 40 mg tablet, on 6/2/24 evening dose and 6/6/24 morning dose. - Gabapentin 300 mg capsule, on 6/2/24 evening dose, 6/4/24 afternoon dose, 6/6/24 morning and afternoon dose. - Humalog Kwikpen 100 units/ml and blood sugar readings, on 6/1/24 at 7:30 a.m., 6/1/24 at 11:30 a.m., 6/1/24 at 4:30 p.m., 6/1/24 at 8:00 p.m., 6/2/24 at 4:30 p.m., 6.2.24 at 8:00 p.m., 6/3/24 at 4:30 p.m., 6/3/24 at 8:00 p.m., 6/4/24 at 7:30 a.m., 6/4/24 at 11:30 a.m., 6/6/24 at 7:30 a.m., 6/6/24 at 11:30 a.m., 6/7/24 at 7:30 a.m., 6/7/24 at 11:30 a.m., 6/8/24 at 7:30 a.m., 6/8/24 at 11:30 a.m., 6/8/24 at 4:30 p.m., 6/8/24 at 8:00 p.m., 6/9/24 at 4:30 a.m., 6/9/24 at 8:00 p.m., 6/10/24 at 4:30 p.m., 6/10/24 at 8:00 p.m. - Vancomycin 125 mg capsule, on 6/1/24 at 9:00 a.m., 6/1/24 at 12:00 p.m., 6/2/24 at 5:00 p.m., 6/2/24 at 9:00 p.m., 6/4/24 at 9:00 a.m., 6/4/24 at 12:00 p.m., 6/4/24 at 5:00 p.m., 6/4/24 at 9:00 p.m., 6/5/24 at 9:00 a.m., 6/5/24 at 12:00 p.m., 6/5/24 at 5:00 p.m., 6/5/24 at 9:00 p.m., 6/6/24 at 9:00 a.m., 6/6/24 at 12:00 p.m., 6/7/24 at 9:00 p.m., 6/10/24 at 9:00 a.m.,			

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	6/10/24 at 12:00 p.m. The June 2024 TAR (Treatment Administration Record) lacked documentation of the following treatment administrations: - Cleanse right forearm area with wound cleanser, apply xeroform to base of the wound, secure with ABD and rolled gauze, change daily, on 6/1/24, 6/2/24, 6/4/24, 6/6/24, 6/7/24, 6/8/24, 6/9/24, 6/10/24. - Cleanse right hand area with wound cleanser, apply xeroform to base of the wound, secure with ABD and rolled gauze, change daily, on 6/1/24, 6/2/24, 6/4/24, 6/6/24, 6/7/24, 6/8/24, 6/9/24, 6/10/24. 2. During an interview on 6/12/24 at 8:59 a.m., Resident D indicated the facility ran out of my baclofen.- Resident D hadn't had his muscle relaxer for almost 3 days and had muscle spasms. The clinical record for Resident D was reviewed on 6/12/24 at 3:16 p.m. The diagnoses included, but were not limited to, congestive heart failure, mononeuropathy, and intervertebral disc disorder. A quarterly MDS assessment, dated 4/27/24, indicated Resident D was cognitively intact. Current physicians orders included, but were not limited to: - Duloxetine (medication used to treat depression) 60 mg capsule, give 120 mg orally in the morning, started on 8/30/23 with no end date noted. - Insulin glargine 100 units/ml injection, inject 15 units subcutaneously at bedtime, started on 5/22/24 with no end date noted. - Jardiance (medication used to treat diabetes) 10 mg tablet orally once daily, started on 9/29/23 with			

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	no end date note. - Lasix 20 mg tablet orally in the morning, started on 8/30/23 with no end dated noted. - Linzess (medication used to treat irritable bowel syndrome and constipation) 145 mcg capsule orally in the morning, started on 12/4/23 with no end date noted. - Melatonin extended release (medication used to treat insomnia) 10 mg tablet orally at bedtime, started on 4/9/24 with no end date noted. - Norvasc (medication used to treat high blood pressure) 5 mg tablet orally in the afternoon, started on 8/30/23 with no end date noted. - Obtain blood sugar at bedtime, started on 11/21/23 with no end date noted. - Ocusolft lid scrub (used to cleanse eye lids) apply to both eye lids in the morning, started on 8/30/23 with no end date noted. - Omeprazole (medication used to treat gastroesophageal reflux disease) 20 mg capsule orally in the morning, started on 8/30/23 with no end date noted. - Trulicity (medication used to treat diabetes) pen injector 3mg/0.5ml, inject 3 mg subcutaneously in the morning every Monday, started on 9/4/23 with no end date noted. - Carvedilol (medication used to treat high blood pressure and help with other heart problems) 25 mg tablet orally twice daily, started 8/29/23 with no end date noted. - Senna (medication used to treat constipation) 8.6 mg tablet, two tablets orally twice daily, started on 8/29/23 with no end date noted. - Gabapentin 300mg capsule orally three times daily, started on 8/29/23 with no end date noted. - Hydrocodone/acetaminophen (prescription narcotic medication used to treat pain) 7.5 mg/325 mg tablet orally every 6 hours for pain, started on 5/3/24 and discontinued, on 6/7/24. - Hydrocodone/acetaminophen 7.5 mg/325 mg			

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	155780	A. BUILDING 00 B. WING	06/17/2024

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	tablet orally every 8 hours for pain, started on 6/7/24 with no end date noted. - Float heels while in bed every shift for prevention, started on 9/28/23 with no end date noted. The June 2024 MAR lacked documentation for the following medication administrations: - Duloxetine 60 mg capsule, on 6/4/24 and 6/6/24. - Insulin glargine 100 units/ml injection, on 6/3/24 and 6/9/24. - Jardiance 10 mg tablet, on 6/4/24 and 6/6/24. - Lasix 20 mg tablet, on 6/4/24 and 6/6/24. - Linzess 145 mcg capsule, on 6/4/24 and 6/6/24. - Melatonin extended release 10 mg tablet, on 6/7/24. - Norvasc 5 mg tablet, on 6/4/24 and 6/6/24 - Obtain blood sugar at bedtime, 6/3/24 and 6/7/24. - Ocusolft lid scrub, on 6/4/24, 6/6/24, and 6/10/24. - Omeprazole 20 mg capsule, on 6/4/24 and 6/6/24. - Trulicity pen injector 3mg/0.5ml, on 6/3/24. - Carvedilol 25 mg tablet, on 6/4/24 morning dose, 6/6/24 morning dose, and 6/7/24 evening dose. - Senna 8.6 mg tablet, on 6/4/24 morning dose, 6/6/24 morning dose, 6/7/24 evening dose. - Gabapentin 300 mg capsule, on 6/4/24 morning dose, 6/4/24 afternoon dose, 6/6/24 morning dose, 6/6/24 afternoon dose, 6/7/24 bedtime dose. - Hydrocodone/acetaminophen 7.5mg/325mg, on 6/2/24 at 6:00 a.m., 6/4/24 at 6:00 a.m., 6/4/24 at 6:00 p.m., 6/5/24 at 6:00 p.m., 6/6/24 at 12:00 p.m., and 6/6/24 at 6:00 p.m. - Hydrocodone/acetaminophen 7.5mg/325mg tablet, on 6/7/24 6:00 p.m. The June 2024 TAR lacked documentation of the following treatment administrations: - Float heels while in bed every shift for			

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	prevention, on 6/1/24 night shift, 6/2/24 evening shift, 6/3/24 evening shift, 6/4/24 day shift, 6/6/24 day shift, 6/7/24 day shift, 6/9/24 day shift, 6/9/24 night shift, 6/10/24 day shift, 6/11/24 day shift, 6/12/24 day shift. 3. During an interview on 6/12/24 at 9:50 a.m., Resident E indicated Resident E had diabetes. There were a couple times when staff told Resident E that a medication was not in. The clinical record for Resident E was reviewed on 6/12/24 at 9:54 a.m. The diagnoses included, but were not limited to, morbid obesity, diabetes, depression, and physical debility. A quarterly MDS assessment, dated 4/26/24, indicated Resident E was cognitively intact. Current physicians orders included, but were not limited to: - Assess blood glucose once daily for diabetes, started on 8/30/23 with no end date noted. - Atorvastatin 40 mg tablet orally at bedtime, started on 11/20/23 with no end date noted. - Ferrous sulfate 325 mg tablet orally in the morning, started on 4/5/24 with no end date noted. - Imodium (medication used to treat diarrhea) 2 mg tablet orally once daily, started on 8/12/23 with no end date noted. - Lantus solostar pen-injector (long acting insulin used to treat diabetes) 100 units/ml, inject 35 units subcutaneously at bedtime, notify physician if blood sugar is less than 70 or greater than 400, started on 12/20/23 with no end date noted. - Metoprolol succinate extended release (medication used to treat high blood pressure) 25 mg tablet orally in the morning, started on 8/30/24 with no end date noted.			

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	- Mirtazapine (medication used to improve appetite) 7.5 mg tablet orally in the morning, start on 4/5/24 with no end date noted. - Pantoprazole delayed release (medication used to treat gastroesophageal reflux disease) 40 mg tablet orally in the morning, started on 8/30/23 with no end date noted. - Sertraline (medication used to treat depression) 50 mg tablet orally once daily, started on 12/27/23 with no end date noted. - Trulicity subcutaneous pen-injector 3mg/0,5ml, inject 3 mg subcutaneously in the morning every Monday, started on 12/25/23 with no end date noted. - Symbicort aerosol (inhaler used to treat chronic obstructive pulmonary disorder) 80/4.5mcg inhaler, 2 puffs inhaled orally twice daily, started on 6/29/23 with no end date noted. - Acetaminophen (medication used to treat pain) 325 mg tablet, give two tablets orally three times daily, started on 8/29/23 with no end date noted. - Cleanse sacrum area with wound cleanser, apply medical grade honey (ointment used to improve wound healing) to base of the wound, secure with bordered foam, change daily and as needed, started on 4/6/24 with no end date noted. - Resident to have prevalon boots (foam boots to relieve pressure) on while in bed and care not being provided every shift, started on 12/14/23 with no end date noted. The June 2024 MAR (Medication Administration Record) lacked documentation for the following medication administrations: - Atorvastatin 40 mg tablet orally at bedtime, on 6/1/24, 6/2/24, and 6/9/24. - Ferrous sulfate 325 mg tablet, on 6/1/24 and 6/9/24. - Imodium 2 mg tablet orally once daily, on 6/1/24			

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	and 6/9/24. - Lantus solostar pen-injector 100 units/ml, 6/1/24, 6/2/24, 6/9/24, and 6/10/24. - Metoprolol succinate extended release 25 mg tablet, on 6/1/24 and 6/9/24. - Mirtazapine 7.5 mg tablet, on 6/1/24 and 6/9/24. - Pantoprazole delayed release 40 mg tablet, on 6/1/24 and 6/9/24. - Sertraline 50 mg tablet, on 6/1/24 and 6/9/24. - Trulicity subcutaneous pen-injector 3mg/0,5ml injection, 6/3/24. - Symbicort aerosol 80/4.5mcg inhaler, on 6/1/24 morning dose, 6/1/24 evening dose, 6/2/24 evening dose, 6/9/24 morning dose, 6/9/24 evening dose. - Acetaminophen 325 mg tablet, on 6/1/24 morning dose, 6/1/24 afternoon dose, 6/1/24 bedtime dose, 6/2/24 bedtime dose, 6/9/24 morning dose, 6/9/24 afternoon dose, 6/9/24 bedtime dose. The June 2024 TAR (Treatment Administration Record) lacked documentation of the following treatment administrations: - Cleanse sacrum area with wound cleanser, apply medical grade honey (ointment used to improve wound healing) to base of the wound, secure with bordered foam, change daily, on 6/1/24, 6/4/24, 6/5/24, 6/6/24, 6/7/24, 6/8/24, 6/9/24, 6/10/24, and 6/12/24. - Resident to have prevalon boots foam boots to relieve pressure) on while inn bed and care not being provided every shift, on 6/1/24 day shift, 6/1/24 evening shift, 6/2/24 evening shift, 6/2/24 night shift, 6/3/24 evening shift, 6/4/24 day shift, 6/6/24 day shift, 6/7/24 day shift, 6/7/24 evening shift, 6/8/24 day shift, 6/9/24 day shift, 6/9/24 evening shift, 6/9/24 night shift, 6/10/24 day shift, 6/12/24 day shift.			

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	4. The clinical record for Resident F was reviewed, on 6/13/24 at 8:47 a.m. Diagnoses included, but were not limited to, diabetes, metastatic lung cancer, and neurogenic bladder. An Admission MDS assessment, dated 3/27/24, indicated Resident F was cognitively intact. Current physicians orders included, but were not limited to: - Levothyroxine (medication used to treat hypothyroidism) 50 mcg tablet in the morning, started on 3/22/24 and discontinued on 5/31/24. - Metoprolol succinate extended release 25mg tablet orally in the morning, started on 3/22/24 and discontinued, on 5/31/24. - Oxybutynin extended release (medication used to treat urinary retention) 10 mg tablet orally in the morning, started on 4/11/24 with a stop date of 4/18/24. - Pantoprazole 40 mg tablet orally once daily, started on 3/22/24 and discontinued, on 5/31/24. - Apixaban 5 mg tablet orally twice daily, started on 3/22/24 and discontinued, on 5/31/24. - Bupropion extended release (medication used to treat depression) 150 mg tablet orally twice daily, started on 3/22/24 and discontinued, on 5/31/24. - Measure and record catheter output every shift, started on 3/22/24 and discontinued, on 5/4/24. - Check blood sugar before meals, started on 3/28/24 and discontinued, on 5/31/24. - Cleanse left buttock area with wound cleanser, apply calcium alginate to base of the wound, secure with bordered foam, change daily and as needed, started on 3/23/24 and discontinued, on 4/19/24. The April 2024 MAR lacked documentation for the following medication administrations:			

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	- Levothyroxine 50 mcg tablet, on 4/12/24, 4/14/24, and 4/27/24. - Metoprolol succinate extended release 25 mg tablet, on 4/27/24. - Pantoprazole 40 mg tablet orally once daily, on 4/17/24. - Apixaban 5 mg tablet orally twice daily, on 4/17/24 morning dose, 4/27/24 morning dose, and 4/27/24 evening dose. - Bupropion extended release 150 mg tablet, on 4/17/24 morning dose. - Measure and record catheter output every shift, on 4/2/24 evening shift, 4/5/24 day shift, 4/5/24 day shift, 4/11/24 night shift, 4/12/24 evening shift, 4/13/24 day shift, 4/17/24 day shift, 4/20/24 evening shift, 4/25/24 evening shift, 4/27/24 day shift. - Check blood sugar before meals, on 4/2/24 at 4:30 p.m., 4/5/24 at 7:30 a.m., 4/7/24 at 7:30 a.m., 4/7/24 at 11:30 a.m., 4/12/24 at 7:30 a.m., 4/12/24 at 11:30 a.m., 4/12/24 at 4:30 p.m., 4/13/24 at 7:30 a.m., 4/13/24 at 11:30 a.m., 4/16/24 at 11:30 a.m., 4/17/24 at 7:30 a.m., 4/17/24 at 11:30 a.m., 4/20/24 at 4:30 p.m., 4/24/24 at 7:30 a.m., 4/24/24 at 11:30 a.m., 4/25/24 at 4:30 p.m., 4/27/24 at 11:30 a.m. The April 2024 TAR lacked documentation of the following treatment administrations: - Cleanse left buttock area with wound cleanser, apply calcium alginate to base of the wound, secure with bordered foam, change daily, on 4/1/24, 4/5/24, 4/12/24, 4/13/24, 4/17/24. 5. The clinical record for Resident G was reviewed on 6/12/24 at 10:28 a.m. The diagnoses included, but were not limited to, paraplegia, diabetes, and post-traumatic stress disorder.			

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	An admission MDS (Minimum Data Set) assessment, dated 2/16/24, indicated Resident G was cognitively intact and Resident G admitted with an unhealed stage 4 pressure ulcer. Current physicians orders included, but were not limited to: - Basaglar Kwikpen (long acting insulin used to treat diabetes) 100 units/ml pen-injector, inject 14 units subcutaneously at bedtime, started on 3/29/24 and discontinued, on 5/31/24. - Fluticasone suspension (medication for allergies) 50 mcg nasal spray, 1 spray in each nostril one time a day, started on 3/28/24 and discontinued, on 5/31/24. - Venlafaxine (medication used to treat depression) 75 mg tablet orally once daily, started on 3/28/24 and discontinued, on 5/31/24. - Methenamine Hippurate (long term antibiotic used to treat urinary tract infections) 1 gram tablet orally twice daily, started on 3/28/24 and discontinued, on 5/31/24. - Vancomycin intravenous 1.5 gram, use 250 ml intravenously twice daily, started on 4/4/24 and discontinued, on 4/14/24. - Vancomycin intravenous 1.5 gram, use 250 ml intravenously twice daily until 5/6/24, started on 4/14/24 with end date of 5/6/24 - Xtampza extended release (narcotic pain medication) 12 hour abuse deterrent 9 mg capsule orally twice daily, started on 4/5/24 and discontinued, on 5/31/24. - Cleanse sacrum with wound cleanser, apply medical grade honey, silver alginate to base of the wound, secure with bordered foam, change daily and as needed, started on 3/30/24 and discontinued, on 5/31/24. The April 2024 MAR lacked documentation for			

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	the following medication administrations: - Basaglar Kwikpen 100 units/ml pen-injector, on 4/6/24 and 4/12/24. - Fluticasone suspension 50 mcg nasal spray, on 4/12/24. - Venlafaxine 75 mg tablet, on 4/2/24 and 4/12/24. - Vancomycin intravenous 1.5 gram, on 4/5/24 at 11:00 a.m., 4/8/24 at 11:00 p.m., 4/11/24 at 11:00 a.m., 4/12/24 at 11:00 a.m. - Vancomycin intravenous 1.5 gram, on 4/16/24 evening dose, 4/18/24 morning dose. The April 2024 TAR lacked documentation of the following treatment administrations: - Cleanse sacrum with wound cleanser, apply medical grade honey, silver alginate to base of the wound, secure with bordered foam, on 4/12/24, 4/15/24, 4/16/24, 4/20/24. During an interview, on 6/13/24 at 11:05 a.m., the Director of Nursing indicated the MARS and TARS should have been filled out completely and accurately. On 6/13/24 at 9:48 a.m., the Administrator in Training provided a copy of an undated policy, titled Medication Administration, and indicated this was the current policy used by the facility. A review of the policy indicated documentation of medication will be current for medication administration and documentation of medication will follow accepted standards of nursing practice. This Federal tag relates to Complaint IN00433647 3.1-50(a)			

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F 0849 SS=D Bldg. 00	483.70(o)(1)-(4) Hospice Services §483.70(o) Hospice services. §483.70(o)(1) A long-term care (LTC) facility may do either of the following: (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices. (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer. §483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services. (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care. (D) A communication process, including how			

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	the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death. (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided. (G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.			

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	(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility. (J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation. (K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff. §483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following: (i) Collaborating with hospice representatives and coordinating LTC facility staff			

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HOMESTEAD HEALTHCARE CENTER	7465 MADISON AVE INDIANAPOLIS, IN 46227

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	participation in the hospice care planning process for those residents receiving these services. (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family. (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. (E) Instructions on how to access the hospice's 24-hour on-call system. (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient. (v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.			

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	§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24. Based on interview and record review the facility failed to notify hospice when a resident received new physicians orders for intravenous (into the vein) antibiotics. (Resident C) Finding included: During an interview on 6/14/24 at 1:57 p.m., Family member 1 indicated Resident C was on hospice services and was supposed to start an oral antibiotic on 5/24/24. Several day later, on approximately 5/29/24, Family member 1 received a phone call from a nurse at the facility that indicated Resident C had a midline placed (an intravenous catheter inserted into the upper arm, into a vein, and extends to the armpit area) and was started on an intravenous antibiotic. Family member 1 was concerned because he wasn't sure hospice was made aware of that before Resident C's midline was placed and wasn't sure if Resident C received the oral antibiotic. During an interview on 6/17/24 at 11:16 a.m. the Hospice VP (Vice President) indicated Resident C started hospice services due to Fornier's gangrene (an acute necrotic infection of the scrotum, penis, or perineum). When a resident starts hospice services the hospice company takes over care of the resident including prescribing new physician orders. The hospice RN (Registered Nurse) case	F 0849	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices. 1 Resident C was not harmed by the alleged deficient practice. Resident no longer resides in facility. 2 All hospice residents have the potential to be affected by same alleged deficient practice. DON/Designee conducted 100% audit on all hospice residents in the facility for missing order transcriptions and hospice notification of changes in condition for the last 30 days.	07/15/2024

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	manager gave a new physicians order for doxycycline (antibiotic) 100 mg (milligrams) twice daily to start, on 5/24/24 until 6/5/24, for cough and respiratory infection. At some point, Resident C had a midline placed and was started on a different antibiotic. Hospice was not notified for several days. When hospice was notified, the facility indicated the physicians order for doxycycline was never transcribed to the electronic medical record. The clinical record for Resident C was reviewed on 6/17/24 at 9:50 a.m. The diagnoses included, but were not limited to, obstructive uropathy, diabetes, and polymyalgia rheumatica. A quarterly MDS (Minimum Data Set) assessment, dated 2/23/24, indicated Resident C was cognitively intact. A physicians order initiated on 4/17/24, indicated admit to hospice. A physicians order initiated on 5/29/24, indicated levofloxacin (antibiotic) 750 mg/150 ml (milliliters) intravenously one time a day every 7 days for infection. This order was discontinued on 6/2/24, when the hospice doctor was made aware of the physicians order. A physicians order initiated on 6/3/24, indicated levofloxacin 750 mg/150 ml intravenously one time daily for infection. This order was discontinued on 6/5/24. A hospice visit note, dated 5/24/24, indicated Resident C's lung sounds were course on the right with crackles throughout. Resident C was having cough with yellow sputum. A new physicians order was written for doxycycline 100 mg orally		3 DON/Designee has educated skilled staff on Hospice policy and order transcription. 4 DON/Designee will audit all hospice residents hospice binder for new orders and hospice notifications for changes in condition 5xwk x4wks, 3xwk x4wks, 1xwk x 4wks. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during QAPI meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance.	

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	twice daily for 10 days. Orders were written and given to facility nurse along with all updates. Hospice nurse called and left message with Family member 1 with updates. During an interview on 6/17/24 at 10:16 a.m., the Director of Nursing indicated hospice should have been notified before starting the levofloxacin. On 6/17/24 at 1:23 p.m., the Administrator provided a copy of a Hospice Service Agreement, dated 1/2020, and indicated this was the current hospice service agreement used for the hospice provider. A review of the hospice service agreement indicated the plan of care will be written in collaboration with the hospice interdisciplinary team, the facility staff, the hospice patient or hospice patient's representative, and the physician, based on the needs of the hospice patient. Any change in the plan of care will be discussed with the hospice patient or the hospice patient's representative, and the facility representatives, and must be approved by hospice before implementation. 3.1-37(a)			
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.			

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	The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or			

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	their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, interview, and record review the facility failed to implement transmission-based precautions for a resident admitted to the facility diagnosed with C. difficile (Clostridium edificial is a germ that causes inflammation of the colon, can be transmitted by person-to-person contact as well as contact with inanimate objects, and can be life threatening. Clostridium difficile can live outside the body on inanimate objects for several months.) for 1 of 4 residents reviewed for infection control. (Resident B) Finding includes: During an interview on 6/12/24 at 9:24 a.m., Resident B indicated Resident B had an infection but wasn't sure if he received all of his medications.	F 0880	Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices. 1 Resident B was not harmed by the alleged deficient practice. Contact precaution orders immediately obtained, proper precaution notification was established.	07/15/2024

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	The clinical record for Resident B was reviewed on 6/13/24 at 10:15 a.m. The diagnoses included, but were not limited to, fracture of right humerus, diabetes, and atrial fibrillation. An Admission MDS (Minimum Data Set) assessment, dated 6/3/24, indicated Resident B was cognitively intact and frequently incontinent of bowel. A Hospital Discharge Summary, dated 5/29/24, indicated Resident B's primary diagnoses included, but were not limited to, diarrhea secondary to C. diff. (Clostridium difficile). Resident B was to continue oral Vancomycin capsule (antibiotic used to treat intestinal infections) 125 mg (milligrams) orally 4 times daily for 12 days. An Inter-Facility Infection Control Transfer Form, dated 5/29/24, indicated Resident B had an active C. diff. infection and was in contact precautions at the hospital. Resident B's clinical record lacked a physician's order for transmission-based precautions. During an interview on 6/14/24 at 11:13 a.m., CNA 1 indicated she provided bowel incontinence care for Resident B several times since Resident B was admitted. CNA 1 provided incontinence care two times on 6/14/24 and Resident B's bowel movements were "diarrhea like" thick diarrhea that was orange in color. CNA 1 never wore personal protective equipment into Resident B's room. CNA 1 was never made aware that Resident B was on any transmission based precautions nor that Resident B was diagnosed with C. diff. During an interview on 6/14/24 at 11:16 a.m., the		2 All residents with an active infection have potential to be affected by same alleged deficient practice. DON/Designee conducted 100% audit on current residents with active infections for appropriate infection control intervention orders and implementation. 3 DON/Designee educated skilled nursing staff on infection control precautions and interventions. 4 DON/Designee will audit all residents with active infections for infection control orders and implimentation 5xwk x4wks, 3xwk x4wks, 1xwk x 4wks. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during QAPI meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance.	

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	Housekeeping Supervisor indicated the housekeeping department was not notified that Resident B was on any transmission based precautions nor that Resident B had C. diff. During an interview on 6/14/24 at 12:54 p.m., the DON (Director of Nursing) indicated she was not aware Resident B had C. diff when he was admitted. Resident B should have had a physician's order for contact precautions for C. diff. and the doctors order for vancomycin should have indicated it was for C. diff. On 6/14/24 at 1:24 p.m., the Administrator in Training provided a copy of a facility policy, titled Infection Prevention Program, dated 6/6/23, and indicated this was the current policy used by the facility. A review of the policy indicated prevention of spread of infections is accomplished by implementation of transmission based precautions as appropriate with treatment and follow up. 3.1-18(b)(1)			