

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

PRINTED: 03/06/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155772		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/01/2024	
NAME OF PROVIDER OR SUPPLIER COBBLESTONE CROSSINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00417618, IN00424130, and IN00426412. This visit included the Investigation of Residential Complaint IN00426412.</p> <p>Complaint IN00417618 - Federal/state deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00424130 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426412 - Federal/state deficiencies related to the allegations are cited at R0297.</p> <p>Survey dates: February 1, 2024</p> <p>Facility number: 011906 Provider number: 155772 AIM number: 201114960</p> <p>Census Bed Type: SNF/NF: 23 SNF: 31 Total: 54</p> <p>Census Payor Type: Medicare: 25 Medicaid: 16 Other: 13 Total: 54</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 8, 2024.</p>			F 0000	<p>Campus complete POC and we would like to request desk review. Please let us know when you are ready for us to submit our audits for consideration. Thank you!</p>		

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

TITLE

(X6) DATE

Theresa Adams

Executive Directive

02/21/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are 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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F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his						

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	<p>or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on record review and interview, the facility failed to ensure a resident treated in a dignified manner during personal care for 1 of 4 residents reviewed for nursing services (Resident B).</p> <p>Finding includes:</p> <p>During an interview, on 2/1/24 at 11:08 a.m., Certified Resident Care Associate (CRCA) 4 indicated there had been an episode where she had been assisting a resident with personal care, the resident was very combative and was hitting her, she became frustrated and left the resident's room without telling any other staff on the unit she was leaving the resident unattended. She then gathered her personal items and was planning to leave the facility and going home. She ended up talking with the facility's Employee Experience Manager (EEM), who calmed her down. She returned to the unit shortly after to finish her shift.</p> <p>During an interview, on 2/1/24 at 11:45 a.m., the Director of Health Services (DHS) indicated CRCA 4 had become frustrated while providing personal care to a resident and left the unit. She was speaking with the EEM who contacted her to come and speak with the CRCA also. She and the EEM took the CRCA outside and calmed her down. The CRCA returned to her unit after she calmed down. The CRCA had been disciplined for her actions.</p> <p>During a telephone interview, on 2/1/24 at 1:30 p.m., Registered Nurse (RN) 5 indicated she was the nurse on the unit on the day that CRCA 4 left the unit and did not tell anyone she was leaving</p>			F 0550	<p>Plan of Correction Text:</p> <p>The submission of this plan of correction does not indicate an admission by Cobblestone Crossing Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cobblestone Crossing Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>_____</p> <p>F550</p> <p>Completion Date:</p> <p>Plan of Correction Text:</p> <p>1. Resident B suffered no ill</p>		02/23/2024

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	<p>the resident unattended. CRCA 6 told the RN that CRCA 4 had left the resident unattended. The RN and CRCA 6 went to the resident's room and completed the personal care with the resident. The door to the resident's room was open when they entered to complete the personal care with the resident. When they completed the care, the RN went directly to the DHS to report what had happened.</p> <p>During a telephone interview, on 2/1/24 at 1:38 p.m., CRCA 6 indicated she was working on the unit when she saw CRCA 4 walk out of Resident B's room and walk off the unit. She went to the resident's room, looked in and saw the resident's personal care had not been completed. She went and located RN 5, and the two of them completed the resident's personal care. CRNA 4 did not ask anyone to go in and help her with the resident, or to take over for her when she left the unit.</p> <p>Resident B's record was reviewed on 2/1/24 at 1:52 p.m. The profile indicated the resident's diagnoses included, but were not limited to, unspecified dementia with behavioral disturbance (the impaired ability to remember, think, or make decisions that interferes with doing everyday activities with agitation including verbal and physical aggression, and wandering).</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 12/28/23, indicated the resident had severe cognitive deficit.</p> <p>During review of the resident's care plans, multiple interventions were observed which addressed the resident's aggressive behavior with all hands-on care.</p> <p>A Social Services progress note, dated 9/8/23 at</p>				<p>effects from the alleged deficient practice. Resident B did receive care from other staff members.</p> <p>2. All residents have the potential to be affected by the alleged deficient practice. Like residents have been reviewed to ensure dignity needs are meet according to individualized plan of care.</p> <p>3. Nursing staff have been educated on resident rights policy to ensure residents dignity is being met. As a measure of ongoing compliance, director of health services (DHS) or designee will audit 5 residents weekly for 4 weeks, then every other week for 2 months, and then monthly for 3 months.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		

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R 0000 Bldg. 00	<p>1:57 p.m., indicated the resident's behaviors were reviewed by the interdisciplinary team (IDT). The resident was being followed by the facility contracted psychiatric services for behaviors and psychotropic medication (any drug that affects behavior, mood, thoughts, or perception) use.</p> <p>On 2/1/24 at 1:25 p.m., the Executive Director (ED) provided a document, dated 9/15/23, titled, "Teachable Moment," and indicated it was the document reviewed with CRCA 4 following her leaving the unit on that date. The document indicated the CRCA had been counseled on when getting upset with a resident, she should separate herself from the resident, but should always ensure someone else goes into care for the resident. Residents cannot be left without care. The document had been signed by the DHS and CRCA 4.</p> <p>On 2/2/24 at 2:20 p.m., the Regional Director of Clinical Operations (RDCO) provided a document, with a review date of 12/31/23, titled, "Resident Rights Guidelines," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure: ...2. Our residents have the right to...a. Be treated with dignity and respect...."</p> <p>This citation relates to complaint IN00417618.</p> <p>3.1-3(a)</p> <p>This visit was for the Investigation of Residential Complaint IN00426412. This visit included the Investigation of Complaints IN00417618,</p>			R 0000	Campus complete POC and we would like to request desk review. Please let us know when you are ready for us to submit our audits		

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R 0297 Bldg. 00	<p>IN00424130, and IN00426412.</p> <p>Complaint IN00417618 - Federal/state deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00424130 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426412 - Federal/state deficiencies related to the allegations are cited at R0297.</p> <p>Survey dates: February 1, 2024</p> <p>Facility number: 011906</p> <p>Residential Census: 25</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 8, 2024.</p> <p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.</p> <p>Based on record review, observation, and interview, the facility failed to perform a narcotic medication count upon admission and at change of shift which resulted in misappropriation of property for 1 of 5 residents reviewed for abuse (Resident J).</p> <p>Finding includes:</p>			R 0297	<p>for consideration. Thank you!</p> <p>Plan of Correction Text: The submission of this plan of correction does not indicate an admission by Cobblestone Crossing Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living</p>		02/23/2024

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	<p>A state reportable incident document, dated 1/18/24, indicated on 1/17/24 the Director of Healthcare Services (DHS) was informed of a narcotic count discrepancy.</p> <p>On 2/1/24 at 12:00 p.m., during an interview with the DHS and Executive Director (ED), the ED indicated on 1/17/24 at 8:00 a.m., Registered Nurse (RN) 5 informed the DHS of a narcotic discrepancy involving Resident (J). When the resident was transferred to the Assisted Living (AL) side of the facility her medication was transferred to the nurse receiving the medications and 6 Norco tablets were missing. An investigation was initiated by the ED and DHS. The investigation indicated the resident was on the Skilled Nursing Facility (SNF) side and was transferred to the Assisted Living (AL) facility side, on 1/16/24. The investigation indicated, on 1/16/24 at 11:00 a.m., RN 5 counted narcotics with Licensed Practical Nurse (LPN) 12 and brought Resident J's medications and narcotic count sheet to LPN 13, who was the nurse on the AL unit. LPN 13 did not verify the narcotic count. When LPN 11 arrived on the unit the two nurses did not complete a narcotic verification count. LPN 11 indicated she could not locate the narcotic count record for Resident J. LPN 11 then created a new count record indicating there were 24 Norco tablets but did not sign the record.</p> <p>On 1/17/24 RN 5, located the original narcotic count record which indicated there were 30 Norco tablets indicating 6 Norco tablets were unaccounted for. The DHS and ED obtained witness statements from all nurses involved. LPN 11 was instructed to wait in the library area and left the facility before she could be interviewed. The ED was unable to contact her. Law Enforcement</p>				<p>environment provided to the residents of Cobblestone Crossing Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>R297 Completion Date: 2/23/24 Plan of Correction Text: 1. Resident J suffered no ill effects from the alleged deficient practice. Resident B did receive pain meds per orders and pain meds were replaced by the campus. 2. Residents receiving controlled substances have the potential to be affected by the alleged deficient practice. Like residents have been reviewed to ensure they were not missing controlled medication and that they received their medication per orders. House wide narcotic</p>		

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	<p>was notified, and a police investigation was completed. The pharmacy audited all resident medications, and no additional discrepancies were found. Audit tools were implemented on 1/17/24 and verified by the DHS daily.</p> <p>On 2/1/24 at 12:00 p.m. reviewed medical record of resident J. Diagnosis included but were not limited to Coronary Artery Disease (a narrowing or blockage of your coronary arteries, which supply oxygen-rich blood to your heart), Alzheimer's disease (the loss of cognitive functioning thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities), Neuropathy (when nerve damage leads to pain, weakness, numbness or tingling in one or more parts of your body), Hypertension (also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure), Osteoarthritis (a degenerative joint disease, in which the tissues in the joint break down over time).</p> <p>On 2/1/24 at 1:28 p.m., the ED provided the following documents.</p> <p>a. Document titled Investigation Summary, dated 1/17/24, which outlined the investigation related to the drug discrepancy and full investigation notes. The record indicated LPN11 was immediately suspended pending an investigation. LPN 11 was terminated after leaving the facility. Police report was initiated, the physician and family were notified.</p> <p>b. Copies of audit tools indicating audits had been implemented and were verified daily by the Interdisciplinary Team (IDT) team.</p> <p>c. Inservice Sign in sheet titled Narcotic Policy dated, 1/17/24 indicating signatures of all staff</p>				<p>audit completed without additional findings.</p> <p>3. Nursing staff have been educated on completing narcotic counts upon admission, change of shift, change of nursing staff. As a measure of ongoing compliance, director of health services (DHS) or designee will audit 5 residents weekly for 4 weeks, then every other week for 2 months, and then monthly for 3 months to ensure narcotic counts are being conducted per policy.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		

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	<p>who had been provided education and training.</p> <p>On 2/1/2024 at 2:22 p.m., the ED provided a document, titled, "Guidance for Narcotics Count," dated 8/2/2016, and indicated it was the policy currently being used by the facility. The policy indicated, "...Purpose ...To provide guidelines for tracking narcotic distribution ...Procedures ...1. Each controlled drug shall have a corresponding count sheet to track distribution ...3. The narcotic count sheet will indicate how many items are in the narcotic drawer and counted to ensure they are all present and accounted for. The count will be updated by two nurses to validate the changes with initials and date ...4. At the time one nurse or other staff qualified to pass medications relinquishes the keys to the medication cart to another staff member the narcotics shall be reconciled by comparing the medications in the cart to the count sheets ...5. Both staff members shall sign that the narcotic count is accurately reconciled ...6. Should the available medications not match the count sheets the Director of Health Services shall be notified"</p> <p>On 2/1/2024 at 2:18 p.m., the DON provided a document, titled, "Abuse and Neglect Procedural Guidelines," dated December 2023, and indicated it was the policy currently being used by the facility. The policy indicated, "...Purpose ...ensure the prevention and reporting of suspected or alleged resident abuse and neglect ...Procedure ...m ...misappropriation if property ...means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent ...g. Reporting /Response ...ii. Ensure that all alleged violations involving abuse, neglect, exploitation ...including misappropriation of resident's property are reported immediately ...iv</p>						

