

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

PRINTED: 06/27/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2022
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NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 7630 E 86TH ST INDIANAPOLIS, IN 46256
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on April 22, 2022.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00380435 completed on June1, 2022.</p> <p>Complaint IN00380435 - Corrected.</p> <p>Survey dates: June 9 and 10, 2022</p> <p>Facility number: 000149 Provider number: 155245 AIM number: 100266840</p> <p>Census Bed Type: SNF/NF: 31 Total: 31</p> <p>Census Payor Type: Medicare: 3 Medicaid: 22 Other: 6 Total: 31</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 16, 2022.</p>	F 0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Castleton Health Care Center maintains the alleged deficiencies do not individually jeopardize the health and/or safety of its residents nor are they of such character as to limit the providers capacity to render adequate resident care. Furthermore, Castleton Health Care Center asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes the providers credible allegation of compliance.	
F 0770 SS=D Bldg. 00	<p>483.50(a)(1)(i) Laboratory Services</p> <p>§483.50(a) Laboratory Services.</p> <p>§483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for</p>			

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

TITLE

(X6) DATE

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 disclosed 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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	<p>the quality and timeliness of the services.</p> <p>(i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter.</p> <p>Based on interview and record review, the facility failed to obtain labs, as ordered, for 2 of 3 residents reviewed for laboratory services. (Residents 15 and 240)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 15 was reviewed on 3/9/22 at 3:10 p.m. The diagnoses included, but were not limited to, neuromuscular dysfunction of bladder, acute kidney failure, and presence of urogenital implants.</p> <p>The 6/2/22, 2:02 a.m. nurse's note read, "Notified MD via [method of notification] that writer noted sediment in urine and requested for a UA [urinalysis] to be collected."</p> <p>The 6/4/22 physician's order indicated for a UA/C&S (culture and sensitivity) to be completed one time only for cloudy urine for 3 days, with a start date of 6/4/22.</p> <p>The 5/20/22 physician's order indicated for a CMP (complete metabolic panel,) CBC (complete blood count,) HGBA1C (glycated hemoglobin,) Lipid panel, TSH (thyroid stimulating hormone,) Vitamin D level, and Depakote level to be obtained one time a day every 6 months starting on the 7th, for labwork, with a start date of 6/7/22.</p> <p>There were no UA/C&S results from the 6/4/22 order, but the June, 2022 TAR (treatment administration record) indicated it was completed</p>	F 0770	<p>F770 – Laboratory Services</p> <p>1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>a. Resident 15 labs were obtained on 6/9/2022.</p> <p>b. Resident 240 had labs ordered and resident 240 refused for labs to be drawn on 6/10/2022, MD was notified and ordered to obtain next lab day (6/14/2022) and were drawn on 6/14/2022.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>a. All residents have the potential to be affected alleged deficient practice.</p> <p>1.What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <p>a. DON/Designee conducted an audit of lab orders.</p> <p>b. DON/Designee completed re-education with nursing staff on lab process.</p> <p>1.How will the facility monitor its corrective actions to ensure that the deficient</p>	06/24/2022
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	<p>on 6/5/22. There were no CMP, CBC, HGBA1C, Lipid panel, TSH, Vitamin D level, and Depakote level results from the 5/20/22 order in the clinical record, but the June, 2022 TAR indicated they were completed on 6/7/22.</p> <p>An interview was conducted with the DON (Director of Nursing) on 6/10/22 at 9:38 a.m. She indicated the lab was unable to obtain the labs ordered for 6/7/22, but she was unsure as to why. She spoke with the supervisor at the lab on 6/8/22, who informed her the labs ordered for 6/7/22 were not obtained and that Resident 15's last UA lab was from 5/1/22.</p> <p>The DON provided the 6/7/22 lab requisition for the 6/7/22 ordered labs. There was a note at the bottom, signed by the DON, that read, "Unable to obtain per lab staff. Will draw next lab day."</p> <p>The most recent UA/C&S results were provided by the DON on 6/10/22 at 12:35 p.m. They were collected on 5/1/22.</p> <p>An interview was conducted with the DON and NC (Nurse Consultant) on 6/10/22 at 10:57 a.m. The NC indicated she didn't know what happened with the 6/7/22 UA/C&S order. They were in the process of getting a new contract with a new lab company.2. The clinical record for Resident 240 was reviewed on 6/10/22 at 11:40 a.m. The resident's diagnoses included, but were not limited to, kidney disease, congested heart failure and type 2 diabetes mellitus. Resident 240 was admitted on 5/25/22.</p> <p>A physician order dated 5/31/22 indicated staff was to obtain CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TSH (Thyroid-Stimulating Hormone), and depakote</p>		<p>practice will not recur?</p> <p>a. DON/Designee will conduct audits on labs 3 times weekly x 4 weeks then monthly until substantial compliance has been achieved.</p> <p>1. Findings will be reported monthly at the QA/risk management meeting until such time substantial compliance has been determined.</p> <p>5. DOC: 06/24/2022</p>	

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	<p>level.</p> <p>A lab report collection and reported date of 5/31/22 indicated Resident 240 had refused the lab draw. The report indicated, "...Nurse will reschedule..."</p> <p>An interview was conducted with the Director of Nursing on 6/10/22 at 10:57 a.m. She indicated it had been recognized the facility was having problems with the process of lab services. She has left a message with the lab supervisor to address those concerns. Resident 240's labs that were ordered on 5/31/22 were not redone. The lab technician should have reattempted to obtain the resident's labs on 6/7/22 and had not. The labs for the resident would be reordered.</p> <p>A "Lab and Diagnostic Test Results" procedure and policy was provided by the Director of Nursing on 6/10/22 at 1:57 p.m. It indicated "...Assessment and Recognition 1. The physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. 2. The staff will process test requisitions and arrange for tests. 3. The laboratory, diagnostic radiology provider, or other testing source will report tests results to the facility. Review by Nursing..3. A nurse will try to determine whether the test was done. a. As a routine screen or follow-up; b. To assess a condition or recent onset of signs and symptoms; or c. To monitor a drug level..."</p> <p>This deficiency was cited on April 22, 2022. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>3.1-49(a)</p>			