

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

PRINTED: 05/22/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155203		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/02/2025	
NAME OF PROVIDER OR SUPPLIER HILLCREST VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 203 SPARKS AVE JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00456231.</p> <p>Complaint IN00456231 - Federal/State deficiencies related to the allegations is cited at F684.</p> <p>Unrelated deficiencies are cited</p> <p>Survey dates: May 1 and 2, 2025</p> <p>Facility number: 000110 Provider number: 155203 AIM number: 100271120</p> <p>Census Bed Type: SNF/NF: 104 SNF: 9 Total: 113</p> <p>Census Payor Type: Medicare: 9 Medicaid: 71 Other: 33 Total: 113</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 5, 2025.</p>			F 0000	<p>/p> This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 5/19/25</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview and record review, the facility failed to ensure blood pressure medications were held for out-of-parameter readings for 2 of 3 residents reviewed for medication administration.</p>			F 0684	<p>F - 684: Quality of Care</p> <p>What corrective action(s) will be accomplished for those</p>		05/19/2025

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

TITLE

(X6) DATE

Mark Bowman

Executive Director

05/16/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>(Resident B and Resident D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 5/1/25 at 12:40 p.m. The resident's diagnosis included, but was not limited to, hypotension (low blood pressure).</p> <p>The admission order, dated 3/19/25, indicated the resident was to receive midodrine (medication for low blood pressure) 5 mg (milligrams) three times a day at 8:00 a.m., 2:00 p.m. and 8:00 p.m. The medication was to be held if the SBP (systolic blood pressure) was greater than 135 and/or DBP (diastolic blood pressure) was greater than 85.</p> <p>Review of the March 2025 medication administration record indicated, on 4/22/25 at 8:00 p.m., the resident's midodrine was administered when the resident's SBP was 142.</p> <p>During an interview, on 5/2/25 at 12:55 p.m., Licensed Practical Nurse (LPN) 6 indicated blood pressure medications should not be administered with out-of-range parameters.</p> <p>2. The clinical record for Resident D was reviewed on 5/1/25 at 3:05 p.m. The resident's diagnosis included, but was not limited to, hypotension.</p> <p>The physician's order, dated 4/7/25, indicated the resident was to receive midodrine 2.5 mg three times a day at 5:00 a.m., 11:00 a.m. and 4:00 p.m. The medication was to be held if the resident's SBP was greater than 140.</p> <p>Review of the April 2025 medication administration record indicated the medication was administered on the following dates and</p>				<p>residents found to have been affected by the deficient practice:</p> <p>Resident B and D's medication orders were reviewed, parameters verified, and residents' medications were continued as ordered.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents with a diagnosis of hypotension have the potential to be affected by the alleged deficient practice. On 5/7/25, CEN began in-servicing all licensed and qualified staff on Blood Pressure Parameters, and Medication Administration. On 5/8/25, DNS / Designee completed an audit of residents with a diagnosis of hypotension to ensure Blood Pressures Parameters were in place and medications are being administered as ordered.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>On 5/8/25, DNS reviewed the EMAR Compliance Report daily to ensure all Blood Pressure medications have been administered as ordered. The results of the EMAR Compliance Report Review will be noted on an</p>		

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F 0842 SS=E Bldg. 00	<p>times:</p> <ul style="list-style-type: none"> - On 4/17/25 at 5:00 a.m., the resident's midodrine was administered when the resident's SBP was 145. - On 4/18/25 at 5:00 a.m., the resident's midodrine was administered when the resident's SBP was 150 - On 4/18/25 at 11:00 a.m., the resident's midodrine was administered when the resident's SBP was 145 - On 4/24/25 at 5:00 a.m., the resident's midodrine was administered when the resident's SBP was 149 - On 4/24/25 at 4:00 p.m., the resident's midodrine was administered when the resident's SBP was 146 - On 4/25/25 at 5:00 a.m., the resident's midodrine was administered when the resident's SBP was 151 - On 4/25/25 at 4:00 p.m., the resident's midodrine was administered when the resident's SBP was 144 - On 4/29/25 at 5:00 a.m., the resident's midodrine was administered when the resident's SBP was 149 <p>This Citation relates to Complaint IN00456231</p> <p>3.1-37</p> <p>483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure residents' (Resident C, Resident D and Resident E) medication administration records accurately reflected the administration of narcotic medications for 3 of 4 residents reviewed for documentation.</p>			F 0842	<p>F-684 audit tool. Any administration's noted to be out of the ordered parameters, the NP and family will be notified and the Nurse and or Qualified staff will receive additional education and or disciplinary action.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>DNS / Designee will be responsible for a daily audit of Blood Pressure Parameters using the F684 Audit tool weekly for 4 weeks, then monthly for 6 months or until 100% compliance is achieved. The results of these audits will be reported to the facility QAPI Committee monthly. If 90% compliance is not achieved an action plan will be developed.</p> <p>By what date the systemic changes for each deficiency will be completed.</p> <p>Systemic changes will be completed 5/19/25</p> <p>F 842 RESIDENT RECORDS – IDENTIFIABLE INFORMATION</p> <p>It is the practice of this provider to provide care/services for highest well-being in accordance with State and Federal law.</p> <p>1: What corrective action(s) will</p>		05/19/2025

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	<p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 5/1/25 at 2:52 p.m. The resident's diagnoses included, but were not limited to, anxiety, diabetes and chronic pancreatitis.</p> <p>The April 2025 medication administration record (MAR) indicated the resident was to receive Xanax (narcotic anti-anxiety medication) 0.25 mg (milligrams) twice daily at 8:00 a.m. and 8:00 p.m. and oxycodone 10 mg every 4 hours as needed for severe pain.</p> <p>The April 2025 controlled substance record indicated the resident received the Xanax on the following dates and times:</p> <ul style="list-style-type: none"> - 4/14/25 at 8:00 a.m. - 4/16/25 at 8:00 a.m. - 4/18/25 at 8:00 a.m. - 4/23/25 at 8:00 a.m. <p>The April 2025 controlled substance record indicated the resident received the oxycodone on the following dates and times:</p> <ul style="list-style-type: none"> - 4/05/25 at 4:40 p.m. - 4/07/25 at 11:20 a.m. and 3:20 p.m. - 4/10/25 at 3:00 p.m. - 4/12/25 at 4:12 p.m. - 4/13/25 at 1:00 a.m., 6:00 a.m. and 8:18 p.m. - 4/15/25 at 4:00 p.m. - 4/16/25 at 4:00 p.m. - 4/19/25 at 8:00 a.m. and 7:33 p.m. - 4/23/25 at 8:00 a.m. and 6:00 p.m. - 4/25/25 at 9:00 a.m. and 2:00 p.m. <p>The April 2025 MAR lacked documentation of the administration of the medications.</p>				<p>be accomplished for those residents found to have affected by the deficient practice? DNS audited Resident C, D and E's Medication Administration Records from 5/1/25 through 5/8/25, all medications were administered and documented in accordance with the facility's medication administration procedure.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents receiving narcotic medications have the potential to be affected by the alleged deficient practice. On 5/7/25, DNS / Designee began an all licensed and qualified staff in-service on the facilities-controlled substance storage, documentation, inventory and administration policy. On 5/8/25, DNS reviewed the EMAR Compliance Report to ensure all narcotic medications have been administered as ordered.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Beginning 5/8/25, DNS/designee will review EMAR Compliance report daily for omissions. The results of these reviews will be noted on a pharmacy services and</p>		

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	<p>During an interview on 5/2/25 at 12:55 p.m., Licensed Practical Nurse (LPN) 6 indicated the medication administration record should be signed out when a narcotic medication was administered.</p> <p>2. The clinical record for Resident D was reviewed on 5/1/25 at 3:05 a.m. The resident's diagnoses included, but were not limited to, depression and rheumatoid arthritis.</p> <p>The March 2025 and April 2025 medication administration record indicated the resident was to receive Tramadol (narcotic pain medication) 50 mg every 8 hours as needed for pain.</p> <p>Review of the March 2025 and April 2025 controlled substance record indicated the resident received Tramadol (narcotic pain medication) on the following dates and times.</p> <ul style="list-style-type: none"> - 3/12/25 at 6:00 p.m. - 3/24/25 at 5:00 a.m. - 4/24/25 at 8:00 a.m. - 4/30/25 at 4:40 p.m. <p>The March 2025 and April 2025 medication administration record lacked documentation of the administration of the medication.</p> <p>3. The clinical record for Resident E was reviewed on 5/2/25 at 9:35 a.m. The resident's diagnoses included, but were not limited to, left femur fracture and osteoarthritis.</p> <p>The April 2025 medication administration record indicated the resident was to receive hydrocodone-acetaminophen (narcotic pain medication) 5-325 mg every 6 hours as needed for pain.</p>				<p>recommendations audit tool. Any omissions noted the Nurse and or Qualified staff will receive additional education and or disciplinary action.</p> <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</p> <p>The DNS/designee will be responsible for daily EMAR compliance report reviews and documenting results using the pharmacy services and recommendations QA audit tool weekly times 4 weeks, monthly times 6 and then quarterly thereafter until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 90% is not achieved, an action plan will be developed.</p> <p>5. Date of completion: 5/19/25</p>		

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	<p>The April 2025 controlled substance record indicated the resident received the medication on the following dates and times:</p> <ul style="list-style-type: none">- 4/15/25 at 4:52 p.m.- 4/16/25 at 7:00 p.m.- 4/17/25 at 3:30 a.m.- 4/20/25 at 12:00 p.m. <p>The April 2025 medication administration record lacked documentation of the administration of the medication.</p> <p>On 5/2/25 at 2:16 p.m., the Director of Nursing provided a current copy of the document titled "Controlled Substances: Storage, Documentation, Inventory and Destruction (Includes Fentanyl Patch Removal and Destruction)" dated 11/2024. It included, but was not limited to, "Procedure...Documentation...When a controlled substance is administered to a resident, it must be recorded in the resident's Medication Administration Record...as well as in the resident's Controlled Substances Inventory Record at the time of administration...."</p> <p>3.1-50(a)(2)</p>						