

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

PRINTED: 10/10/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/20/2023
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NAME OF PROVIDER OR SUPPLIER ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 5226 E 82ND STREET INDIANAPOLIS, IN 46250
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00416516 and IN00417584.</p> <p>Complaint IN00416516 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417584 - Federal/state deficiencies related to the allegations are cited at F661.</p> <p>Survey dates: September 19 and 20, 2023</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 114 Total: 114</p> <p>Census Payor Type: Medicare: 3 Medicaid: 96 Other: 15 Total: 114</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 22, 2023</p>	F 0000		
F 0661 SS=D Bldg. 00	<p>483.21(c)(2)(i)-(iv) Discharge Summary §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melanie Sigler	RN/DON	10/04/2023

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>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>Based on interview and record review, the facility failed to prepare a discharge summary that included a recapitulation of the resident's stay, a final summary of the resident's status, a reconciliation of all pre and post discharge medications, and a discharge plan of care for 3 of 3 residents reviewed for discharge. (Resident B, Resident F and Resident G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident F was reviewed on 9/19/23 at 1:00 p.m. The diagnosis included but was not limited to: type 2 diabetes mellitus.</p>	F 0661	<p>F 661</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B, F, and G are discharged from the facility.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents discharging home or</p>	10/06/2023

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	<p>A nursing note dated 6/30/23 indicated resident requested to be transferred to another long term care facility.</p> <p>A nursing progress note dated 7/6/23 indicated the resident discharged that day to another long term care facility. The resident was discharged with medications and personal items.</p> <p>2. The clinical record for Resident G was reviewed on 9/19/23 at 1:15 p.m. The diagnosis included but was not limited to: tracheostomy.</p> <p>A nursing progress note dated 9/5/23 indicated Resident G was discharged to another long term care facility with medications.</p> <p>The clinical records for Resident F or Resident G did not include discharge summaries that included recap of the residents' stay nor status of the residents at the time of discharge.</p> <p>An interview was conducted with the Director of Nursing on 9/20/23 at 9:20 a.m. She indicated the facility staff does not do discharge summaries for residents that transfer to other facilities; especially if the resident was transferred to an affiliated facility within their corporation. Resident G was transferred to a "sister" facility. 3. The clinical record for Resident B was reviewed on 9/19/23 at 11:06 a.m. His diagnoses included, but were not limited to: chronic obstructive pulmonary disease, hypertension, and type 2 diabetes mellitus. He was discharged to another skilled nursing facility on 9/5/23.</p> <p>The 8/22/23 Care Plan Note, written as a late entry, read, "care plan meeting held and discussed with [name of Resident B] and via phone with</p>		<p>to another SNF have the potential to be affected. An audit of discharges in the last 14 days was completed to verify that a discharge summary was completed. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Director of Nursing Services or designee will re-educate the IDT team and licensed nurses on the the following policy: Transfer and Discharge PolicyHow the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for any resident discharging will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: Residents discharging home or to another SNF have a completed Discharge Summary. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	

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	<p>brother....family looking to go to sister center [city of sister skilled nursing facility] closer for all family. no care concerns."</p> <p>The 9/5/23 nurse's note read, "[Name of ambulance company] ambulance is here to transport patient to [name of sister skilled nursing facility.] Medication was sent."</p> <p>There was no discharge summary in Resident B's clinical record.</p> <p>An interview was conducted with the ADON (Assistant Director of Nursing) on 9/19/23 at 1:26 p.m. She indicated if there was no discharge summary in Resident B's clinical record, it wasn't done.</p> <p>An interview was conducted with the DON (Director of Nursing) on 9/19/23 at 1:34 p.m. She indicated the facility never completed discharge summaries when a resident was transferred to another skilled nursing facility, only if they went home. She was unsure as to why this was the process.</p> <p>A copy of a blank discharge summary was provided by the DON on 9/20/23 at 12:40 p.m. It included the following sections for completion: Nursing Final Summary with diagnoses, treatment, vital signs, labs radiology tests, follow-up appointments, physical function, and additional information; a Social Services section; a Dietary Services section; an Activity Director section, and a Signatures section.</p> <p>The Transfer and Discharge Policy was provided by the DON on 9/19/23 at 2:40 p.m. It read, "Discharge Summary A. When a discharge to home, assisted living, free standing hospice or</p>			

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	<p>another LTC [long term care] care facility is anticipated, facility will develop a discharge summary that includes, but is not limited to the following: 1. Summary of Stay i. A summary of the resident's stay that includes, but is not limited to: 1. diagnoses 2. course of illness/treatment or therapy 3. pertinent lab 4. radiology 5. consultation results 2. Final Summary Available for release I. A final summary of the resident's status to include the resident's: 1. needs 2. strengths 3. goals 4. life history 5. and preferences (as identified in the MDS-Minimum Data set) ii. The summary information is resident status at the time of the discharge and is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. 3. Medication Reconciliation i. Reconciliation of all pre-discharge medications with the resident's post-discharge medications will include: 1. Prescribed/Prescription Medication 2. Over-the-counter Medication 4. Post-Discharge Plan of Care. i. A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. ii. The post-discharge plan of care will indicate: 1. Where the individual plans to reside 2. arrangements that have been made for the resident's follow up care 3. Post-discharge medical and non-medical services. iii. A copy of the post-discharge plan will be provided to the resident and, with the resident's consent, the resident representative(s), the receiving provider, if applicable, and a copy will be filed in the resident's medical record. iv. If the resident has a court appointed guardian, the copies of the plans of care and the post discharge plan must be provided to the guardian."</p>			

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	This Federal Tag relates to Complaint IN00417584. 3.1-36(a)(1) 3.1-36(a)(2) 3.1-36(a)(3) 3.1-36(a)(3)(b)				