

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

PRINTED: 04/02/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155651		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/15/2024	
NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 11, 12, 13, 14, and 15, 2024</p> <p>Facility number: 000353 Provider number: 155651 AIM number: 100291330</p> <p>Census Bed Type: SNF/NF: 99 Total: 99</p> <p>Census Payor Type: Medicare: 6 Medicaid: 75 Other: 18 Total: 99</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 18, 2024.</p>			F 0000	<p>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.</p>		
F 0656 SS=D Bldg. 00	483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The						

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

TITLE

(X6) DATE

Mark Gavorski

Administrator

03/27/2024

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 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>comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on observation, record review, and</p>			F 0656	The facility will ensure this requirement is met through the		03/29/2024

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	<p>interview, the facility failed to develop a care plan for a resident with broken and missing teeth for 1 of 1 residents reviewed for dental care. (Resident 82)</p> <p>Finding includes:</p> <p>On 3/11/24 at 10:22 a.m., observed Resident 82 sitting in her wheelchair in her room. Observed Resident 82's top front teeth to be missing and front bottom teeth observed to be broken. During an interview at that time, Resident 82 indicated her "teeth are falling out."</p> <p>On 3/12/24 at 9:30 a.m., the clinical record of Resident 82 was reviewed. The diagnosis included, but was not limited to, malnutrition.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 1/9/24, indicated Resident 82 had "...d. Obvious or likely cavity or broken natural teeth."</p> <p>The clinical record lacked a person centered care plan with dental services to be provided for Resident 82.</p> <p>A Physicians order with a start date of 12/27/23 with no end date, indicated ...Dental...to evaluate and treat as indicated.</p> <p>During an interview on 3/13/24 at 8:33 a.m., the Director of Nursing indicated Resident 82's clinical record lacked a person centered care plan for dental services. A dental care plan should have been developed after the Admission MDS assessment.</p> <p>On 3/13/24 at 10:25 a.m., the Director of Nursing provided a policy titled Dental Services, dated</p>				<p>following corrective measures:</p> <ol style="list-style-type: none"> 1. Resident 82 was unharmed and a dental care plan was developed and implemented. 2. All residents with dental problems have the risk of being affected. All residents were reviewed to determine if care plans were needed. Care plans were developed and implemented where indicated. 3. The Dental Services policy was reviewed and no changes are indicated. Nurse managers and social services staff were educated on this policy. The DON or her designee will complete an audit of 10 random residents weekly to ensure that a dental care plan is present when indicated for 3 months and until 100% compliance is achieved, then 10 per month for 3 months and until 100% compliance is maintained. 4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the pan of action adjusted accordingly. 		

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F 0728 SS=D Bldg. 00	<p>11/1/23, and indicated it was the current policy being used by the facility. A review of the policy indicated "Policy explanation and compliance guidelines: 1. The dental needs of each resident are identified through the physical assessment and MDS assessment process, and are addressed in each resident's plan of care. 2. Residents and/or resident representatives, during the admission process, are notified of dental services available under the State plan..."</p> <p>3.1-35(a)</p> <p>483.35(d)(1)-(3) Facility Hiring and Use of Nurse Aide §483.35(d) Requirement for facility hiring and use of nurse aides- §483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless- (i) That individual is competent to provide nursing and nursing related services; and (ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or (B) That individual has been deemed or determined competent as provided in §483.150(a) and (b).</p> <p>§483.35(d)(2) Non-permanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d) (1)(i) and (ii) of this section.</p> <p>§483.35(d)(3) Minimum Competency</p>						

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	<p>A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual-</p> <p>(i) Is a full-time employee in a State-approved training and competency evaluation program;</p> <p>(ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or</p> <p>(iii) Has been deemed or determined competent as provided in §483.150(a) and (b).</p> <p>Based on interview and record review, the facility failed to ensure student Nurse Aides (Nursing Assistant in training) were certified within the 120 day guideline of nurse aide training for 3 of 5 nurse aide records reviewed. (NA 2, NA 3, NA 4)</p> <p>Findings include:</p> <p>1. On 3/14/24 at 11:33 a.m., the education and training record for Nurse Aide (NA) 2 was reviewed. NA 2's date of hire was 6/5/23. NA 2 began Certified Nursing Assistant (CNA) training on 6/5/23. NA 2 completed the class on 6/23/23.</p> <p>NA 2's student record lacked a Certification from the Indiana Department of Health, verifying Certified Nursing Assistant status.</p> <p>On 3/15/23 at 9:45 a.m., the Nurse Educator provided a documentation indicating NA 2's first day to work on the floor after completion of the program was 6/27/23.</p> <p>On 3/11/24 at 9:33 a.m., the Director of Nursing (DON) provided a current as worked schedule. The schedule indicated NA 2 continued to work</p>			F 0728	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. One NA self-terminated her employment and the other two were terminated. 2. All Nurse Aides in Training were reviewed to ensure that had not exceeded the 120-day guideline. 3. The CNA Policy was reviewed and no changes are indicated. THE HR Director and the Nurse Educator will be re-educated on this policy. The HFA or his designee will audit weekly to ensure all Nurse Assistants in Training have not exceeded his/her 120 days. These audits will continue weekly for 3 months and until 100% compliance is achieved, then monthly for 3 months and until 100% compliance is achieved. 4. The findings of these audits will be presented during the facility's 		03/29/2024

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	<p>for the facility as an NA.</p> <p>2. On 3/14/24 at 10:00 a.m., the education and training record for Nurse Aide 3 was reviewed. NA 3 had a start date of 6/5/23. NA 3 began Certified Nursing Assistant (CNA) training on 10/9/23. NA 3 completed the class on 10/27/23.</p> <p>NA 3's student record lacked a Certification from the Indiana Department of Health verifying Certified Nursing Assistant status.</p> <p>On 3/15/23 at 9:45 a.m., the Nurse Educator provided documentation indicating NA 3's first day to work on the floor, after completion of the program, was 6/27/23. NA 3 continued to work the floor providing care to the residents.</p> <p>On 3/11/24 at 9:33 a.m., the DON provided a current as worked schedule. The schedule indicated NA 3 continued to work as an NA.</p> <p>3. On 3/14/24 at 10:00 am., the education and training record for Nurse Aide (NA) 4 was reviewed. NA 4 had a start date of 9/5/22. NA 4 began Certified Nursing Assistant training on 10/9/23. NA 4 competed the class on 10/27/23.</p> <p>NA 4's student record lacked a Certification from the Indiana Department of Health, verifying Certified Nursing Assistant status.</p> <p>On 3/15/23 at 9:45 a.m., the Nurse Educator provided documentation indicating NA 4's first day to work on the floor, after completion of the program, was 10/30/23. NA 4 continued to work the floor providing care to the residents.</p> <p>On 3/11/24 at 9:33 a.m., the DON provided a current as worked schedule. The schedule</p>				monthly QAPI meetings and the plan of action adjusted accordingly.		

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	<p>indicated NA 4 continued to work as an NA on 3/12/24.</p> <p>During an interview on 3/11/24 at 10:00 a.m., the Education Coordinator indicated the NAs were working with a Certified Nursing Assistant on the floor in the Certified Nursing Assistant (CNA) capacity.</p> <p>During an interview on 3/15/24 at 8:35 a.m., the Education Coordinator indicated the test provider sent the students a link to schedule the test to be certified as a CNA. It was up to the students to respond to the link and were to set up a time to test. The Education Coordinator indicated the students had "put it off" and had to be reminded several times. The NA's should be certified within 120 days of completing the class.</p> <p>On 3/15/24 at 8:49 a.m., the Director of Nursing provided a job description for Nursing Assistant in training, dated May 2009, and indicated it was the current job description. The job description indicated "The primary purpose of this position is providing indirect daily care, safety and comfort of the residents while enrolled in a training program or obtaining nursing certification. ...Graduating CNA students, not yet certified, may also work 120 days while awaiting their Indiana certification."</p> <p>On 3/15/24 at 8:49 a.m., the Director of Nursing provided a policy titled Certified Nursing Assistant, dated May 2009, and indicated it was the current policy being used by the facility. A review of the policy indicated "Must possess specific educational and experience such as: ...Graduating CNA students, not yet certified may also work for 120 days while awaiting their Indiana certification."</p>						

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F 0758 SS=D Bldg. 00	<p>3.1-14(b)(2)(A)</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as</p>						

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	<p>provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on interview and record review, the facility failed to complete a gradual dose reduction (GDR) for a psychotropic (a medication relating to or denoting drugs that affect a person's mental state) medication for 1 of 5 residents reviewed for unnecessary medications. (Resident 63)</p> <p>Finding includes:</p> <p>On 3/11/24 at 11:00 a.m., Resident 63's clinical record was reviewed. The diagnosis included, but was not limited to, unspecified schizophrenia (a severe, lifelong brain disorder that causes people to interpret reality abnormally).</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 12/14/23, indicated Resident 63 had moderate cognitive impairment.</p> <p>The Care Plan included, but was not limited to:</p> <p>Resident 63 has a risk for side effects related to the use of antipsychotic/antianxiety medications, initiated on 1/22/21 and current through 3/17/24.</p> <p>The Physician's Orders included, but were not limited to:</p>		F 0758	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. Resident 63 was unharmed. The GDR was noted to have been missed by the facility and completed in February, prior to the annual survey. 2. All residents have the potential to be harmed. An audit was completed on all pharmacy recommendations for the previous 6 months, and no others had been missed. 3. The policy Following Medication-Physician Orders/Parameters was reviewed and no changes are indicated. Nurse Managers will be re-educated on this policy. The DON or her designee will complete an audit monthly, within 10 days of receiving pharmacy consultant reports, to ensure all recommendations are followed up on in a timely manner. The audits 		03/29/2024	

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	<p>Olanzapine (an antipsychotic medication) 5 mg (milligrams) give a half tablet at bedtime for schizophrenia, initiated on 2/19/24 with no end date noted.</p> <p>A Pharmacy Recommendation Report, dated 1/11/24, included, but was not limited to:</p> <p>Gradual dose reduction due at this time for relevant medication olanzapine 5 mg HS (at hour of sleep or at bedtime) for schizophrenia. Recommend reduction to olanzapine 2.5 mg HS and monitor for increase in symptoms related to schizophrenia. The physician marked "agree" in response and stated, "Agree to GDR [gradual dose reduction] Zyprexa [olanzapine] to 2.5 mg, PO [by mouth], QHS [every night at hour of sleep] for schizophrenia." It was signed and dated by the physician on 1/18/24.</p> <p>A Pharmacy Recommendation Report, dated 2/15/24, included, but was not limited to:</p> <p>Gradual dose reduction due at this time for relevant medication olanzapine 5 mg HS for schizophrenia. "Per previous recommendation signed and dated 1/18/24, provider agreed to decrease olanzapine. No new order entered in PCC [Point Click Care, a software program used for the tracking and administration of medications, care, and treatment for residents in the facility]." Recommend decrease olanzapine per provider order." The physician marked "other" in response and stated, "Already at current dose of 2.5 mg". It was signed and dated by the physician on 2/19/24.</p> <p>The EMAR (electronic medication administration record) included, but was not limited to:</p>				<p>will continue monthly for 6 months and until 100% compliance is achieved, then quarterly for 9 months and until 100% compliance is maintained.</p> <p>4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.</p>		

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NAME OF PROVIDER OR SUPPLIER HOMEVIEW CENTER OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP COD 651 SOUTH STATE STREET FRANKLIN, IN 46131			
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	<p>Resident 63's olanzapine order indicated daily administration for the dates of January 18th through the 31st of 2024, resident received olanzapine 5 mg daily at bedtime for each of the 14 days.</p> <p>Resident 63's olanzapine order indicated daily administration for the dates of February 1st through the 18th of 2024, resident received olanzapine 5 mg daily at bedtime for each of the 18 days.</p> <p>During an interview on 3/13/24 at 9:45 a.m., the DON (Director of Nursing) indicated Resident 63's olanzapine order should have been reduced from the 5 mg to the 2.5 mg dose on 1/18/24 when it was signed by the physician.</p> <p>On 3/13/24 at 11:30 a.m., the DON provided a policy titled "Following Medication-Physician Orders/Parameters," dated March of 2022, and indicated it was the current policy in use by the facility. A review of the policy indicated instructions on administering medications in a safe and effective manner following physician orders and the review of the 6 rights of medications which includes the right dosage of medications.</p> <p>3.1-48(a)(1) 3.1-48(a)(2) 3.1-48(b)(2)</p>						