

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

PRINTED: 09/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/05/2024
NAME OF PROVIDER OR SUPPLIER GREENFIELD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DR GREENFIELD, IN 46140		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00437844, IN00439505, IN00442010, and IN00442065.</p> <p>Complaint IN00437844 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00439505 - Federal/State deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00442010 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442065 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 5, 2024</p> <p>Facility number: 000099 Provider number: 155188 AIM number: 100291140</p> <p>Census Bed Type: SNF/NF: 120 Total: 120</p> <p>Census Payor Type: Medicare: 4 Medicaid: 98 Other: 18 Total: 120</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 6, 2024.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 90 days 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 14 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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F 602 SS=D	<p>Free from Misappropriation/Exploitation CFR(s): 483.12</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure misappropriation of residents' medication did not occur for 1 of 3 residents reviewed for medication administration. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 9/5/24 at 2:00 p.m. The diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebrovascular disease.</p> <p>An incident report, dated 7/24/24, indicated a discrepancy in the narcotic sign off sheet for Resident C that involved Registered Nurse (RN) 2.</p> <p>A physician order, dated 7/16/24, indicated to administer hydrocodone-acetaminophen (narcotic pain relief medication) 10-325 milligrams (mg) every four hours, scheduled, for pain.</p> <p>A controlled drug administration record, dated July 2024, for Resident C's hydrocodone-acetaminophen 10-325 mg tablet indicated the following discrepancies signed off</p>			F 602	<p>Past noncompliance: no plan of correction required.</p>		

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F 602	<p>Continued From page 2 by RN 2:</p> <ul style="list-style-type: none"> - 7/17/24 at 8:00 a.m., the amount went from 79 to 77 tablets, - 7/19/24 in the morning., the amount went from 68 to 66 tablets, & - 7/22/24 at 8:00 a.m., the amount went from 48 to 46 tablets. <p>A written statement by Qualified Medication Aide (QMA) 3, undated, indicated there were three open bottles of hydrocodone but only one was in use. QMA 3 reviewed the narcotic log and found a "count error" on several occasions and reported such to the Director of Nursing.</p> <p>A telephone interview conducted with RN 2, on 9/5/24 at 2:16 p.m., indicated he would remove two hydrocodone-acetaminophen 10-325 milligram tablets for Resident C. He would administer one to Resident C and take one for himself. There were five to six instances of RN 2 taking two tablets of narcotic pain medication to administer one to Resident C and keep one for himself. Resident C did not go without his narcotic pain medication.</p> <p>An interview conducted with the Executive Director (ED), on 9/5/24 at 12:50 p.m., indicated when QMA 3 noticed the discrepancy, they notified the ED and the Director of Nursing. The narcotic logs were reviewed, and all medication carts were audited to ensure no further concerns with residents' narcotic medications. The ED spoke with RN 2, and he admitted to taking Resident C's narcotic pain medication on more than one occasion.</p> <p>A policy titled "Medication Controlled Drugs and</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>Security", undated, was provided by the ED on 9/5/24 at 1:55 p.m. The policy indicated, " ...Procedure ...d. Drug diversion will be treated as misappropriation of Resident Property and the Board of Nursing will be notified as appropriate for known drug diversions or suspected drug diversion after careful review and evidence collection"</p> <p>A policy titled "Abuse & Neglect & Misappropriation of Property", undated, was provided by the ED on 9/5/24 at 1:55 p.m. The policy indicated the following, " ...It is the intent of this facility to prevent the abuse, mistreatment, or neglect of residents or the misappropriation of their property ...provide guidance to direct staff to manage any concerns or allegations of abuse, neglect or misappropriation of their property"</p> <p>The Past Noncompliance began on 7/17/24. The deficient practice was corrected on 7/24/24 after the facility implemented a systemic plan that included the following: audits completed of all medication carts that contained narcotic medication; nurses and qualified medication aides were educated of medication administration, misappropriation of property, and abuse policy; and medication was reordered from the pharmacy and billed to the facility to cover the cost of the medication.</p> <p>This citation relates to Complaint IN00439505.</p> <p>3.1-28(a)</p>	F 602			