

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

PRINTED: 11/10/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155370	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  10/11/2022
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NAME OF PROVIDER OR SUPPLIER  PREMIER HEALTHCARE OF NEW HARMONY	STREET ADDRESS, CITY, STATE, ZIP COD 251 HIGHWAY 66 NEW HARMONY, IN 47631
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00388604, IN00389439, and IN00391358.</p> <p>Complaint IN00391358 - Substantiated. Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Complaint IN00389439 - Substantiated. Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Complaint IN00388604 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 5, 6, and 11, 2022</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 10 Medicaid: 37 Other: 12 Total: 59</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 18, 2022.</p>	F 0000		
F 0842 SS=D	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Janie Swedenburg	Administrator	11/03/2022

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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Bldg. 00	<p>§483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in</p>			

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	<p>compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview, and record review the facility failed to maintain clinical records that were complete and accurate for residents receiving controlled substance for 3 of 5 residents reviewed. (Resident G, Resident H, Resident J)</p> <p>Findings include:</p> <p>1. Resident G's controlled drug record, dated 9/29/22-10/5/22, was reviewed on 10/6/22 at 3:00 p.m. The drug order was Hydrocodone/APAP (a narcotic pain medication) 7.5-325 mg (milligrams),</p>	F 0842	<p>Residents G, H and J medication administration record has been updated to reflect the medications signed out on the narcotic log and administered.</p> <p>All residents have the potential to be affected by the alleged deficient practice. An audit of all resident narcotic logs for the last 30 days has been performed and the MAR updated as indicated.</p>	10/31/2022

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	<p>take one tablet by mouth every 6 hours as needed for moderate to severe pain, initiated 10/11/2021. The controlled drug record indicated 15 doses had been administered by staff. Resident G's MAR (Medication Administration Record) was reviewed at that time. 7 of the 15 doses were not recorded in the clinical record, the record lacked assessment of the pain, and the follow up assessment was not recorded.</p> <p>On 10/11/22 at 2:45 p.m., the controlled drug record for 9/12/22-9/30/22 was reviewed. The record had 21 of 35 doses that were signed out for the resident and were not recorded in the resident's electronic record. 10/1/22-10/22/22 had 5 of 18 doses obtained for the resident that were not recorded in the residents clinical record.</p> <p>Resident G was interviewed on 10/5/22 at 3:40 p.m. In discussing pain medications, she indicated she took Tylenol during the day time and when the psoriasis flared up she added a nerve pill. When asked about stronger pain medication, she indicated she took that before bed and she did not take any during the night.</p> <p>2. Resident H's controlled drug record was reviewed on 10/6/22 at 3:15 p.m. The drug orders included, but were not limited to: Oxycodone HCl (a narcotic pain medication) 5 mg, give 2 tablets by mouth every 4 hours as needed for moderate to severe pain, initiated 6/9/22. Oxycodone HCl 5 mg, give one tablet by mouth every 4 hours as needed for mild pain, initiated 6/9/22.</p> <p>Three separate drug records were reviewed and compared to the clinical record. Record one, dated 9/7/22-9/16/22 had 17 administrations of the medication. 16 of the 17</p>		<p>An in-service has been performed by the DON/designee for all licensed nurses and QMA's on documentation of medications administration in the clinical record.</p> <p>An audit tool has been created for the DON/designee to monitor all narcotic logs with MAR 5x/week for 4 weeks, 3x week for 4 weeks and then 1x week for 4 weeks. All results of the audit will be forwarded to QA for any needed recommendations.</p>	

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	<p>were not recorded in the residents MAR clinical record, the pain assessment was not completed, and the follow up to the pain the medication was not recorded in the clinical record.</p> <p>Record two, dated 9/17/22-9/30/22 had 19 administrations of the medication. 11 of the 19 were not recorded in the residents clinical record.</p> <p>Record three, dated 9/30/22-10/5/22 had 10 administrations of the medications. Five of the 10 were not recorded in the residents clinical record.</p> <p>Resident H was interviewed on 10/5/22 at 3:40 p.m. Resident H indicated she took her pain medication before she goes to bed. When asked if she wakes up in the middle of the night to take medication, she indicated she did not.</p> <p>3. Resident J's controlled drug record was reviewed on 10/11/22 at 11: 30 a.m. The orders included, but were not limited to: Norco (a narcotic pain medication) 7.5-325 mg, 1 tablet by mouth every 6 hours as needed for moderate to severe pain, initiated 8/5/22.</p> <p>Three separate drug records were reviewed and compared to the clinical record.</p> <p>Record one, dated 9/2/22-9/16/22, 20 of 30 tablets removed for the resident were not recorded in the residents record, there was no pain assessment, or follow up recorded for the doses given and not recorded.</p> <p>Record two, dated 9/17/22-10/3/22, 22 of 30 doses removed for the resident and were not recorded in the clinical record.</p> <p>Record three, dated 10/4/22-10/10/22, 7 of 13 doses removed for the resident were not recorded in the clinical record as given.</p> <p>Resident J was interviewed on 10/6/22 at 10:10 a.m. Resident J indicated he usually took his pain</p>			

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	<p>medication prior to going outside to smoke. He then indicated he took them prior to bed but not during the night.</p> <p>The Administrator provided the current policy for medication administration, revised 12/2015, on 10/11/22 at 3:45 p.m. Included in the policy was as follows:</p> <p>"18. As required or indicated for the a medication, the individual administering the medication will record in the resident's medical record:</p> <ol style="list-style-type: none"> <li>The date and time the medication was administered;</li> <li>The dosage;</li> <li>The route of administration;</li> <li>Any results achieved and when those results were observed; and</li> <li>the signature and title of the person administering the drug." <p>This Federal tag relates to Complaints IN00389439 and IN00391358.</p> <p>3.1-50(a)(1)</p> </li></ol>			