

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

PRINTED: 02/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155697</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/31/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARK REHABILITATION AND SKILLED NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129</b>
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00424151.</p> <p>Complaint IN00424151 - Federal/State deficiency related to the allegations is cited a F776.</p> <p>Survey date: January 31, 2024</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Census Bed Type: SNF: 10 SNF/NF: 61 Total: 71</p> <p>Census Payor Type: Medicare: 3 Medicaid: 50 Other: 18 Total: 71</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
F 776 SS=D	<p>Quality review completed on February 6, 2024.</p> <p>Radiology/Other Diagnostic Services CFR(s): 483.50(b)(1)(i)(ii)</p> <p>§483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p>	F 776		

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 776	<p>Continued From page 1</p> <p>(i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter.</p> <p>(ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure radiology results were obtained, in a timely manner, for 1 of 3 residents reviewed for radiology services. (Resident B)</p> <p>Findings include:</p> <p>On 1/31/24 at 1:40 p.m., the resident was observed sitting up in his wheelchair with his call light in reach with no signs of any pain or discomfort. He indicated his shoulder was still a little sore but was much better. His pain was controlled and they check on him frequently. He had no concerns with his care.</p> <p>The clinical record for Resident B was reviewed on 1/31/24 at 10:56 a.m. The diagnosis included, but were not limited to, left sided hemiparesis and left clavicle fracture.</p> <p>Review of the August 2023 - December 2023 indicated the resident had not complained of any pain.</p> <p>The progress note, dated 8/27/23 at 2:13 p.m., indicated the resident was found on floor during rounds. The resident was assessed and denied</p>	F 776	Past noncompliance: no plan of correction required.		

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F 776	<p>Continued From page 2 any pain or discomfort.</p> <p>The IDT (Interdisciplinary Team) note, dated 8/28/23 at 12:06 p.m., indicated the resident had a fall on 8/27/23 and denied any pain or discomfort at the time of the fall. The resident had now complained of pain to the left upper extremity, the MD was notified and gave a new order for an X-ray.</p> <p>The radiology report, dated 8/28/23 at 6:20 p.m., indicated there was no shoulder fracture, separation or dislocation seen. There was modest degenerative joint disease of the left shoulder.</p> <p>The progress note, dated 9/13/23 at 12:31 p.m., indicated the the nurse practitioner was in to evaluate the resident and ordered an MRI (Magnetic Resonance Imaging) due to complaints of pain and decreased range of motion. The appointment was scheduled for 9/19/23.</p> <p>The progress note, dated 9/20/23 at 10:44 a.m., indicated a new order was obtained for a CT (Computed tomography) of the left shoulder.</p> <p>The physician's order, dated 10/9/23, indicated the resident was to have a CT of the left shoulder due to ongoing pain.</p> <p>The CT report, dated 10/9/23 and faxed to the resident's primary care physician on the same day, indicated the resident had a fracture of the medial clavicle with callus formation consistent with a subacute fracture.</p> <p>The physician's order, dated 10/13/23, indicated to obtain an X-ray of the left shoulder.</p>	F 776			

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F 776	<p>Continued From page 3</p> <p>The X-ray report, dated 10/13/23, indicated the left shoulder demonstrated no acute fracture.</p> <p>The progress note, dated 10/16/23 at 12:35 p.m., indicated the nurse practitioner evaluated the resident. New orders were obtained for Voltaren Gel 1% to the left shoulder three times a day and Hydrocodone-Acetaminophen (narcotic pain medication) 5-325 mg (milligrams) every 8 hours as needed for pain.</p> <p>The physician's note, dated 12/3/23, indicated to follow up with an ortho (orthopedic appointment) at this time.</p> <p>The progress note, dated 12/14/23 at 2:19 p.m., indicated the resident returned from the ortho appointment with new orders for a sling to the left upper extremity and Meloxicam 7.5 mg daily for 3 weeks.</p> <p>The orthopedic report, dated 12/14/23 at 12:45 p.m., indicated a CT scan was completed which showed mild to moderate osteoarthritic changes and a subacute clavicle fracture with interval healing.</p> <p>During an interview on 1/31/24 at 11:45 a.m., the Director of Nursing indicated the resident was unable to get the MRI due to his cardiac pacemaker and the next day they scheduled a CT. The results of the CT scan on 10/9/23 were faxed to the resident's PCP (primary care physician). The PCP did not notify the facility of any abnormalities. He signed the report and brought it to the facility to upload to the residents record. However, the facility did not follow up with the CT scan after it was completed and should</p>	F 776			

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F 776	<p>Continued From page 4 have.</p> <p>On 1/31/24 at 2:54 p.m., the Director of Nursing provided a current copy of the document titled "Labs and Diagnostics" dated 11/2017. It included, but was not limited to, "Policy...It is the policy...to provide or obtain...diagnostic services to meet the needs of its residents. The facility is responsible for the equability and timeliness of the services...."</p> <p>The Past noncompliance began on 10/9/23. The deficient practice was corrected by 12/31/23 after the facility implemented a systemic plan that included the following actions: All charge/staff nurses were educated on the importance of and following up on labs for their assigned residents and communication on all pending and resolved labs during daily report; a 90 day audit was completed on all current residents to identify outside lab orders and ensure follow up was accurate and complete.</p> <p>This Citation relates to Complaint IN00424151</p> <p>3.1-49(a)</p>	F 776			