

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

PRINTED: 09/16/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155780		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/20/2024	
NAME OF PROVIDER OR SUPPLIER HOMESTEAD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7465 MADISON AVE INDIANAPOLIS, IN 46227			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00441162, IN00441229, and IN00441243.</p> <p>Complaint IN00441162 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00441229 - Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Complaint IN00441243 - Federal/State deficiencies related to the allegations are cited at F580 and F623</p> <p>Survey dates: August 19 and 20, 2024</p> <p>Facility number: 012225 Provider number: 155780 AIM number: 200983560</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicaid: 53 Other: 6 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 23, 2024.</p>			F 0000			
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Dcline/Room, etc.)</p> <p>Based on interview and record review, the facility</p>			F 0580	Preparation and execution of this		08/28/2024

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

TITLE

(X6) DATE

Victoria Gunter

RN

09/10/2024

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 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 30 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>failed to notify a resident's guardian prior to a transfer for 1 of 3 residents reviewed for transfers requirements. (Resident D)</p> <p>Finding includes:</p> <p>The clinical record for Resident D was reviewed on 8/19/24 at 1:16 p.m. The diagnoses included, but were not limited to, epilepsy, alcohol dependence, and vascular dementia.</p> <p>An Order Appointing Guardian Over Incapacitated Person, dated 2/22/23, indicated a guardian was appointed on 2/22/23.</p> <p>A progress note, dated 7/18/24 at 9:34 a.m., indicated Resident D discharged to another facility. All Resident D's belongings were sent with Resident D.</p> <p>The clinical record lacked documentation the guardian was notified prior to Resident D's discharge.</p> <p>During an interview on 8/20/24 at 10:00 a.m., Corporate Nurse 1 indicated there was no additional documentation regarding Resident D's discharge.</p> <p>During an interview on 8/20/24 at 10:45 a.m., LPN 1 indicated Resident D's guardian should have been notified before he was transferred.</p> <p>On 8/20/24 at 10:27 a.m., Corporate Nurse 1 provided a copy of an undated policy, titled Admission, Discharge, and Transfer, and indicated this was the current policy used by the facility. A review of the policy indicated notify the resident and the resident's representative of the transfer or discharge and the reasons for the move</p>				<p>plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.</p> <p>The facility cordially requests paper compliance regarding alleged deficient practices.</p> <p>1) Resident D was not harmed by the alleged deficient practice. Resident D no longer resides at facility.</p> <p>2) All residents that have discharged in the last 14 days will be reviewed to assure notification of transfer/discharge is documented in the medical record.</p> <p>3) DON/Designee will educate the licensed nursing staff on Admission, Discharge and Transfer Policy, emphasizing on notifying resident representative of transfer/discharge and documenting.</p> <p>4) DON/Designee will audit all residents that have discharged 5xweek x 4 weeks, 3xweek x 4 weeks, then 1xweek x 4 weeks to verify notification to resident representatives is documented. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI Meeting. The IDT will determine if the audits are</p>		

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F 0623 SS=D Bldg. 00	<p>in writing and in a language and manner they understand. Record the reasons for the transfer or discharge in the medical record.</p> <p>This citation relates to Complaint IN00441243.</p> <p>3.1-5(a)(4)</p> <p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge</p> <p>Based on interview and record review, the facility failed to provide a written Notice of Transfer/Discharge to the resident's representative prior to a discharge for 1 of 3 residents reviewed for transfer and discharge requirements. (Resident D)</p> <p>Finding includes:</p> <p>The clinical record for Resident D was reviewed on 8/19/24 at 1:16 p.m. The diagnoses included, but were not limited to, epilepsy, alcohol dependence, and vascular dementia.</p> <p>An Order Appointing Guardian Over Incapacitated Person, dated 2/22/23, indicated a guardian was appointed, on 2/22/23.</p> <p>A progress note, dated 7/18/24 at 9:34 a.m., indicated Resident D discharged to another facility. All Resident D's belongings were sent with Resident D.</p> <p>The clinical record lacked documentation the written Notice of Transfer/Discharge was provided to the resident's representative prior to the discharge.</p> <p>During an interview on 8/20/24 at 10:00 a.m.,</p>			F 0623	<p>necessary to continue after 3 months with 100% compliance</p> <p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices.</p> <p>1) Resident D was not harmed by the alleged deficient practice. Resident D no longer resides at facility.</p> <p>2) All residents that have discharged in the last 14 days will be reviewed to assure notice of transfer/discharge was provided to the resident's representative is in the medical record.</p> <p>3) DON/Designee will educate the licensed nursing staff on Admission, Discharge and Transfer Policy, emphasizing on providing notice of</p>		08/28/2024

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F 0842 SS=D Bldg. 00	<p>Corporate Nurse 1 indicated there was no additional documentation regarding Resident D's discharge.</p> <p>On 8/20/24 at 10:27 a.m., Corporate Nurse 1 provided a copy of an undated policy, titled Admission, Discharge, and Transfer, and indicated this was the current policy used by the facility. A review of the policy indicated record the reasons for the transfer or discharge in the medical record.</p> <p>This citation relates to Complaint IN00441243.</p> <p>3.1-12(a)(6)(A)(iii)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure resident's records were complete and accurate for 2 of 3 residents reviewed. Medications were not documented when administered. (Resident B, Resident C)</p> <p>Finding includes:</p> <p>1. The clinical record for Resident B was reviewed on 8/19/24 at 10:42 a.m. The diagnoses included, but were not limited to, gastroesophageal reflux disease and dystonia.</p> <p>The physician's orders included, but were not limited to:</p> <p>- Carbidopa-Levodopa (medication used to treat central nervous system disorders) 25/250 mg (milligrams) tablet, give one tablet by mouth every three hours, started on 1/19/24.</p>			F 0842	<p>transfer/discharge to the resident representative prior to discharge.</p> <p>4) DON/Designee will audit all residents that have discharged 5xweek x 4 weeks, 3xweek x 4 weeks, then 1xweek x 4 weeks to verify notice of transfer/discharge was provided to the resident's representative is documented. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI Meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance</p> <p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility cordially requests paper compliance regarding alleged deficient practices.</p> <p>1) Due to confidentiality of the complaint survey Resident B and C can't be identified.</p> <p>2) All residents are at risk to be affected. All MARS to be</p>		08/28/2024

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	<p>- Hydrocodone/Acetaminophen (narcotic pain reliever) 5/325 mg tablet, give one tablet by mouth every 6 hours for pain, started on 7/22/24.</p> <p>- Omeprazole (medication used for acid reflux) 20 mg delayed release capsule, give one capsule by mouth in the morning, started on 1/19/24.</p> <p>The August 2024 MAR (Medication Administration Record), dated from 8/17/24 at 12:00 a.m., through 8/17/24 at 9:00 p.m., indicated Resident B did not receive the following medications in accordance with the physician's orders:</p> <p>- Carbidopa-Levodopa 25/250 mg at 12:00 a.m., 3:00 a.m., and 6:00 a.m.</p> <p>- Hydrocodone/Acetaminophen 5/325 mg at 12:00 a.m. and 8:00 a.m.</p> <p>- Omeprazole 20 mg at 8:00 a.m.</p> <p>During an interview on 8/20/24 at 8:35 a.m., Corporate Nurse 1 indicated Resident B's medications were administered. The staff should have documented the medication administration when they were administered.</p> <p>2. The clinical record for Resident C was reviewed on 8/20/24 at 8:46 a.m. The diagnoses included, but were not limited to, diabetes, morbid obesity, and depression.</p> <p>The physician's orders included, but were not limited to:</p> <p>- Furosemide (medication used to remove excess fluid) 40 mg tablet, give one tablet by mouth one time a day, started on 8/14/24.</p> <p>- Amlodipine (medication used to lower blood pressure) 10 mg tablet, give one tablet by mouth one time a day, started 8/14/24.</p>				<p>reviewed for last 14 days to assure medications were administered per MD orders, any discrepancies will be addressed.</p> <p>3) DON/Designee will educate the licensed nurses and qualified medication aides on Medication Administration Policy, emphasizing on documenting in the EMAR.</p> <p>4) DON/Designee will audit EMAR compliance 5xweek x 4 weeks, 3xweek x 4 weeks, then 1xweek x 4 weeks to verify medications are administered. DON/Designee will report on audits monthly to the interdisciplinary team for 3 months during the QAPI Meeting. The IDT will determine if the audits are necessary to continue after 3 months with 100% compliance</p>		

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	<p>- Doxepin (medication used to treat depression) 100 mg capsule, give one capsule by mouth at bedtime, started on 8/13/24,</p> <p>- Clonazepam (medication used to treat anxiety) 1 mg tablet, give one tablet by mouth one time a day, started on 8/14/24.</p> <p>- Insulin glargine (long acting insulin used to treat diabetes) 100 units/ml (units/milliliter), inject 10 units subcutaneously (under the skin into the fat) at bedtime, started on 8/13/24.</p> <p>- Trulicity (medication used to treat diabetes) 3 mg/0.5 ml, inject 3 mg subcutaneously in the morning every Friday, started on 8/16/24.</p> <p>- Insulin lispro (fast acting insulin used to treat diabetes) 100 units/ml, inject subcutaneously three times daily per sliding scale, started on 8/13/24.</p> <p>- Oxycodone/Acetaminophen (narcotic pain medication) 5/325 mg tablet, give one tablet by mouth three times daily, started on 8/14/24.</p> <p>The August 2024 MAR (Medication Administration Record), dated from 8/15/24 at 8:00 a.m., through 8/18/24 at 8:00 p.m., indicated Resident C did not receive the following medications in accordance with the physician's orders:</p> <p>- Furosemide 40 mg tablet on 8/15/24 at 8:00 a.m.</p> <p>- Amlodipine 10 mg tablet on 8/15/24 at 8:00 a.m.</p> <p>- Doxepin 100 mg capsule on 8/16/24 at 8:00 p.m., 8/17/24 at 8:00 p.m., and 8/18/24 at 8:00 p.m.</p> <p>- Clonazepam 1 mg tablet on 8/15/24 at 8:00 a.m.</p> <p>- Insulin glargine 100 units/ml on 8/16/24 at 8:00 p.m., 8/17/24 at 8:00 p.m., and 8/18/24 at 8:00 p.m.</p> <p>- Trulicity 3 mg/0.5ml on 8/16/24 at 8:00 a.m.</p> <p>- Insulin lispro 100 units/ml on 8/15/24 at 8:00 a.m. and 12:00 p.m., 8/16/24 at 8:00 a.m., 12:00 p.m., and 5:00 p.m., 8/17/24 at 5:00 p.m., and 8/18/24 at 5:00 p.m.</p>						

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	<p>- Oxycodone/Acetaminophen 5/325mg tablet, on 8/15/24 at 8:00 a.m., and 12:00 p.m.</p> <p>During an interview on 8/20/24 at 8:35 a.m., Corporate Nurse 1 indicated Resident C's medications were administered. The staff should have documented the medication administration when they were administered.</p> <p>The Corporate Nurse provided a copy of an undated facility policy, titled Medication Administration, and indicated this was the current policy used by the facility. A review of the policy indicated administer medications as prescribed by the provider and medications will be charted when given.</p> <p>This citation relates to Complaint IN00441229.</p> <p>3.1-50(a)</p>						