

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

PRINTED: 12/09/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155381		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/21/2024	
NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 1667 SHERIDAN RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: October 15, 16, 17, 18, and 21, 2024</p> <p>Facility number: 000551 Provider number: 155381 AIM number: 100267400</p> <p>Census Bed Type: SNF/NF: 103 SNF: 11 Residential: 51 Total: 165</p> <p>Census Payor Type: Medicare: 9 Medicaid: 78 Other: 27 Total: 114</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 28, 2024.</p>			F 0000	<p>Submission of this plan of correction in no way constitutes an admission by Harbour Manor Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. This plan of correction is also Harbour Manor Health & Living Community's credible allegation of compliance. We allege substantial compliance on November 9th, 2024. We are respectfully requesting paper compliance for this survey.</p>		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on observation, interview, and record review, the facility failed to ensure shift to shift narcotic count reconciliation was completed for 1 of 3 medication carts reviewed for medication reconciliation. (Rehab 1 cart)</p> <p>Findings include:</p>			F 0755	<p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Narcotic count sheets were reviewed and reconciled during the</p>		11/09/2024

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

TITLE

(X6) DATE

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 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.

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

PRINTED: 12/09/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155381		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/21/2024	
NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1667 SHERIDAN RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>During a medication storage observation of the Rehab 1 medication cart, on 10/21/24 at 10:29 a.m., accompanied by LPN 2, the "Nurse Narcotic Sign in/out Sheet" was reviewed and the following dates lacked shift to shift count reconciliation numbers of controlled medications:</p> <p>October 17, 18, 19, and 20, 2024.</p> <p>During an interview, on 10/21/24 at 10:40 a.m., LPN 2 indicated staff was required to sign in and sign out with each change of the medication cart attendant. They needed to record the narcotic count when they signed the log. She indicated the log lacked the count number for October 17, 18, 19, and 20, 2024. The lack of a count number or signatures on the log was a potential opportunity for drug diversion.</p> <p>During an interview, on 10/21/25 at 11:13 a.m., LPN 3 indicated the narcotic sign in sheets should include signatures and count numbers of the in-coming and off-going staff members with every exchange of the medication cart. The Rehab Cart 1 "Nurse Narcotic Sign in /out Sheets" were not completed as required. Management had been educating staff frequently for incomplete narcotic reconciliation.</p> <p>During an interview, on 10/21/24 at 1:56 p.m., the Rehab Unit Manager indicated the staff completed shift to shift reconciliation every time the cart changes hands. The staff documented the number of narcotic cards present and then signed to confirm the count was correct. She indicated the narcotic card count was missing for October 17, 18, 19, and 20, 2024.</p> <p>During an interview, on 10/21/24 at 2:16 p.m., the</p>				<p>survey. how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>Residents residing in the facility have the potential to be affected. Narcotic count sheets have been audited to ensure nurses are reconciling count sheets shift to shift.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Licensed associates and QMAs will be educated on the process of reconciling narcotic count sheets each shift. The narcotic count sheets will be reviewed during clinical stand up to ensure compliance.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>DON or designee will audit narcotic count sheets to ensure licensed associates and QMAs are compliant with reconciling each shift. Audits will occur daily</p>		

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

PRINTED: 12/09/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155381		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/21/2024	
NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 1667 SHERIDAN RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000 Bldg. 00	<p>DON indicated the "Nurse Narcotic Sign in /out Sheets" for the Rehab 1 medication cart lacked narcotic count numbers for October 17, 18, 19, and 20, 2024. She indicated there was no way to know if any drug diversion had occurred if the count was not verified for multiple days.</p> <p>An undated, current facility policy, titled, "Controlled Substance Reconciliation", provided by the DON, on 10/21/24 at 1:09 p.m., indicated the following: "... Each facility should verify the quantity of controlled substances on hand as well as the number of accompanying "count sheets" at the end of each nursing shift..."</p> <p>3.1-25(b)(3)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: October 15, 16, 17, 18, and 21, 2024</p> <p>Facility number: 000551</p> <p>Residential Census: 51</p> <p>Harbour Manor Health & Living Community was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed October 28, 2024.</p>			R 0000	x 30 days, weekly x 12 weeks, then monthly for 6 months. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting. Frequency and duration of reviews will be adjusted as needed if compliance is below 100%. Ongoing frequency and duration will be determined by the Quality Assurance Committee		