STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155817	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BARRINGTON OF CARMEL, THE	1335 S GUILFORD ROAD CARMEL, IN 46032

(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	This visit was for the Investigation of Complaint IN00421930. Complaint IN00421930 - No deficiencies related to the allegations are cited. Unrelated deficiencies are cited. Survey dates: December 5 and 6, 2023 Facility number: 013212 Residential Census: 50 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5. Quality review was completed on December 18, 2023.	R 0000		
R 0053 Bldg. 00	410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency (w) Residents have the right to be free from verbal abuse. Based on interview and record review, the facility failed to ensure a resident was free from verbal abuse after a staff member verbally threatened him with harm for 1 of 2 residents reviewed for verbal abuse. (Resident B) Finding includes: A document, titled "IDOH (Indiana Department of Health) Incidents," dated 8/2/23, indicated on 7/27/23 at 2:30 p.m., the facility was made aware of an interaction, which occurred between Resident B and QMA 1. QMA 1 made a statement to the	R 0053	Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.	12/07/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Molly Vissers	Associate Executive Director	12/30/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155817	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BARRINGTON OF CARMEL, THE	1335 S GUILFORD ROAD CARMEL, IN 46032

(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
	resident indicating "I will punch you if you punch me." The incident was brought to the facility's attention by a family member of Resident B. A follow up was added on 8/2/23, indicating QMA 1 was terminated for the incident, which had occurred. The record for Resident B was reviewed on 12/6/23 at 4:25 p.m. Diagnoses included, but were not limited to, cerebral infarction, cognitive deficits following a cerebral infarction, unsteadiness on his feet, and congestive heart failure. A quarterly service plan, dated 7/27/23, indicated he was not always oriented, he demonstrated inappropriate judgement decisions, and had difficulty recalling and/or retaining information, so he needed cueing. The behavior management section indicated he was not capable or independent in making decisions. In a progress note, dated 7/22/23 at 6:32 a.m., QMA 1 indicated Resident B was very confused during the shift, was constantly on his light every hour asking what time it was, and wanting to go to lunch. In a progress note, dated 7/22/23 at 7:00 a.m., QMA 1 indicated while assisting another resident with a shower and getting dressed, another resident ran out in the hallway asking for help for Resident B. Resident B was outside his room in his wheelchair, yelling for help, confused, he had removed his oxygen, and he was short of breath. The resident was quickly redirected back into his room and his oxygen was placed back on him while the resident cussed at QMA 1 and stated, "I will punch you in the nose."		As required, the facility submits the following plan of correction: Tag Cited: R-053 **410 IAC 16.2-5-1.2(w) Residents' Rights – Deficiency** **Issue Cited: "Facility failed to ensure a resident was free from verbal abuse after a staff member verbally threatened him with harm**." **Immediate action taken for the resident(s) found to have been affected include:** When the facility was informed, Resident B was interviewed regarding the incident and felt safe in his current environment. **Identification of other residents having the potential to be affected was accomplished by:** The facility has determined that all residents within the facility have the potential to be affected. **Actions taken/systems put into place to reduce the risk of future occurrences include:** An in-service education program was conducted by nursing management with direct care staff (Attachment A) addressing the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155817	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BARRINGTON OF CARMEL, THE	1335 S GUILFORD ROAD CARMEL, IN 46032

(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
	A document, titled "Counseling Documentation Form," dated 8/1/23, indicated QMA 1 was terminated over the phone for a policy or safety violation. The detail of the violation indicated, on 7/21/23, QMA 1 was recorded on video threatening physical harm and verbally abusing a resident. She was terminated on 8/1/23. During an interview, on 12/5/23 at 4:10 p.m., the Assisted Living Coordinator indicated she observed the video Resident B's family had of QMA 1 indicating to Resident B if he punched her, she would punch him back, so she was terminated. During a phone interview, on 12/5/23 at 5:32 p.m., QMA 1 indicated she was the only staff member working on the assisted living side of the facility, on the morning of 7/22/23 (the night shift of 7/21/23). She was very busy throughout the night shift, and she had to go to the third floor and tend to Resident B on multiple different occasions. Each time, he was yelling, had his oxygen off, and he was confused. There were three different occasions she had to help him back into his room. The third time she had to help him back into his room was when he was sitting in his doorway in his wheelchair, without his oxygen on and he was short of breath. She was trying to get him back to his recliner, by transporting him in his wheelchair. While trying to push him back to his recliner, he resisted her assistance, cussed at her, and indicated he was going to punch her. She denied telling him she was going to punch him if he punched her. A current policy, titled "Abuse, Neglect and Exploitation," dated February 2023 and provided by the Executive Director on 12/6/23 at 12:11 p.m., indicated, "Policy: It is the policy of this facility to		right to be free from emotional abuse (Attachment B). Education included scenarios similar to situation to alleged incident. QMA was immediately suspended when the facility was informed of incident and subsequently terminated. **How the corrective action(s) will be monitored to ensure the practice will not recur:** In-service education program was conducted by nursing management with direct care staff addressing the right to be free from abuse, types of abuse, and reporting allegations of abuse in September (Attachment C) and November (Attachment D) at routine Nursing Department meeting. Assisted Living Coordinator, or designee, will conduct a random audit of residents. These residents will be assessed and interviewed/observed to ensure that they are free from verbal abuse. These random audits will occur twice weekly for four (4) weeks. Then twice monthly thereafter until no deficient practices have been observed over five (5) months (Attachment E). All observation reports will be reviewed by the Quality Assurance Committee to ensure compliance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155817	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BARRINGTON OF CARMEL, THE	1335 S GUILFORD ROAD CARMEL, IN 46032

(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
	provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse...Definitions: "Abuse" means the willful infliction of...intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse...Instances of abuse of all residents irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse...physical abuse and mental abuse...Mental Abuse includes but is not limited to...threats of punishment...."		has been achieved, as determined by the committee.	
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on interview and record review, the facility failed to ensure the correct medication was administered to a resident who exhibited symptoms, which were not typical for him after receiving the incorrect medication for 1 of 3 residents reviewed for following physician's orders. (Resident C) Finding includes: A document, titled "Incident for Review," dated 12/5/23, indicated on 11/30/23 at 6:30 p.m., Resident C was sent to the Emergency Room for evaluation and treatment after he began to exhibit symptoms, which were not typical for him. He was admitted, on 11/17/23, and had been exhibiting	R 0241	Preparation and/or execution of this plan do not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. As required, the facility submits the following plan of correction:	12/07/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155817	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BARRINGTON OF CARMEL, THE	1335 S GUILFORD ROAD CARMEL, IN 46032

(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
	these symptoms since his admission. The symptoms he had exhibited since his admission was unsteadiness of gait, incontinence, frequent falls, and tremors. The facility was investigating a potential medication error. The record for Resident C was reviewed on 12/6/23 at 4:35 p.m. Diagnoses included, but were not limited to, anxiety disorder, Parkinson's disease without dyskinesia, without mention of fluctuations and traumatic subdural hemorrhage with loss of conscious status unknown. A document, titled "Discharge Summary," dated between the dates of 10/26/23 and 11/6/23, indicated the discharge plan included, but was not limited to, the following prescribed medication: a. Carbidopa-Levodopa, two tablets by mouth three times a day. A document, titled "History and Physical," dated between the dates of 10/26/23 and 11/6/23, indicated the resident was diagnosed with Parkinson's disease two years ago and was prescribed Carbidopa-Levodopa at 50-200 mg three times a day. An Electronic Medication Administration Record (EMAR), dated 11/1/23 to 11/30/23, included, but was not limited to, the following orders: a. From 11/17/23 to 11/23/23, Carbidopa-Levodopa-Entacapone 50-200-200 mg by mouth. Give two tablets by mouth three times a day related to Parkinson's disease without dyskinesia, without mention of fluctuations. The resident received 17 doses of this medication. b. From 11/23/23 to 12/4/23, Carbidopa-Levodopa-Entacapone 50-200-200 mg. Give two tablets by mouth three times a day		Tag Cited: R-241 410 IAC 16.2-5-4(e)(1) Health Services – Offense Issue Cited: “Facility failed to ensure the correct medication was administered.” Immediate action taken for the resident(s) found to have been affected include:Identification of other residents having the potential to be affected was accomplished by:Actions taken/systems put into place to reduce the risk of future occurrences include:How the corrective action(s) will be monitored to ensure the practice will not recur:Director of Nursing, or designee, will conduct random audits on existing and/or new residents’ charts to ensure the EMR orders were accurately transcribed. These random audits will occur twice weekly for four weeks. Then twice monthly thereafter until no deficient practice have been observed over five months (Attachment I).	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155817	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BARRINGTON OF CARMEL, THE	1335 S GUILFORD ROAD CARMEL, IN 46032

(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
	related to Parkinson's disease without dyskinesia, without mention of fluctuations. The resident received 22 doses of this medication. A document, titled "Medication Error Details Report," dated 11/30/23 at 1:20 p.m., indicated the wrong medication was given. Carbidopa-Levodopa 50/200 mg was ordered, but Carbidopa-Levodopa- Entacapone 50 mg/200 mg/200 mg was given instead of the ordered dose. The medication error was a transcription error and a misread order error. A document, titled "Investigation Summary," undated, indicated Resident C was admitted to the facility on 11/17/23, from a facility out of state with orders and his remaining medications. Since his admission to the facility, he exhibited symptoms of increased tremors, confusion, unsteady gate, incontinence, and frequent falls. A neurology consult was ordered on 11/26/23. He was sent to the Emergency Room, on 11/30/23, due to his worsening confusion and unsteadiness. While reviewing his medications, it was discovered he had received Carbidopa-Levodopa-Entacapone. This medication was an extended release of Carbidopa-Levodopa and he admitted with an order to receive Carbidopa-Levodopa. His dose of Carbidopa-Levodopa was decreased in the hospital. He was admitted to the hospital with primary diagnoses of atrial flutter/fibrillation and subarachnoid hemorrhage. During an interview, on 12/5/23 at 1:30 p.m., the Assisted Living Coordinator indicated Resident C remained hospitalized. He was given Carbidopa 200 mg (milligrams)-Levodopa 200 mg-Entacapone 50 mg (a medication used to treat Parkinson's disease) instead of Carbidopa 200 mg-Levodopa 200 mg three times a day. He had			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155817	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BARRINGTON OF CARMEL, THE	1335 S GUILFORD ROAD CARMEL, IN 46032

(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
	side effects from the medication error and was hospitalized. A current policy, titled "Medication Errors," dated February 2023 and provided by the Executive Director on 12/6/23 at 12:11 p.m., indicated "Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors. Definitions: "Medication Error" means the observed or identified preparation or administration of medications or biologicals which is not in accordance with the prescriber's order; manufacturer's specifications (not recommendations) regarding the preparation and administration of the medication or biological; or accepted professional standards and principles which apply to professionals providing services..."Significant medication error" means one which causes the resident discomfort or jeopardizes his/her health and safety...Policy Explanation and Compliance Guidelines: 1. The facility shall ensure medications will be administered as follows: a. According to physician's orders...3. Medication errors, once identified, will be evaluated to determine if considered significant or not by utilizing the following three general guidelines...c. Frequency of Error: If an error is occurring repeatedly...4. The facility will consider factors indicating errors in medication administration, including, but no limited to, the following: a. Medication administered not in accordance with the prescriber's order. examples include, but not limited to ...Incorrect dose, route of administration, dosage form, time of administration...Incorrect medication...."			