

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

PRINTED: 05/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155734</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/15/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>THORNTON TERRACE HEALTH CAMPUS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>188 THORNTON RD</b> <b>HANOVER, IN 47243</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Nursing Home Complaint IN00407890</p> <p>Complaint IN00407890 - Federal/State deficiency related to the allegations is cited at F755.</p> <p>Survey date: May 15, 2023</p> <p>Facility number: 004075 Provider number: 155734 AIM number: 200491220</p> <p>Census Bed Type: SNF/NF: 29 SNF: 16 Residential: 16 Total: 61</p> <p>Census Payor Type: Medicare: 11 Medicaid: 26 Other: 8 Total: 45</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 000			
F 755 SS=D	<p>Quality review completed on May 16, 2023.</p> <p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed</p>			F 755			

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 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 755	<p>Continued From page 1</p> <p>personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident's (Resident B) physician's order to hold medication were transcribed and held correctly for 1 of 3 residents reviewed for pharmaceutical services.</p> <p>Findings include:</p> <p>The incident report, dated 4/29/23 at 3:41 p.m., indicated Resident B was sent to the emergency department for abnormal labs. The resident</p>	F 755	<p>Past noncompliance: no plan of correction required.</p>		

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F 755	<p>Continued From page 2</p> <p>returned from the emergency department with orders to hold spironolactone, metformin and meloxicam. The admitting nurse, LPN (Licensed Practical Nurse) 2 did not enter the medications to be held. A readmission audit was completed per policy and the error was found and corrected.</p> <p>The record for Resident B was reviewed on 5/15/23 at 3:11 p.m. The diagnoses included, but were not limited to, hypertensive heart disease and atrial fibrillation.</p> <p>The admission orders, dated 4/26/23, indicated the resident was to receive the following medications:</p> <ul style="list-style-type: none"> <li>- Spironolactone (diuretic) 25 mg (milligrams) in the morning between 6:00 a.m. and 10:00 a.m.</li> <li>- Metformin (anti-diabetic medication) 500 mg twice a day, in the morning between 6:00 a.m. and 10:00 a.m., and in the evening between 6:00 p.m. and 10:00 p.m.</li> <li>- Meloxicam (anti-inflammatory) 7.5 mg in the morning between 6:00 a.m. and 10:00 a.m.</li> </ul> <p>The progress note, dated 4/27/23 at 11:21 a.m., indicated a comprehensive metabolic panel was obtained per admission orders.</p> <p>The lab report, dated 4/28/23., indicated the resident had an elevated potassium level of 5.5 (normal range, 3.5 to 5.1) and a BUN (blood urea nitrogen) level of 51 (normal range, 6 to 21).</p> <p>The progress note, dated 4/28/23 at 1:45 p.m., indicated the physician was notified with a new order to send the resident to the emergency room for evaluation for the elevated potassium and BUN levels.</p>	F 755			

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F 755	<p>Continued From page 3</p> <p>The hospital discharge summary, dated 4/29/23 at 10:42 a.m., indicated to hold the resident's meloxicam, metformin and spironolactone.</p> <p>The clinical record lacked documentation of an order to hold the meloxicam, metformin and spironolactone.</p> <p>During an interview on 5/15/23 at 3:40 p.m., the Executive Director indicated, upon admission, the resident had admission orders for labs to be drawn. The resident had a high potassium level and was sent to the emergency department. The resident returned from the hospital with orders to hold the metformin, meloxicam and spironolactone. The orders were missed by LPN (Licensed Practical Nurse) 2 and the transcription error was found during the chart audit.</p> <p>On 5/15/23 at 5:43 p.m., the Executive Director provided a current copy of the document titled "Medication Orders" dated 11/18. It included, but was not limited to, "The nurse on duty at the time the order is received enters it on the physician order sheet, telephone order sheet, or electronic medical record if not written there by the prescriber, and notes the order...."</p> <p>The deficient practice was corrected by 5/4/23, prior to the start of the survey, and was therefore past noncompliance. The facility identified, educated staff, monitored the pharmaceutical services, and audited the physician orders.</p> <p>This Federal tag relates to Complaint IN00407890</p> <p>3.1-25(b)</p>	F 755			

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