

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

PRINTED: 11/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155833	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2022
NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032		
(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 Complaints IN00389872 and IN00387577.</p> <p>Complaint IN00389872 - Substantiated. Federal/state deficiencies related to the allegations are cited at F760 and F842.</p> <p>Complaint IN00387577 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 19 and 20, 2022</p> <p>Facility number: 013444 Provider number: 155833 AIM number: 201294880</p> <p>Census Bed Type: SNF/NF: 23 SNF: 38 Total: 61</p> <p>Census Payor Type: Medicare: 12 Medicaid: 20 Other: 29 Total: 61</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on September 26, 2022.</p>	F 000	<p>The submission of this plan of correction does not indicate an admission by Wellbrooke of Carmel that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Wellbrooke of Carmel Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 760 SS=D	<p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant</p>	F 760	<p>Past noncompliance: no plan of correction required.</p>		

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

TITLE

(X6) DATE

10/14/2022

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 760	<p>Continued From page 1</p> <p>medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a narcotic medication was transcribed correctly from the hospital discharge order to the Medication Administration Record for 1 of 3 residents reviewed for medication administration. (Resident B)</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 09/19/22 at 10:05 a.m. Diagnoses included, but were not limited to, fracture of the right pubis subsequent encounter for fracture with routine healing (admitted for care after fracture), malignant neoplasm of the liver and secondary malignant neoplasm of the lung.</p> <p>A physician's order, dated 09/02/22, indicated to give oxycodone 20 milligrams every four (4) hours as needed. The order was entered into the record by LPN 1.</p> <p>A physician's order, dated 09/02/22, indicated to give oxycodone 30 milligrams two (2) times a day. The order was entered into the record by the Director of Nursing.</p> <p>The hospital discharge order was reviewed and indicated oxycodone 20 milligrams by mouth every 4 hours as needed for pain and another order for oxycodone 30 milligram tablet, extended release (ER), one tablet by mouth two times a day "... (Also known as: OxyContin)...."</p> <p>The Controlled Drug Use Record, for Resident B, indicated the resident was given 1.5 tablets of</p>	F 760			

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F 760	<p>Continued From page 2</p> <p>oxycodone 20 milligrams (total dose of 30 milligrams) on 09/02/22 at 10:08 p.m., 09/03/22 at 10:30 a.m., 09/03/22 at 9:00 p.m., 09/04/22 at 9:00 a.m., 09/04/22 at 9:40 p.m., and 09/05/22 at 9:00 a.m.</p> <p>The Medication Administration Record, for Resident B, indicated the resident received oxycodone 30 milligrams on 09/02/22 between 6:00-10:00 p.m., 09/03/22 between 6:00-10:00 a.m., 09/03/22 between 6:00-10:00 p.m., 09/04/22 between 6:00-10:00 a.m., 09/04/22 between 6:00-10:00 p.m. and 09/05/22 between 6:00-10:00 a.m.</p> <p>During an interview, on 09/19/22 at 11:23 a.m., the Corporate Support Nurse indicated Resident B admitted to the facility with two narcotic orders; one for oxycodone 20 milligrams every four (4) hours as needed for pain and an order for oxycodone ER (oxycontin) 30 milligrams twice a day. The nurse transcribed the order incorrectly which was how the facility ended up with orders for oxycodone 30 milligrams and oxycodone 20 milligrams. Due to the transcription error the nurses thought they were giving the correct medication. The orders did not have a second check for accuracy.</p> <p>During an interview, on 09/19/22 at 1:15 p.m., LPN 1 indicated the resident's daughter brought in a narcotic, which she counted with the daughter. The daughter kept the script for oxycodone 30 milligrams ER and she was going to have it filled at the pharmacy. She indicated a different nurse entered the order for oxycodone ER (oxycontin).</p> <p>During an interview, on 09/19/22 at 1:23 p.m.,</p>	F 760			

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F 760	<p>Continued From page 3</p> <p>LPN 2 indicated she was unable to recall if she had contacted the on call physician to let them know the facility did not have 30 mg oxycodone.</p> <p>During an interview, on 09/19/22 at 2:01 p.m., the Director of Nursing indicated the nurses should be checking admitting orders with two nurses to ensure accuracy of the orders entered. She indicated she did help enter the orders for Resident B.</p> <p>A policy related to second checks of admitting order's was requested. The facility was unable to provide a policy. The Corporate Support Nurse did provide a blank check list on processing admissions. She did not provide the checklist specific to Resident B.</p> <p>The facility procedure check list, titled "Nursing Admission Checklist," provided by the Corporate Support Nurse on 09/20/22 at 11:11 a.m., indicated "...PHYSICIAN ORDERS 2nd CHECKED...." The checklist had a designated area for the resident's name and designated areas for two nurses' signatures.</p> <p>A facility policy, titled "Guidelines for Medication Orders," dated as reviewed on 12/01/21 and provided by the Corporate Support Nurse on 09/19/22 at 12:59 p.m., indicated "...When recording medication orders specify the type...strength of the medication...."</p> <p>The deficient practice was corrected by 9/6/22 prior to the start of the survey and was therefore Past Noncompliance. The facility implemented a systemic plan that included ensuring all residents were audited for new orders to ensure the correct medication was ordered, second checks were</p>	F 760			

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F 760	Continued From page 4 implemented when new orders are received and nursing staff was educated on the difference between oxycodone and oxycontin, with on-going monitoring in place. This Federal tag relates to Complaint IN00389872. 3.1-48(c)(2)	F 760			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 842	<div style="border: 1px solid black; padding: 5px;"> F 0842 Completion Date: 10/07/22 1. Resident was unaffected. No adverse occurrences noted. Both nurses educated 2. All residents have the potential to be affected. Education to be given to all licensed nurses and QMA's. 3. As a measure of ongoing compliance, the Director of Health Services or designee will complete an audit of MAR and Narcotic sign out sheets on 5 residents 2 times weekly for 4 weeks, then weekly for 4 weeks, and then every other week for 4 weeks, then monthly for 3 months. 4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Deficiency ID: F0842 </div>		10/7/22

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F 842	<p>Continued From page 5</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 842			

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F 842	<p>Continued From page 6</p> <p>Based on interview and record review, the facility failed to provide a signature on a resident's Controlled Drug Use Record for 1 of 12 entries and failed to document a narcotic administration in the Medication Administration record for 1 of 3 residents reviewed for documentation. (Resident B)</p> <p>Finding includes:</p> <p>The record for Resident B was reviewed on 09/19/22 at 10:05 a.m. Diagnoses included, but were not limited to, fracture of the right pubis subsequent encounter for fracture with routine healing (admitted for care after fracture), malignant neoplasm of the liver and secondary malignant neoplasm of the lung.</p> <p>A physician's order, dated 09/02/22, indicated to give oxycodone 20 milligrams every four (4) hours as needed. The order was entered into the record by LPN 1.</p> <p>A physician's order, dated 09/02/22, indicated to give oxycodone 30 milligrams two (2) times a day. The order was entered into the record by the Director of Nursing.</p> <p>The Controlled Drug Use Record indicated 20 milligrams of oxycodone were documented as given on 09/05/22 at 5:25 p.m.</p> <p>The Medication Administration Record (MAR) did not show documentation of the administration of oxycodone 20 milligrams on 09/05/22 at 5:25 p.m.</p> <p>The Medication Administration Record (MAR) indicated Resident B received 30 milligrams of</p>	F 842			

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F 842	<p>Continued From page 7</p> <p>oxycodone on 09/02/22 between 6:00-10:00 p.m., and 20 milligrams of oxycodone at 8:38 p.m.</p> <p>The Controlled Drug Use Record indicated only 20 milligrams of oxycodone was removed on 09/02/22 at 8:30 p.m. by LPN 1. The nurses had also written the date "...8-2...."</p> <p>The Controlled Drug Use Record indicated 20 milligrams of oxycodone was removed on 09/03/22 at 8:04 a.m. There was no signature of the staff member who removed the narcotic on the Controlled Drug Uses Record.</p> <p>During an interview, on 09/19/22 at 11:10 a.m., the Corporate Support Nurse indicated nurses were to sign the Controlled Drug Use Record when administering narcotics, nurses are to record medication administration in the Medication Administration Record and the documentation of narcotic administration on 09/02/22 was incorrect charting.</p> <p>A facility policy, titled "PREPARATION AND GENERAL GUIDELINES...MEDICATION ADMINISTRATION-GENERAL GUIDELINES," dated as revised on 01/17 and provided by the Corporate Support Nurse on 09/19/22 at 12:56 p.m., indicated "...The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given...."</p> <p>A facility policy, titled "PREPARATION AND GENERAL GUIDELINES...CONTROLLED SUBSTANCES," dated as revised on 11/18 and provided by the Corporate Support Nurse on 09/19/22 at 12:56 p.m., indicated "...Accurate accountability of the inventory of all controlled</p>	F 842			

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F 842	Continued From page 8 drugs is maintained at all times...When a controlled substance is administered, the licensed staff member administering the medication immediately enters...Date...of administration...initials of the staff member...." This Federal tag relates to Complaint IN00389872. 3.1-50(a)(1) 3.1-50(a)(2)	F 842			