

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

PRINTED: 09/11/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155734		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/21/2024	
NAME OF PROVIDER OR SUPPLIER THORNTON TERRACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 188 THORNTON RD HANOVER, IN 47243			
(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
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: August 14, 15, 16, 19, 20, and 21, 2024</p> <p>Facility number: 004075 Provider number: 155734 AIM number: 200491220</p> <p>Census Bed Type: SNF/NF: 14 SNF: 20 Residential: 16 Total: 50</p> <p>Census Payor Type: Medicare: 7 Medicaid: 17 Other: 10 Total: 34</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 26, 2024.</p>			F 0000			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §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(f). The facility may permit unlicensed personnel to administer						

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

TITLE

(X6) DATE

Stephanie Miller

Executive Director

09/03/2024

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>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.</p> <p>Based on record review and interview, the facility failed to ensure a resident received medications as ordered for 1 of 5 residents reviewed for pharmacy services. (Resident 34)</p> <p>Findings include:</p> <p>The record for Resident 34 was reviewed on 8/16/24 at 9:32 a.m. The resident's diagnoses included, but were not limited to, anxiety disorder and depression.</p> <p>The care plan, dated 7/4/24, indicated the resident</p>			F 0755	The submission of this plan of correction does not indicate an admission by Thornton Terrace Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Thornton Terrace Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents		08/31/2024

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	<p>had a diagnosis of anxiety and demonstrated anxiousness, restlessness, agitation, and aggressive behaviors. The interventions included, but were not limited to, encourage the resident to voice the cause for his anxiety and problem solve ways to resolve stressors, identify and avoid triggers whenever possible, provide consistency and routine, monitor for increased signs and symptoms and resolve the concerns when possible.</p> <p>The Quarterly MDS (Minimum Data Set) assessment, dated 6/24/24, indicated the resident was moderately cognitively intact. The resident had physical behavioral symptoms directed toward others.</p> <p>The nurse's notes, dated 6/5/24 at 12:02 a.m., indicated the CNA (Certified Nursing Aide) was changing the resident. The resident punched the CNA in her face, pulled her hair out of her head, and choked her. The resident had punched another CNA in her face the night before. The resident did not have a PRN (as needed) medication to give.</p> <p>The nurse's note, dated 6/5/24 at 10:36 a.m., indicated the physician was made aware of the resident's increased behavior and combativeness. A new order was received for Ativan 1 mg every 8 hours PRN.</p> <p>The NP (Nurse Practitioner) note, dated 6/13/24 at 9:32 a.m., indicated the resident had advanced dementia and had increased combativeness during personal care. On 6/5/24, the physician wrote an order for Ativan 1 mg every 8 hours PRN for agitation. The prescription was never sent to pharmacy. The staff requested a prescription today. The resident was taking Depakote 250 mg</p>				<p>in an economic and efficient manner. The facility hereby maintains it is in substantial 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. Correction to be completed by 8/31/24</p> <p>Resident 34 was affected by this alleged deficient practice. Health Center residents have the potential to be affected by this alleged deficiency.</p> <p>Like residents audited for orders not received from pharmacy with no findings</p> <p>Nurses educated on timely follow up of medications not received from pharmacy.</p> <p>The Director of Health Services or designee will audit resident charts Monday through Friday during clinical review meeting for four months then twice a month for two months. to ensure medications are delivered per MD order. Then refer to QAPI</p> <p>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</p>		

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F 0761 SS=D Bldg. 00	<p>oral at bedtime.</p> <p>During an interview on 8/19/24 at 10:00 a.m., LPN (Licensed Practical Nurse) 4 indicated when the nursing staff took a physician's order they would put the order in the computer system. When the physician ordered a medication like Ativan, the physician was responsible to send the prescription to the pharmacy via the computer. If the order was not filled within a couple of hours, staff should do a follow up and call the pharmacy or the physician to see if the prescription was sent. He would not wait any longer than 2 hours.</p> <p>The current Guidelines for Medications Orders policy included, but was not limited to, " ... b. Telephone or verbal orders shall be recorded in Matrix when received by the nurse receiving the order."</p> <p>3.1-25(b)(1)(c)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p>				will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.		

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	<p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure influenza vaccinations were monitored for expiration dates and disposal of the expired medication for 1 of 4 observations of medication storage. (Medication Room refrigerator)</p> <p>Findings include:</p> <p>During an observation on 8/16/24 at 1:01 p.m., of the 200 Hall medication storage room with RN 5, four boxes of Fluzone influenza vaccination, plus an open box with one vial of Fluzone influenza vaccination had an expiration date of June 2024. She indicated the influenza vaccinations were dated June 2024, and she would check to make sure the boxes and vial were expired. There were 10 vials of the influenza vaccine in each box for a total of 41 vials.</p> <p>During an interview on 8/16/24 at 2:10 p.m., the ED (Executive Director) indicated the influenza vaccinations were expired. She indicated they had not been administered since the influenza season ended.</p> <p>During an interview on 8/20/24 at 8:43 a.m., LPN (Licensed Practical Nurse) 4 indicated if an influenza vaccination was expired, it would go to</p>			F 0761	<p>The submission of this plan of correction does not indicate an admission by Thornton Terrace Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Thornton Terrace Health 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 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. Correction to be completed by 8/31/24</p> <p>All medication storage areas were cleaned and expired flu vaccines found were immediately thrown</p>		08/31/2024

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R 0000 Bldg. 00	<p>the DON (Director of Nursing) for disposal. The influenza vaccination period would begin in September or October.</p> <p>During an interview on 8/20/24 at 9:47 a.m., LPN 3 indicated the ADON (Assistant Director of Nursing) would monitor the vaccinations for expiration dates. Influenza vaccinations began in September or October each year.</p> <p>During an interview on 8/20/24 at 9:57 a.m., the DON indicated the vaccination's expiration dates were monitored by herself, the ADON, and the evening shift supervisor. It was just an oversight that they missed the vaccinations were expired.</p> <p>The Medication Storage In The Facility policy, revised January 2018, included, but was not limited to, "... G. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner..."</p> <p>3.1-25(o)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: August 14, 15, 16, 19, 20, and 21, 2024</p>			R 0000	<p>away</p> <p>No residents were affected by this alleged deficient practice. Health Center residents had the potential to be affected by this alleged deficient practice.</p> <p>Nurses educated on disposal of expired vaccines, medications and supplies.</p> <p>Director of Health Services or designee will audit medication storage areas once a week for four weeks,, then every other week x 3 months, then Twice a month for two months to ensure expired vaccines are discarded properly. Then refer to QAPI</p> <p>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. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p>		

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	Facility number: 004075 Residential Census: 16 Thornton Terrace Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed August 26, 2024.						