STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND ST INDIANAPOLIS, IN 46250

(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 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00365917 Complaint IN00365917 - Substantiated. Federal/state deficiencies related to the allegations are cited at F842. Survey date: November 8, 2021 Facility number: 000172 Provider number: 155272 AIM number: 100267130 Census Bed Type: SNF/NF: 131 Total: 131 Census Payor Type: Medicare: 9 Medicaid: 90 Other: 32 Total: 131 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 12, 2021	F 0000		
F 0842 SS=D Bldg. 00	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	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; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.			

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	§483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. Based on interview and record review, the facility failed to ensure complete documentation, in the resident's clinical record, of a resident's passing, for 1 of 3 residents reviewed for resident's death. (Resident D) Findings include: The clinical record for Resident D was reviewed on 11/8/2021 at 1:30 p.m. The diagnoses include, but were not limited to, chronic obstructive pulmonary disease, congestive heart failure, and respiratory failure with hypoxia (decreased oxygen levels).	F 0842	1) Resident D was not harmed by the deficient practice, and no longer resides in the facility. 2) All residents who expire have the potential to be affected. An audit was completed of all residents deaths for the last 30 days to ensure complete documentation.3) All licensed nurses were educated on facilities policy “Clinical Documentation Standards” with an emphasis on ensuring complete documentation in the event of a residents death.4) DON or designee will	11/23/2021

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	A physician's order, dated 6/8/2021, indicated hospice services to evaluate and treat. A physician's order, dated 6/10/2021, indicated resident was a do not resuscitate. An admission Minimum Data Set assessment, dated 6/10/2021, indicated that Resident D was cognitively intact, utilized oxygen, receiving hospice services, and had a prognosis of 6 months or less. A death certificate indicated that Resident D passed on 10/11/2021 at 8:35 a.m. The last progress note on Resident D's chart was a nurse practitioner note, dated 10/8/2021, for a routine medication refill. No additional progress notes were in Resident D's clinical record that indicated condition prior to death, time of death, release of body, or notification of family, physician, or hospice. An interview with the Director of Nursing, (DON), on 11/8/2021 at 3:03 p.m., indicated that she was unsure why Resident D's record did not contain a note indicating her condition prior to death, time of death, or notifications of parties in regard to Resident D's passing. An interview with DON, on 11/8/2021 at 3:46 p.m., indicated that it is the expectation that staff would, at a minimum, document time of death, notification of parties, and disposition of body. A policy entitled "Clinical Documentation Standards", was provided by DON, on 11/8/2021 at 12:44 p.m. The policy indicated, "...A		review 24 hour report in clinical morning meeting for any resident death to ensure there is complete documentation including MD and family notification, time of death, and release of body. This will be an ongoing practice of this facility. All findings from the review will be reported to the QAPI committee monthly and the QAPI will determine when compliance is achieved or if further monitoring needs to be completed.¿ ¿	

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	complete record contains an accurate and functional representation of actual experience of the resident and must contain enough information to show that the status of the individual resident is known, and a plan of care has been identified to meet the care needs identified in the medical record...providing a timely and accurate account of resident information in the medical record...Document entries during the work shift and complete all entries before leaving the facility for that tour/shift ...Document the status of the resident including changes...Chart in real time when an event is occurring or shortly thereafter, as is practicable ...." This Federal tag related to complaint IN00365917. 3-1-50(a)(1)			