

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

PRINTED: 03/20/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155126		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2024	
NAME OF PROVIDER OR SUPPLIER SPRINGS VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 457 S SR 145 FRENCH LICK, IN 47432			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00419218.</p> <p>Complaint IN00419218: Federal/state deficiencies related the allegations are cited at F755.</p> <p>Unrelated deficiency was cited.</p> <p>Survey dates: January 31, 2024</p> <p>Facility number: 000054 Provider number: 155126 AIM number: 100287850</p> <p>Census bed type: SNF/NF: 70 Total: 70</p> <p>Census payor type: Medicare: 4 Medicaid: 47 Other: 19 Total: 70</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 7, 2024.</p>			F 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. Springs Valley Meadows desires this Plan of Correction to be considered the facility's Allegation of Compliance.</p>		
F 0600 SS=D Bldg. 00	<p>483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to</p>						

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

TITLE

(X6) DATE

Stacy Marie Burton

HFA

02/19/2024

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 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>freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>Based on interview and record review, the facility failed to ensure residents were free from verbal abuse for 1 of 1 allegations of abuse. A staff member cursed at a resident while the resident was exhibiting inappropriate behaviors. (Resident D)</p> <p>Finding includes:</p> <p>During a review of facility reported incidents on 1/31/2 at 12:45 P.M., an incident, dated 10/25/23, included that a staff member used inappropriate language while having a conversation with Resident D.</p> <p>During record review on 1/31/24 at 1:30 P.M., Resident D's diagnoses included but was not limited to dementia, recurrent depressive episodes, major depressive disorder, and altered mental status.</p> <p>Resident D's most recent Annual MDS (Minimum Data Set) Assessment, dated 11/2/23, included that the resident was cognitively intact.</p> <p>Resident D's care plan included but was not limited to resident exhibits bothersome behavior towards others. An approach included educate resident on the reason it is not appropriate to bother others (started 3/2/22). Resident exhibits</p>			F 0600	<p>1. What corrective action will be accomplished for residents affected? On 10/25/2023 the facility reported an incident that a CNA used inappropriate language while having a conversation with a resident. This CNA was suspended, the facility reported the event and initiated an investigation. After completion of the investigation, the suspended CNA's employment was terminated.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. Interviews were conducted with each resident regarding abuse, neglect and misappropriation. No other allegations or concerns were received.</p> <p>3. What measures will be put into place to ensure this practice does not recur?</p>		02/25/2024

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	<p>sexual inappropriate comments toward female staff. An approach included, educate resident on the inappropriateness of behavior (started 5/24/21).</p> <p>During a review of the facility's investigation of the incident between Resident D and CNA 13 on 1/31/24 at 2:00 P.M., a written statement from CNA 13, dated and signed 10/25/23, included, "I was sitting at desk finishing up charting (and) [Resident D] keep [sic] making kissing nosies [sic] (and) asking me to go to bed with him and that is when I said what I said."</p> <p>A written statement from LPN 4, dated and signed 10/25/23, included, "I went to South to pass insulin (and) hang IV (intravenous) ABT (antibiotic). As I rounded the corner into the (nursing) station I heard CNA 13 state to [Resident D] 'F--- you [Resident D], F--- you.' Resident appeared unbothered as he continued making noises at staff ..."</p> <p>During an interview on 1/31/24 at 2:15 P.M., LPN 6 indicated that Resident D is aware of what he is saying during behaviors and that staff should provide education to the resident if he is being inappropriate. Staff should not engage in an inappropriate conversation.</p> <p>On 1/31/24 at 3:55 P.M., the DON supplied a facility policy titled, Abuse Prohibition, Reporting, and Investigating, dated 6/2023. The policy included, "It is the policy of [company name] to provide each resident with an environment that is free from abuse ... Definitions/Examples of abuse: ...Verbal abuse - The use of oral, written, and/or gestured language that willfully includes disparaging and derogatory terms to residents ... within their hearing distance ..."</p>				<p>All Staff were in-serviced on the Abuse Policy on 10/26/2023 and reinitiated on 2/12/2024.</p> <p>ED/Designee to complete Abuse Audit Tool monthly to ensure continued compliance.</p> <p>4. How corrective Action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>ED/Designee will be responsible for completion of the Abuse QAPI Tool weekly x 4 weeks, bimonthly x 2 months, monthly x 4, and quarterly. The results of these audit tools will be reviewed by the QAPI Committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination.</p>		

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F 0755 SS=E Bldg. 00	<p>3.1-27(b)</p> <p>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(g). The facility may permit unlicensed 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.</p> <p>Based on interview and record review, the facility</p>			F 0755	1.What corrective action will		02/25/2024

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	<p>failed to ensure an accurate account of controlled medications dispensing and administration records were maintained. Medication administration records were not completed and/or did not match controlled substance records and controlled substance records were dated incorrectly. (Resident B, Resident C, Resident D, Resident F, Resident G, Resident H)</p> <p>Findings include:</p> <p>1. During a review of facility reported incidents on 1/31/24 at 12:50 P.M., an incident, dated 10/9/23, included that during an audit, a concern for inaccurate documentation of PRN (as needed) narcotic administration. Medication administration date was noted to be prior to received date.</p> <p>During record review on 1/31/24 at 11:40 A.M., Resident B's physician orders included, but were not limited to hydrocodone-acetaminophen 5-325 mg (milligram) as needed (started on admission date 10/4/23).</p> <p>Resident B's medication administration record indicated the first date the resident received a PRN hydrocodone-acetaminophen 5-325 mg medication was on 10/7/23.</p> <p>A review of Resident B's controlled substance count sheet for PRN hydrocodone-acetaminophen 5-325 mg indicated that staff was signing the medication out daily since Resident B's admission date of 10/4/23.</p> <p>During an interview on 1/31/24 at 1:15 P.M., the DON (Director of Nursing) indicated that during an audit of PRN narcotic medications, it was noticed that Resident B's PRN hydrocodone-acetaminophen 5-325 mg medication</p>				<p>be accomplished for those residents found to be affected by the deficient practice? All licensed nursing personnel will be reeducated on the proper policy and procedure for dispensing, administration and documentation of controlled medications.</p> <p>2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents receiving controlled medications have the potential to be affected by this alleged deficient practice; however, no residents were affected by this alleged deficient practice.</p> <p>3.What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The DNS/designee will be responsible for daily monitoring of the eMAR and PRN controlled medication log to ensure documentation is completed timely and accurately as per policy. Observations will be documented on an audit tool. Any noted documentation concerns will be addressed through employee education and counseling to ensure continued compliance.</p> <p>4.How the corrective actions will be monitored to ensure the deficient practice will not</p>		

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	<p>was signed out by staff on 10/4/23 prior to the medication delivery from pharmacy on 10/5/23.</p> <p>A shipment summary for Resident B's PRN hydrocodone-acetaminophen 5-325 mg medication included a received date of 10/5/23 at 7:32 A.M.</p> <p>2. During a review of Resident C's record on 1/31/24 at 2:00 P.M., Resident C's physician orders included but were not limited to hydrocodone-acetaminophen 7.5-325 mg every 4 hours as needed (started 5/23/23).</p> <p>Resident C's controlled substance count sheet for PRN hydrocodone-acetaminophen 7.5-325 mg indicated that staff signed out the medication on 9/13/23.</p> <p>Resident C's MAR for 9/13/23 included no documentation of the resident's PRN hydrocodone-acetaminophen 7.5-325 mg medication being administered.</p> <p>3. During a review of Resident D's record on 1/31/24 at 1:30 P.M., Resident D's physician orders included but were not limited to hydrocodone-acetaminophen 5-325 mg once a day as needed (started 12/19/22).</p> <p>Resident D's controlled substance count sheet for PRN hydrocodone-acetaminophen 5-325 mg indicated that staff signed out the medication on 9/10/23, 9/11/23, 9/13/23, and 9/14/23.</p> <p>Resident D's MAR for 9/2023 included no documentation of the resident's PRN hydrocodone-acetaminophen 5-325 mg medication being administered on 9/10/23, 9/11/23, and 9/14/23.</p>				<p>recur?</p> <p>DNS/Designee will be responsible for completion of the eMAR and PRN Controlled Medication QAPI Tool weekly x 4 weeks, bimonthly x 2 months, monthly x 4, and quarterly. The results of these audit tools will be reviewed by the QAPI Committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination.</p>		

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	<p>4. During a review of Resident F's record on 1/31/24 at 1:15 P.M., Resident F's physician orders included but were not limited to hydrocodone-acetaminophen 5-325 mg at bedtime (started 4/30/23).</p> <p>Resident F's controlled substance count sheet for hydrocodone-acetaminophen 5-325 mg indicated that LPN 9 signed the medication out on 9/14/23 with a hand-written note that Resident F had refused to take the medication due to the medication being crushed in error.</p> <p>Resident F's MAR for 9/14/23 included documentation from LPN 9 that indicated hydrocodone-acetaminophen 5-325 mg was administered.</p> <p>5. During a review of Resident G's record on 1/31/24 at 2:45 P.M., Resident G's physician orders included but were not limited to hydrocodone-acetaminophen 5-325 mg every 4 hours as needed (started 8/24/23).</p> <p>Resident G's controlled substance count sheet for PRN hydrocodone-acetaminophen 5-325 mg indicated that staff signed out the medication four times on 9/9/23, four times on 9/10/23, and three times on 9/11/23.</p> <p>Resident G's MAR for 9/2023 included documentation of the resident's PRN hydrocodone-acetaminophen 5-325 mg medication being administered only twice on 9/9/23, three times on 9/10/23, and twice on 9/11/23.</p> <p>6. During a review of Resident H's record on 1/31/24 at 3:00 P.M., Resident H's physician orders included but were not limited to hydrocodone-acetaminophen 10-325 mg every 6</p>						

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	<p>hours as needed (started 8/15/23).</p> <p>Resident H's controlled substance count sheet for PRN hydrocodone-acetaminophen 10-325 mg indicated that staff signed out the medication twice on 9/9/23 and once on 9/10/23.</p> <p>Resident H's MAR for 9/2023 included documentation of the resident's PRN hydrocodone-acetaminophen 10-325 mg medication being administered three times on 9/9/23 and twice on 9/10/23.</p> <p>During an interview on 1/31/24 at 1:40 P.m., RN 7 indicated that when documenting a PRN narcotic medication, staff should first document any non-pharmaceutical interventions that were tried prior to administering the medication. When documenting any narcotic medication, the nurse administering the medication should sign and date the controlled substance record and count off the medication, and the nurse should document in the MAR that the narcotic medication was administered.</p> <p>On 1/31/24 at 3:55 P.M., the DON supplied a facility policy titled, PRN Medications, dated 11/2015. The policy included, " ...When administering a PRN medication, record the following information ... Date medication was given ... Time medication was given ... Name of medication given ... Doses given ... Reason the medication was given."</p> <p>This citation relates to complaint IN00419218.</p> <p>3.1-25(b)(3)</p>						