

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155196	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/31/2023
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NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 3525 E HANNA AVE INDIANAPOLIS, IN 46237
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00397745, IN00400212, and IN00400223.</p> <p>Complaint IN00397745 - Substantiated. Federal/State deficiencies related to allegations are cited at F602.</p> <p>Complaint IN00400212 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00400223 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 27 and 31, 2023</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Census Bed Type: SNF/NF: 60 SNF: 23 Residential: 57 Total: 140</p> <p>Census Payor Type: Medicare: 13 Medicaid: 40 Other: 30 Total: 83</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 1, 2023.</p>	F 0000	<p>Please find enclosed the Plan of Correction to the complaint survey conducted on January 31st, 2023. This letter is to inform you that the plan of correction attached is to serve as The Altenheim' s credible allegation of compliance. We allege compliance on 02/19/2023.</p> <p>Submission of this plan of correction does not constitute an admission by The Altenheim or its management company that the allegations contained in the survey report is a true and accurate portrayal of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</p> <p>We respectfully request desk review.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Chirag Patel	Executive Director	02/13/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 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 freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review, the facility failed to protect the residents right to be free from misappropriation of property for 1 of 3 residents reviewed for misappropriation of property. A resident's narcotic pain medication was unaccounted for. (Resident B)</p> <p>Finding includes:</p> <p>During an interview on 1/27/23 at 8:50 a.m., QMA 1 (Qualified Medication Aide) indicated Resident B's narcotic pain medication was unaccounted for a month ago. She worked that morning and as she was getting report from the nurse, the night shift QMA indicated that narcotic pain medication had been delivered for Resident B, and she was not able to locate the medication.</p> <p>During an interview on 1/27/23 at 10:25 a.m., the DON (Director of Nursing) indicated the narcotic pain medication for Resident B was delivered and was unaccounted for. The staff that signed for the medication was terminated because she did not follow procedure when the medication was delivered. The staff did not immediately secure the narcotics in the narcotic lock box on the medication cart. She placed the unsecured medication delivery tote outside the medication storage room. Later that morning, the medication</p>	F 0602	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B's narcotic pain medications were replaced immediately, and resident was assessed for pain. Resident discharged to home per plan of care.</p> <p>2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken Residents residing in the facility have the potential to be affected by the alleged deficient practice. An audit was completed to determine if residents were missing any narcotic pain medications.</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</p>	02/17/2023

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	<p>could not be accounted for. The pharmacy verified the narcotic pain medication was delivered. The staff member should have locked the medication in the narcotic lock box on her medication cart.</p> <p>The clinical record for Resident B was reviewed on 1/31/23 at 9:52 a.m. The diagnoses included, but were not limited to, left below knee amputation and chronic pain syndrome.</p> <p>A Significant Change MDS (Minimum Data Set) assessment, dated 1/4/23, indicated Resident B was cognitively intact and had occasional, moderate, pain that did not interfere with his day-to-day activities.</p> <p>The Physician's orders included, but were not limited to: Oxycodone (narcotic pain medication) 10 mg (milligrams) orally every 4 hours as needed for chronic pain syndrome, initiated 12/27/22.</p> <p>A pharmacy packing slip, dated 12/23/22, indicated 24 tablets of oxycodone 10 mg were delivered on 12/24/22.</p> <p>A police incident report, dated 12/24/22, indicated incident type: theft of prescription with a case number.</p> <p>On 1/31/23 at 9:53 a.m., the DON provided a copy of a facility policy, titled Abuse, Neglect and Misappropriation Prohibition and Prevention Policy, dated 6/4/19, and indicated this was the current policy used by the facility. A review of the policy indicated misappropriation of resident property is defined as deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without</p>		<p>Licensed nurses and QMAs educated on the process for receiving narcotic pain medications from the pharmacy. Will be educated upon hire and annually.</p> <p>4) How the 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>DON or designee will interview 5 licensed nurses/QMAs regarding the process for receiving narcotic medications from the pharmacy daily x 30 days, weekly x 12 weeks and monthly 3 months. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting. Frequency and duration of reviews will be adjusted as needed if compliance is below 100%. Ongoing frequency and duration will be determined by the Quality Assurance Committee</p> <p>5) By what date the systemic changes for each deficiency will be completed February 19,2023</p>	

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

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OMB NO. 0938-039

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	the resident's consent. This Federal tag relates to Complaint IN00397745 3.1-28(a)				