

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155664	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/14/2021
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NAME OF PROVIDER OR SUPPLIER  EAGLE CREEK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4102 SHORE DR INDIANAPOLIS, IN 46254
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00321610, IN00322256, IN00322767, IN00324082, IN00325014, IN00327040, IN00335260, IN00338497, IN00339424, IN00339896, IN00339990, IN00342892, and IN00343197. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00321610 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00322256 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00322767 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00324082 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00325014 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00327040 - Substantiated. Federal/State deficiencies related to the allegations are cited at F661 and F761.</p> <p>Complaint IN00335260 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00338497 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00339424 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00339896 - Substantiated. No deficiencies related to the allegations are cited.</p>	F 0000	The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 0661 SS=E Bldg. 00	<p>Complaint IN00339990 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00342892 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00343197 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 12, 13, and 14, 2021</p> <p>Facility number: 010666 Provider number: 155664 AIM number: 200229930</p> <p>Census Bed Type: SNF/NF: 54 Total: 54</p> <p>Census Payor Type: Medicare: 2 Medicaid: 48 Other: 4 Total: 54</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 21, 2021.</p> <p>483.21(c)(2)(i)-(iv) Discharge Summary §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses,</p>			

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	<p>course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a system for the reconciliation of medications for 5 of 5 residents (Residents J, K, L, Q and U), resulting in Resident J being discharged home with medications belonging to 3 other residents (Residents X, Y, and Z), and failed to ensure medications were labeled, and stored properly in 1 of 4 medications carts observed for medication storage.</p> <p>Findings include:</p> <p>An Indiana State Department of Health Survey Report System report, dated 5/6/20, indicated Resident J was discharged home with medications</p>	F 0661	<p><b>F 661</b></p> <p><b>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:</b></p> <p>Residents J, K, L, Q, and U no longer reside in the facility and were not harmed by the deficient practice.</p> <p><b>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</b></p>	02/13/2021

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	<p>belonging to Residents X, Y, and Z. Preventative measures were added to include a double check system by two nurses of medications upon discharge to ensure proper medications were sent. All nurses were to be educated on the discharge process, and audits were to be completed for resident discharges in the past 30 days.</p> <p>Resident J's record was reviewed on 1/13/21 at 3:17 p.m. Diagnoses on Resident J's profile included, but were not limited to, sepsis due to Methicillin Susceptible Staphylococcus Aureus (MRSA), and acute respiratory failure.</p> <p>A Physician's order for Resident J, dated 5/4/20, indicated may discharge home.</p> <p>Physician's orders for Resident J indicated, there were no orders for the following medications sent home with the resident: Hydroxyzine 25 (mg) milligrams (used to treat itching, anxiety, or nausea), Levothyroxine 25 (mcg) micrograms (used to treat hypothyroidism), Donepezil 5 mg (used to treat Alzheimer's Disease), Paroxetine 20 mg (antidepressant), or Vitamin D3 2000 (U) units (supplement).</p> <p>A Progress Note for Resident J, dated 5/4/2020 at 4:28 p.m., indicated the nurse reviewed all medications with the resident, and included a medication list, face sheet, current labs, and diagnostics in his discharge paperwork.</p> <p>Progress Notes for Resident J, dated 5/4/20 - 5/6/20, indicated there was no documentation to indicate the resident had discharged with the wrong medications.</p> <p>On 1/13/21 at 4:44 p.m., the Executive Director (ED) provided a timeline for Resident J, indicated</p>		<p>An audit has been conducted on all residents that have discharged to the community in the last 30 days to ensure the discharge policy was followed including but not limited to reconciliation of medications.</p> <p><b>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</b> DON/Designee will re-educate the licensed nurses and social service department on the facility policy, "Transfer and Discharge Policy" with emphasis on medication reconciliation.</p> <p><b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</b> The following audits / observations for 5 residents discharged will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: the discharge summary process is initiated and finalized before the resident discharges and medication reconciliation is completed on discharge according to facility policy.</p> <p><b>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee</b></p>	

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	<p>the resident discharged on 5/4/20 and did not take his medications with him upon discharge. On 5/5/20 the resident returned to the facility and a nurse gave him medications to take home. On 5/6/20 Resident J's family member contacted the facility and indicated the resident had medications that did not belong to him. On 5/6/20 a widespread audit of residents discharged in the past 30 days, and the facility began education on discharge policy and procedure including, but not limited to, reconciliation of medication policies. On 5/6/20 " ...Audit all discharges for 2-week period - validate medications are correct [2 nurses to validate upon discharge] will monitor 2 discharges a week for the next 2 weeks. Double check system by 2 nurses for medications upon discharges to ensure proper medications are sent for next two weeks, moving to biweekly for 30 days, and monthly thereafter."</p> <p>During an interview on 1/13/21 at 4:44 p.m., the ED indicated an investigation had been completed into the situation with Resident J receiving medications belonging to 3 other residents, and audits had been completed. The audit reviewed all residents who had been discharged in the past 30 days, and a new process was initiated for 2 nurses to sign for the validity of medications upon discharge.</p> <p>During an interview on 1/14/21 at 9:48 a.m., the DON indicated there was no documentation in Resident J's medical record to indicate reconciliation of his medications had been completed upon discharge. There was no documentation in the resident record to indicate the name of the medications, dosage, or the amount that was sent home with the resident, or of medications returned to the pharmacy for reimbursement. With the completion of a State Reportable incident having been done, that would</p>		<p><b>for a minimum of 6 months then randomly thereafter for further recommendation.</b></p>	

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	<p>indicate the process was not followed.</p> <p>During an interview on 1/14/21 at 3:47 p.m., the ED indicated, discharge audits had been completed by a prior DON, and the Regional Consultant had signed off for completion. The facility was unable to locate documentation to verify the audits had been completed.</p> <p>Resident K's record review indicated, there was no physician's order to discharge with medications, and no reconciliation of medications upon discharge.</p> <p>Resident L's record review indicated, there was no reconciliation of medications upon discharge.</p> <p>Resident Q's record review indicated, there was no physician's order to discharge with medications, and no reconciliation of medications upon discharge.</p> <p>Resident U's record review indicated, there was no physician's order to discharge with medications, and no reconciliation of medications upon discharge.</p> <p>On 1/14/21 at 4:15 p.m., the DON indicated upon discharge of a resident, the nurse filled out a Discharge Summary form, and the resident or representative signed the form. The resident was also given a copy of the medication orders and were given scripts as needed. Pre-discharge stock of medications were either given to the resident to take home or were sent back to the pharmacy for reimbursement. Upon record review, Residents J, K, Q, and U had no physician's order to discharge with medications, and Residents J, K, L, Q, and U had no documentation to indicate reconciliation of medications had been completed upon discharge.</p>				

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F 0761 SS=D Bldg. 00	<p>The facility therefore was unable to account for the names of medications, amount of medications, or disposition of pre-discharge medications belonging to those residents.</p> <p>On 1/14/21 at 11:29 a.m., the DON provided the Medications Upon Discharge policy, reviewed 5/28/19, and indicated the policy was the one currently being used by the facility. The policy indicated, "a. The resident's medications may be given to the resident with a physician's order, or be returned to the pharmacy for credit, or be destroyed. b. A medication may go home with the resident upon the physician's order specifying which medications are permitted ...Documentation should include the name of the medication, dose and number of pills/amount of liquids sent with the resident/representative in the medical record ..."</p> <p>On 1/14/21 at 11:29 a.m., the DON provided a Transfer and Discharge Policy, reviewed 5/28/19, and indicated the policy was the one currently being used by the facility. The policy indicated, "Reconciliation of all pre-discharge medications with the resident's post-discharge medications will include: 1. Prescribed/Prescription Medications 2. Over-the-counter medications ...."</p> <p>This Federal tag relates to Complaint IN00327040.</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>			

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	<p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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> <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, interview, and record review, the facility failed to ensure medications were labeled, and stored properly in 1 of 4 medications carts observed for medication storage (Resident GG and Resident W).</p> <p>Findings include:</p> <p>During an observation on 1/12/21 at 11:02 a.m., a vial of Lantus 100 unit (U) insulin for Resident GG was observed to be opened and without an opened date in the top drawer of medication cart 3 on the 200-hallway. Qualified Medication Aide (QMA) 9 indicated she was not sure when the insulin was opened as a nurse had not dated the vial when it was opened. The pharmacy had just been in the facility and completed an audit, the vial should have been found with no date.</p> <p>During an observation on 1/13/21 at 9:16 a.m. a</p>	F 0761	<p><b>F 761</b></p> <p><b>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:</b></p> <p>Resident GG was not harmed by the deficient practice; the insulin was discarded and a new vial was ordered and labeled appropriately when opened.</p> <p>Resident W was not harmed by the deficient practice; the Voltaren Gel was discarded and a new tube was ordered and labeled appropriately as well as stored according to the facility policy.</p> <p><b>Identification of other residents having the potential to be affected by the same alleged</b></p>	02/13/2021



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	<p>tube of Voltaren Gel (topical nonsteroidal anti-inflammatory gel used to treat arthritis) for Resident W was observed in the top drawer of medication cart 3 on the 200-hallway lying among vials of insulin, bottles of eye drops, and boxes and plastic bags of oral medications. Registered Nurse (RN) 4 was observed to pick up the tube to examine the label and indicated, maybe it was a new tube and had not been put in the treatment cart. RN 4 then placed the tube back into the top drawer of the medication cart and continued to pass medications.</p> <p>On 1/13/21 at 9:20 a.m., RN 4 and RN 11 were observed taking Resident W's Voltaren Gel from the top drawer of medication cart 3 to examine and discuss three times, then place back in the cart. Upon review of the MAR, RN 11 indicated the order had been put on Resident W's MAR (Medication Administration Record) versus the TAR (Treatment Administration Record), and that was most likely why the tube of medication was in the medication cart versus the treatment cart. RN 11 then instructed RN 4 to place the tube of medication back into the medication cart until such time she could clarify the order. RN 4 placed the tube back into the top drawer of the medication cart and continued to pass medications.</p> <p>A Physician's order for Resident W, dated 1/11/21, indicated Voltaren Gel 1 % (Diclofenac Sodium) apply to left knee topically four times a day for left knee pain.</p> <p>A MAR for Resident W, dated 1/11/21 - 1/13/21, indicated the medication was documented as having been administered 5 times from 1/11/21 - 1/13/21.</p>		<p><b>deficient practice and corrective actions taken:</b> An audit was conducted of all medication and treatment carts in the facility to ensure medications were stored appropriately and labeled per the facility policy. Any medication identified without a label or open date was discarded and reordered.</p> <p><b>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</b> DON/Designee has in-serviced all licensed nurses on the facility policy, "Medication Labels" and "Medication Storage" with emphasis on dating when opened and appropriate storage in the medication/treatment cart. <b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</b> Director of Nursing or designee will monitor med rooms, refrigerators, and med/treatment carts for compliance with labeling, open dates, and storage, this will occur daily X 4 weeks, then weekly X 4 weeks, then monthly X 4 months. The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then</p>		

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

PRINTED: 02/22/2021

FORM APPROVED

OMB NO. 0938-039

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	<p>On 1/14/21 at 12:15 p.m., the DON provided a Storage of Medication policy, dated 08-2020, and indicated the policy was the one currently being used by the facility. The policy indicated, "4. Orally administered medications are stored separately from externally used medications and treatments such as suppositories, ointments, creams, vaginal products, etc. Eye medications are stored separately per facility policy ...5. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. a. The nurse shall place a [date opened] sticker on the medication and record the date opened and the new date of expiration. The expiration date of the vial or container will be 30 days from opening...."</p> <p>This Federal tag relates to Complaint IN00327040.</p> <p>3.1-25(j)</p>		randomly thereafter for further recommendation		