

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

PRINTED: 10/30/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155471		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/08/2024	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1901 TAYLOR RD COLUMBUS, IN 47203			
(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 Nursing Home Complaint IN00444351. This visit included the Investigation of Residential Complaint IN00441926.</p> <p>Nursing Home Complaint IN00444351 - No deficiencies related to the allegations are cited.</p> <p>Residential Complaint IN00441926 - State deficiency related to the allegation is cited at R0297.</p> <p>Survey dates: October 07 and 08, 2024.</p> <p>Facility number: 000543 Provider number: 155471</p> <p>Census Bed Type: SNF: 15 Residential: 120 NCC: 39 Total: 174</p> <p>Census Payor Type: Medicare: 14 Other:40 Total: 54</p> <p>Four Seasons Retirement Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00444351.</p> <p>Quality review completed on October 9, 2024.</p>			F 0000	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiency cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the alleged deficiencies made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values, interest, and independence while encouraging personal and spiritual development. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p>		
R 0000							

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

TITLE

(X6) DATE

Rebecca Stenner

Executive Director

10/16/2024

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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Bldg. 00	<p>This visit was for the Investigation of Residential Complaint IN00441926. This visit included Investigation of Nursing Home Complaint IN00444351.</p> <p>Residential Complaint IN00441926 - State deficiency related to the allegation is cited at R0297.</p> <p>Nursing Home Complaint IN00444351 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 07 and 08, 2024.</p> <p>Facility number: 000543</p> <p>Residential Census: 120</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 9, 2024.</p>			R 0000	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiency cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the alleged deficiencies made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values, interest, and independence while encouraging personal and spiritual development. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p>		
R 0297 Bldg. 00	<p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from receiving the wrong medication for 1 of 3 residents reviewed for pharmacy services. (Resident E)</p> <p>Findings include:</p> <p>The clinical record was reviewed for Resident E on 10/07/24 at 1:11 P.M. The resident's diagnoses</p>			R 0297	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiency cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the alleged deficiencies made are</p>		10/23/2024

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	<p>included, but were not limited to, low back pain, hypertension, and anxiety.</p> <p>A facility reported incident, dated 08/26/24, indicated Resident E was administered another resident's Zolpidem Tartrate (Ambien, a sedative used to treat insomnia) 5mg (milligrams) instead of his prescribed Oxycodone HCL 10 mg (a pain medication).</p> <p>The current physician orders for the resident were reviewed. Resident E did not have a physician's order for Zolpidem Tartrate Oral Tablet 5 mg.</p> <p>A progress note, dated 08/23/24 at 1:05 P.M., indicated the staff working in the dining room reported that Resident E was not himself while he was in the dining room. During a nursing evaluation, the resident reported he "felt like he was in slow motion" and had difficulty raising his arms and hands. The resident was sent to the emergency room for further evaluation.</p> <p>During an interview on 10/07/24 at 10:41 A.M., Resident E indicated that he was given the wrong medication about a month ago. He went to the nurse's station to get a pill, and the next thing he remembered was being surrounded by the fire department and being in the emergency room.</p> <p>During an interview on 10/07/24 at 10:59 A.M., Qualified Medical Aide (QMA) 2 indicated she was caring for Resident E the day of the incident. When the resident came and got his medication, she dropped the bottle of pills in the narcotic bin and must have picked up the wrong medication bottle before administration. She documented that Oxycodone 10 mg was administered, and it was not until the shift change medication count that she realized there was an Ambien pill missing and</p>				<p>accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values, interest, and independence while encouraging personal and spiritual development. Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>R 297 Pharmaceutical Services Non-Compliance 410 IAC 16.2-5-6 (c)(1) Based on interview and record review, the facility failed to ensure that a resident was free from receiving the wrong medication for 1 of 3 residents reviewed. (Resident E)</p> <p>Plan of Correction: 1 What corrective action(s) will be accomplished for the resident found to have been affected by the deficient practice? Our internal investigation concluded that Resident E was given the incorrect PRN medication on 8/23/2024. This error was made by a staff member (Staff Member #2) after dropping the bottle in her hand for Resident E, and picking up the wrong bottle at the time of delivering medication</p>		

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	<p>Resident E's Oxycodone had an extra pill in the container. As soon as she realized the count was off, she notified her nurse manager, and the Director of Nursing (DON).</p> <p>A current facility policy titled, "Medication Errors Policy" with a revised date of 06/26/19 was provided by the Staff Development Director on 10/07/24 at 3:15 P.M. The policy indicated, " ...It is the policy of Four Seasons to provide protections for the health, welfare, and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors ...".</p> <p>A current facility policy titled, "Medication Administration" with a revised date of 02/12/19 was provided by the Staff Development Director on 10/07/24 at 3:06 P.M. The policy indicated, " ...Review EMAR to identify medication to be administered ...Compare medication source with EMAR to verify resident name, Medication name, form, dose, route, and time ...".</p> <p>A current facility policy titled, "Medication Errors" with a revision date of 02/11/04 was provided by the Staff Development Director on 10/07/24 at 3:06 P.M. The policy indicated, " ...The facility must ensure that residents are free of any significant medication errors ...".</p> <p>This citation relates to Complaint IN00441926.</p>				<p>to Resident E. This error was self-reported by Staff Member 2 to Nursing leadership. Staff Member #2 was immediately counseled and given additional training for medication administration. Resident E was evaluated at the Hospital's Emergency Department and then discharged back to his apartment.</p> <p><i>2 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective actions (s) will be taken.</i></p> <p>All residents have the potential to be affected by this deficient practice, therefore all licensed nursing staff and all Qualified Medication Aides (QMA's) will complete additional education regarding (i) proper medication administration and (ii) regulations and the facility policy and procedures regarding medication administration. In addition, a facility-wide nursing staff meeting will be held to review the facility policy and procedures and related in-service education. (please see Attachments A, B, and C)</p> <p><i>3 What measures will be put into place, what systemic changes the facility will make to ensure that the deficient practice does not recur? Actions taken/systems put into place to reduce the risk of</i></p>		

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			<p><i>future occurrence include:</i></p> <p>Nursing management will conduct random medication administration audits of Licensed Nursing staff and QMA's at a minimum of at least (a) twice weekly for the next quarter and (b) weekly thereafter. This will be increased as needed if a deficient practice is observed.</p> <p><i>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?</i></p> <p>Results of the audits and monitoring of medication administration performed by Nursing Management will be incorporated into a report and will be reported on at the facility's quarterly Quality Assurance and Performance Improvement (QAPI) meetings for up to one year, as needed. Result reporting will be based on how long the audits are needed but for no less than three calendar quarters.</p> <p><i>5 By what date will the systemic changes for each deficiency be completed?</i></p> <p>Re-education of all Licensed Nursing Staff and QMA's regarding regulations and facility requirements/policies will be completed by October 23, 2024. (see Attachments A, B, and C)</p>		

