STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	06/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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	This visit was for a Recertification and State Licensure Survey. Survey dates: May 31, June 1, 2, 3 and 6, 2022 Facility number: 000074 Provider number:155154 AIM number: 100290050 Census Bed Type: SNF/NF: 65 SNF: 6 Total: 71 Census Payor Type: Medicare: 6 Medicaid: 51 Other: 14 Total: 71 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on June 15, 2022.	F 0000	Please accept State Form 2567 Plan of Correction for the Annual Recertification and State Licensure Survey completed on June 6, 2022. The facility also asked that the 2567 serve as our letter of credible allegation of compliance. The facility respectfully requests a desk review in lieu of a post survey revisit on or after July 8, 2022.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Based on interview and record review, the facility failed to provide transportation to a follow-up cardiology appointment for 1 of 5 residents reviewed for quality of care. (Resident 18) Finding includes: During an interview, on 05/31/22 at 11:37 a.m., the resident indicated she missed 4 cardiology appointments. The resident was told transportation could not take large residents. She went to a pharmacy on 05/26/22 at 1:00 p.m., for a Covid booster. The facility made transportation arrangements for this appointment. She asked the staff if they could get the same transportation company to take her to the cardiology appointment. The record for Resident 18 was reviewed on 06/03/22 at 10:14 a.m. Diagnoses included, but were not limited to, diabetes mellitus type 2, congestive heart failure and congenital renal artery stenosis. A facility document, titled "SBAR (situation, background, assessment and recommendation) Physician Communication Tool," dated 04/13/22 at 2:47 p.m., indicated the resident was showing signs and symptoms of a heart attack. The problem seemed to be cardiac and the resident was unstable and likely to get worse. A progress note, dated 04/13/22 at 2:45 p.m., indicated the resident was complaining of chest pains. A new order was received to give a nitroglycerin tablet and send to the emergency room. The discharge orders from the hospital visit, dated 4/14/22, indicated the resident had a cardiology	F 0684	**F684** It is the policy of this facility to schedule transportation for residents follow up appointments. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · Resident 18 follow up appointment to cardiology was not deemed necessary by the Cardiologist, therefore was not re-scheduled. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by this deficient practice. · DNS/designee completed a full house audit of appointments 30 days prior for any missed appointments related to transportation. · Transportation will be arranged for any missed appointments that are deemed necessary. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** · The DNS/designee will review the physician orders daily to identify residents who have follow up appointments and verify	07/08/2022

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	appointment scheduled for 04/28/22 at 2:00 p.m. A progress note, dated 04/28/2022 at 12:47 p.m., indicated the resident's appointment for 04/28/22 at 2:00 p.m., was canceled and rescheduled to May 9th at 3:00 p.m. A progress note, dated 05/16/22 at 10:57 a.m., indicated a family member received a email about the appointment scheduled for 05/16/22 at 2:30 p.m. The facility could not get transportation and the family member would see if they could transport the resident. A progress note, dated 05/21/22 at 11:50 a.m., indicated the resident had an appointment at a pharmacy on 05/26/22 at 1:00 p.m., to receive a Covid booster and transportation was scheduled. During an interview, on 06/01/22 at 2:56 p.m., the Director of Nursing Services (DNS) indicated she thought the transportation company could not take a wheelchair for obese people. They used Spotlight van services and they did not take residents via a stretcher. The resident's cardiology appointments for 4/28/22, 05/09/22 and 05/16/22 were all canceled and rescheduled due to the facility was unable to find transportation. The DNS indicated she did not know if a new appointment had been made and she had no control over transportation. During an interview, on 06/01/22 at 4:04 p.m., the DNS indicated the resident was taken to a pharmacy for a Covid booster on 5/21/22. The resident was taken by a new transport company. She indicated the new transport company may be able to take the resident to a Cardiology appointment.		transportation is arranged. · Nursing staff will be educated on the facility transportation protocol by the DNS/designee by 7-8-22. · Reception will be educated on the facility transportation protocol by 7-8-22 and will maintain records of transportation scheduled. **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?** · Weekly nursing QA tool will be utilized daily x 4 weeks, weekly x 4 weeks, monthly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. · If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. **Date of correction**: 7-8-2022	

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	During an interview, on 06/06/22 at 10:27 a.m., the DNS indicated the receptionist scheduled all transportation. She used an Excel spreadsheet to schedule transportation. The receptionist did not keep records of scheduled transportation. There was no way to see if transportation was made for any of the residents except for the current month. During an interview, on 06/01/22 at 4:03 p.m., the Executive Director (ED) indicated the facility did not have a transportation policy. A current policy, titled "Resident Rights," revised on 03/15/17 and received by the ED on 06/01/22 at 10:28 a.m., indicated "...You have the rights to a dignified existence, self-determination, and communication with and access to the persons and services inside and outside the facility...participate in the development and implementation of your person-centered plan of care...receive the services and/or items included in the plan of care...you have the right to choose your attending physician...you have the right to make choices about aspects of your life in the facility that are significant to you...." 3.1-37(a)			
F 0755 SS=D Bldg. 00	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.			

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	§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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Based on interview and record review, the facility failed to ensure documentation of medication destruction was recorded for 1 or 1 residents reviewed for medication disposition. (Resident 8) Finding include: During an interview, on 06/02/22 at 1:39 p.m., Resident 8 indicated the facility took $3,500 worth of prescription medication from her when she was admitted to the facility. The facility took the medications from her and added the list of medications to her admission inventory list. The facility indicated she would receive the medications back when she was discharged. When she requested her admission inventory	F 0755	**F 755** It is the policy of this facility to document medication destruction for residents. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** · The DNS and SS met with resident 8 and discussed the reason the medications were destroyed. - All ordered medications are available. - A current inventory sheet	07/08/2022

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	paper the medications were not listed. She spoke to the DNS (Director of Nursing Services) about it. The DNS did not follow through with her request. The record for Resident 8 was reviewed on 06/02/22 at 3:00 p.m. Diagnoses included, but were not limited to, COPD (Chronic Obstructive Pulmonary Disease), shortness of breath, vitamin deficiency and chronic pain. During the record review, the admission inventory paper was not able to be located in the resident's medical record. During an interview, on 06/02/22 at 2:38 p.m., DNS indicated the resident came into the facility with several prescribed medications and vitamins. The DNS indicated she had several documentation's about her conversations with the resident regarding the destruction of her home medications. During an interview, on 06/02/22 at 3:49 p.m., the DNS, with the ED (Executive Director) present, indicated the facility did not complete the medication destruction document before the resident's home medications were destroyed. Conversations with the resident and the destruction of her medications were all verbal agreements, there was nothing signed on paper by the resident or facility staff. The DNS indicated there was not any other documentation she could provide. During an interview, on 06/03/22 at 1:58 p.m., the ED, with the DNS present, indicated she did not know why the medications were not listed on the admission inventory document and was not signed by resident. Both the ED and DNS indicated the resident's medications should have		was completed and a copy provided to resident 8. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · Residents who bring in medications from outside the facility could be affected by the alleged deficient practice. · Nurses and aides were educated by the DNS/designee by 7-8-22 on the facility Medication Destruction Protocol and inventory procedures. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** · Nurses and aides were educated by the DNS/designee by 7-8-22 on the facility Medication Destruction Protocol and Inventory procedures. · ED will send letter notifying families and residents about facility policy for bringing medications in from outside. · The facility IDT will review inventory forms from new admissions on the next business day. **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**	

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	been added to the inventory sheet and signed by resident. A current facility policy, titled "Disposal/Destruction of Expired or Discontinued Medications," dated as revised 06/30/16 and provided by the ED on 06/03/22 at 3:19 p.m., indicated "...Facility should enter the following information on the drug destruction form when medications are destroyed...Facility should record destruction of controlled substances on: medication disposition/destruction form...." 3.1-25(s)(1) 3.1-25(s)(2) 3.1-25(s)(3) 3.1-25(s)(4) 3.1-25(s)(5) 3.1-25(s)(6) 3.1-25(s)(7) 3.1-25(s)(8)		**into place?** · Daily Nursing QA tool will be utilized daily x 4 weeks, weekly x 4, and monthly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. · If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance **Date of correction**: 7-8-2022	