

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

PRINTED: 09/12/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155385		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/09/2024	
NAME OF PROVIDER OR SUPPLIER CAMELOT CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1555 COMMERCE ST LOGANSPORT, IN 46947			
(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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00440500.</p> <p>Complaint IN00440500 - Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Survey dates: August 5, 6, 7, 8 and 9, 2024</p> <p>Facility number: 000466 Provider number: 155385 AIM number: 100289810</p> <p>Census Bed Type: SNF/NF: 6 NF: 79 Total: 85</p> <p>Census Payor Type: Medicaid: 85 Total: 85</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on August 15, 2024.</p>			F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for this survey. Due to the low scope and severity of the survey finding and the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the providers allegation of compliance. Thus, the provider respectfully requests the granting of paper compliance in lieu of a post survey re-visit. Should additional information be necessary please contact the provider directly.</p>		
F 0758 SS=D Bldg. 00	<p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in</p>						

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

TITLE

(X6) DATE

Samantha D. Biddle

BSN, RN, HFA/Administrator

08/29/2024

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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	<p>the following categories:</p> <p>(i) Anti-psychotic;</p> <p>(ii) Anti-depressant;</p> <p>(iii) Anti-anxiety; and</p> <p>(iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or</p>						

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	<p>prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on interview and record review, the facility failed to ensure a PRN (as needed) psychotropic medication was not ordered beyond 14 days or the attending physician documented their rationale in the resident's medical record to indicate the duration for the PRN order for 1 of 5 residents reviewed for unnecessary medications. (Residents 62)</p> <p>Finding includes:</p> <p>The clinical record for Resident 62 was reviewed on 8/9/24 at 1:44 p.m. The diagnoses included, but were not limited to, acute and chronic respiratory failure, dependence on a ventilator (machine to move air in and out of your lungs), tracheostomy, seizure, anxiety disorder, post-traumatic stress disorder, and major depressive disorder.</p> <p>A physician's order, dated 2/14/24, indicated to give one (1) lorazepam (an anxiety medication) 1 milligram (mg) tablet by gastrostomy tube (a tube inserted through the abdomen directly to the stomach). The facility may administer up to 2 tablets in 24 hours as needed (PRN).</p> <p>A care plan, dated 4/2/24, indicated the resident required the use of an anxiety medication. The interventions included, but were not limited to, administer medication as ordered and observe for changes in mood or behavior.</p> <p>During an interview, on 8/9/24 at 9:14 a.m., the Administrator indicated if the resident had an order for PRN lorazepam the medication would need to have a stop date after 14 days.</p> <p>A current policy, titled "PRN Medications," dated</p>			F 0758	<p>F758 The facility will ensure a PRN (as needed) psychotropic medication was not ordered beyond 14 days or the attending physician documented their rationale in the resident's medical record to indicate the duration for the PRN order.</p> <ol style="list-style-type: none"> 1. Resident 62 prn Ativan order was discontinued. 2. A complete audit was conducted to ensure prn psychotropic medication did not exceed 14 days or if the ordered exceeded 14 days, the physician documented the rationale. 3. The prn medication policy was reviewed with no changes made. (See attachment A) The staff was inserviced on the above procedure. 4. The DON or her designee will review all prn medication administration records daily to ensure that prn psychotropic medications do not exceed 14 days or the attending physician documents their rationale in the resident's medical record to indicate the duration. The DON or her designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be 		08/26/2024

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F 0761 SS=D Bldg. 00	<p>as revised 9/2017 and received by the Clinical Support Nurse on 8/9/24 at 2:17 p.m., indicated "...Residents shall not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and PRN orders for psychotropic drugs shall be limited to 14 days. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>3.1-48(a)(2) 3.1-48(b)(2)</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> <p>§483.45(h) Storage of Drugs and Biologicals §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>reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. ="" b=""></p> <p>5. The above corrective measure will be completed on or before August 26, 2025.</p>		

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	<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 keep medications within eyesight or stored in a location not accessible to residents or unauthorized personnel for 3 of 3 residents' medications randomly observed for medication storage. (Residents 70, 33 and 74)</p> <p>Finding includes:</p> <p>During an observation, on 8/8/24 at 3:46 p.m., the following medications were found on top of the medication cart:</p> <p>a. One plastic container which contained Erythromycin Benzoyl ointment (used for acne) for Resident 70.</p> <p>b. A bottle of Lansoprazole (a medication used to treat stomach acid) and a bottle of Topiramate (an anticonvulsant medication) for Resident 33.</p> <p>c. A bottle of Cefpodoxime (an antibiotic medication) for Resident 74.</p> <p>There were no staff observed in the hallway.</p> <p>Resident 22 was observed on multiple occasions wandering the halls.</p> <p>During an interview, on 8/8/24 at 3:46 p.m., QMA 3 indicated the medications were from the refrigerator and she should have put them back.</p>			F 0761	<p>F761 The facility will keep medications within eyesight or stored in a location not accessible to residents or unauthorized personnel</p> <ol style="list-style-type: none"> 1. All medications were stored appropriately. 2. All residents have the potential to be affected. All nursing staff was immediately inserviced on not setting medication on top of the medication cart. A complete round of the facility was completed to ensure all medication was stored correctly. No further concerns were noted. See below for corrective measures. 3. The Storing Drug policy and procedures were reviewed with no changes made. (See attachment C) The staff was inserviced on the above procedure. 4. The DON or designee will conduct two rounds daily ensuring all medications are stored per policy. The DON or her designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two 		08/26/2024

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F 0880 SS=D Bldg. 00	<p>A current policy, titled "Storing Drugs," received from the Clinical Support Nurse on 8/9/24 2:20p.m., indicated "...drug and biologicals will be stored in a safe, secure and orderly manner at appropriate temperatures and accessible only to licensed nursing and pharmacy personnel or staff members lawfully authorized to administer medications...."</p> <p>3.1-25(m)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following</p>			<p>months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted.</p> <p>If compliance is not obtained or maintained, the nurse or QMA will be re-educated one on one to ensure they are knowledgeable about how to properly store medications per policy. Additional monitoring will occur if compliance not met by having the administrator complete rounds twice daily assuring medications is stored per policy.</p> <p>5. The above corrective measures will be completed on or before August 26, 2024.</p>			

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	<p>elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be</p>						

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	<p>followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, interview and record review, the facility failed to ensure staff covered their clothing with personal protective equipment while providing catheter care for 1 of 1 resident observed for catheter care and Enhanced Barrier Precautions. (Resident K)</p> <p>Finding includes:</p> <p>During an observation, on 8/9/24 at 10:29 a.m., LPN 2 donned a disposable yellow gown and did not tie the gown at the neck or the waist. The gown fell to LPN 2's elbows as she was leaning over the bed to provide catheter care, and her shirt was not covered by the gown. LPN 2 then indicated the gown was bothering her and she removed the gown and put on a new disposable yellow gown. She did not tie the second gown at the neck or the waist. She continued to provide catheter care, and the gown fell off her shoulders and down to her elbows. Her shirt was not covered by the gown and the gown was laying on the resident's bed instead of covering the shirt of</p>			F 0880	<p>F880 The facility will to ensure staff covered their clothing with personal protective equipment.</p> <p>1 The LPN #2 was immediately educated on how to properly don personal protective equipment.</p> <p>2 All residents have the potential to be affected. All staff was immediately inserviced on how to properly don and doff personal protective equipment. No further concerns were noted. See below for corrective measures.</p> <p>3. The Enhanced Barrier Precautions policy and procedures was reviewed with no changes made. (See attachment D) The staff was inserviced on the above procedure.</p> <p>4. The DON or his designee will observe three staff members donning and doffing PPE daily to ensure proper use. The DON or</p>		08/26/2024

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	<p>LPN 2.</p> <p>During an interview, on 8/9/24 at 10:36 a.m., LPN 2 indicated she should have tied the gown.</p> <p>The clinical record for Resident K was reviewed on 8/9/24 at 10:40 a.m. The diagnoses included, but were not limited to, cerebral palsy, tracheostomy status, gastrostomy status, adult failure to thrive, and cystostomy (surgical opening in the bladder) with a suprapubic catheter.</p> <p>During an interview, on 8/9/24 at 10:54 a.m., the Regional Director indicated the staff should tie the disposable gowns.</p> <p>A current policy, titled "Enhanced Barrier Precautions," dated 10/2019 and received from the Administrator at entrance, indicated "...Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated. These precautions entail the use of gown and gloves during 'high contact' resident care activities that provide opportunities for transfer of MDROs [multi drug resistant organisms] to staff hands and clothing to address the continued risk of transmission from residents with MDRO colonization, which can persist for long periods of time (e.g., months), and result in the silent spread of MDROs.</p> <p>A current Center for Disease Control (CDC) procedure, not dated and provided by the Clinical Support Nurse on 8/9/24 at 2:17 p.m., indicated "...Sequent for putting on personal protective equipment...GOWN...Fully cover torso from neck to knees, arms to end of wrists, and warp around the back...Fasten in back of neck and waist...."</p>				<p>her designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted. If compliance is not obtained or maintained, the staff member will be re-educated one on one to ensure they are knowledgeable about how to properly don and doff PPE. Additional monitoring will occur if compliance not met by having the administrator observe 3 additional staff members a day don and doffing PPE.</p> <p>5 The above corrective measures will be completed on or before August 26, 2024.</p>		

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F 0912 SS=D Bldg. 00	<p>This citation relates to Complaint IN00440500.</p> <p>3.1-18(b)(1)</p> <p>483.90(e)(1)(ii) Bedrooms Measure at Least 80 Sq Ft/Resident §483.90(e)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms; Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft) per resident in 1 of 33 resident rooms reviewed. (Rooms 16)</p> <p>Finding includes:</p> <p>During the initial facility observation, on 8/5/24 at 11:45 a.m., Room 16 was found to have three beds.</p> <p>Room 16 had 3 beds and was 237.9 square feet. This was 79.3 square feet for each resident.</p> <p>During the entrance conference, the Regional Director provided a copy of the Indiana Department of Health recommendation, dated 7/13/23, to approve the room size waiver for Room 16.</p> <p>3.1-19(l)(2)(A)</p>			F 0912	<p>F0912</p> <p>1. It is the policy of Camelot Care Center to provide at least 80 square feet per Resident in multiple Resident Rooms, and at least 100 square feet in a single Resident room.</p> <p>2. Residents in room 16 were found not to meet this requirement; however a waiver was in effect for the room.</p> <p>3. A letter was sent to Indiana Department of Health (IDOH) on 8/22/2024 to request the room waiver continue for these same rooms (see attachment E).</p> <p>4. All Residents in Room 16 have privacy; comfort and adequate space to provide nursing care as evidenced by Room 16 are occupied with 3 Residents who can be safely transferred from wheelchair to bed without any problems. All Residents residing in these rooms are unable to ambulate independently and are dependent upon staff for all transferring to wheelchair/bed</p>		08/26/2024

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					and transported to their destination. Room 16 is equipped with privacy screens, a comfortable bed environment and adequate spaces.		