

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

PRINTED: 01/26/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155708		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2023	
NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD 1109 E NATIONAL HIGHWAY WASHINGTON, IN 47501			
(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 included the Investigation of Complaints IN00397406, IN00391757 and IN00395159.</p> <p>Complaint IN00397406: Substantiated. No deficiencies are cited related to the allegations.</p> <p>Complaint IN00391757: Substantiated. Federal/state deficiencies related to the allegations are cited at F602.</p> <p>Complaint IN00395159: Substantiated. No deficiencies are cited related to the allegations.</p> <p>Survey date: January 3 & 4, 2023</p> <p>Facility number: 000303 Provider number: 155708 AIM number: 100287530</p> <p>Census Bed Type: SNF: 3 SNF/NF: 35 Total: 38</p> <p>Census Payor Type: Medicare: 3 Medicaid: 32 Other: 3 Total: 38</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 6, 2023.</p>			F 0000	Please accept the following as our credible allegation of compliance. Paper review requested.		

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

TITLE

(X6) DATE

Julie Chapman

HFA

01/23/2023

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 disclosable 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.

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

PRINTED: 01/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155708		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2023	
NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD 1109 E NATIONAL HIGHWAY WASHINGTON, IN 47501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 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 ensure residents were free from misappropriation for 2 of 4 residents whose medications were reviewed. A staff member confessed to stealing residents' missing medication. (Resident F, Resident G)</p> <p>Findings includes:</p> <p>During record review on 1/3/23 at 1:00 P.M., a facility reported incident, dated 9/30/22, included that Resident F and Resident G required an early refill for a prescription for the medication gabapentin. Following a facility investigation, LPN 13 stated in writing that they had taken gabapentin from residents.</p> <p>During record review on 1/4/23 at 11:45 A.M., Resident F's diagnoses included, but were not limited to, chronic pain. Resident F's physician orders included, but were not limited to, gabapentin 600 mg (milligrams) (started 6/6/22).</p> <p>During record review on 1/4/23 at 11:30 A.M., Resident G's diagnoses included, but were not limited to; insomnia, fatigue, chronic heart failure, and type II diabetes.</p>			F 0602	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice. As far as the investigation is concerned we have no physical proof that the two mentioned residents were affected by this deficient practice as neither of them went without medication.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by the deficient practice, whether it is gabapentin or any other medication.</p> <p>3. What measures will be put in place, or systemic changes made to ensure that the deficient practice will not recur. In a perfect world I would love to say that I as a HFA could control nurses actions or deviant behavior, but unfortunately that is not true. All we can do is to set up systems to try and prevent the idea of diversion. IN this case, Hillside</p>		01/22/2023

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

PRINTED: 01/26/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155708		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2023	
NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD 1109 E NATIONAL HIGHWAY WASHINGTON, IN 47501			
(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
	<p>Resident G's physician orders included, but were not limited to, gabapentin 600 mg (started 4/26/22).</p> <p>During an interview on 1/4/23 at 12:30 P.M., the Facility Administrator indicated that they were notified of Resident F's and Resident G's medication gabapentin having to be reordered early from the pharmacy. The ADON and LPN 13 had both signed for the medications and both agreed to take a drug screen specific for the drug gabapentin. About a week later they received a phone call from the staff at the facility that LPN 13 was acting erratically while at work and was sent home. The following Monday LPN 13's results from the drug screen came back testing positive and well above the therapeutic level for gabapentin, while LPN 13 did not have a prescription for the drug. After confronting LPN 13, they admitted to taking Resident F and Resident G's gabapentin.</p> <p>On 1/4/23 at 12:45 P.M., the Facility Administrator supplied a copy of a written statement on 10/8/22 signed by LPN 13 that included, "... I have taken gabapentin (several) and I admit to taking them, I took them from residents."</p> <p>On 1/4/23 at 12:45 P.M., the Facility Administrator supplied a copy of the facility's code of conduct and indicated it was followed as the facility's policy for misappropriation. The code of conduct was signed by LPN 13 on 4/19/22. The form included, "...Violation of any of the following will result in discharge. ...2. Stealing or destroying any property of the facility, a patient or a visitor..."</p> <p>This Federal tag relates to Complaint IN00391757.</p> <p>3.1-28(a)</p>				<p>manor changed our system of record keeping for all gabapentin on 9-30-2022 when we noticed the early refill. On 9-30-22 we immediately started a count sheet for all gabapentin and it is being monitored for accuracy.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. First and foremost, the nurse in question was terminated for her inappropriate behavior (not diversion). The DON or her designee will monitor the gabapentin count sheet weekly for inaccuracies until May 30, 2023. All nurses were informed of the new count sheet on 9-30-2022 and 10-1-2022. The information from audits will be reviewed by the QA committee for the next 6 months.</p> <p>5. The date the deficiency was corrected was actually 9-30-2022 but we will adhere to state department of health poc guidelines and state corrective action date of 01-22-2023.</p>		