| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155241 | A. BUILDING 00<br>B. WING | 12/28/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| FOREST CREEK VILLAGE | 525 E THOMPSON RD<br>INDIANAPOLIS, IN 46227 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00396803.<br><br>Complaint IN00396803 - Substantiated. Federal/State deficiencies related to the allegations are cited at F755.<br><br>Survey dates: December 27 and 28, 2022<br><br>Facility number: 000145<br>Provider number: 155241<br>AIM number: 100275110<br><br>Census Bed Type:<br>SNF/NF: 75<br>SNF: 7<br>Total: 82<br><br>Census Payor Type:<br>Medicare: 4<br>Medicaid: 55<br>Other: 23<br>Total: 82<br><br>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed December 29, 2022. | F 0000 | Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by Federal and State Law. The plan of correction is submitted in order to responded to the allegation of noncompliance cited during the complaint investigation conducted on December 28, 2022. Please accept this plan of correction as the provider's credible allegation of compliance as of January 19, 2023.<br><br>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance. | |
| F 0755<br>SS=D<br>Bldg. 00 | 483.45(a)(b)(1)-(3)<br>Pharmacy Srvcs/Procedures/Pharmacist/Records<br>§483.45 Pharmacy Services<br>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 | | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Laura Burton | Executive Director | 01/18/2023 |

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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| | permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.<br><br>§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.<br><br>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-<br><br>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.<br><br>§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<br><br>§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 provide pain medication as ordered for 1 of 3 residents reviewed for medication administration. (Resident B)<br><br>Findings include:<br><br>On 12/27/22 at 1:40 p.m., Resident B's clinical records were reviewed. The diagnoses included, but were not limited to, persistent vegetative state, cerebral infarction, and cognitive communication deficit. | F 0755 | What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?<br><br>-All medications are available for administration for Resident B.<br><br>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action | 01/19/2023 |

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| | The physician's orders included, but was not limited to,<br>Morphine sulfate (narcotic pain medication) 100 mg (milligrams)/ 5 ml (milliliter), give 0.75 ml three times a day.<br><br>The December 2022 MAR (Medication Administration Record) indicated Resident B did not receive the Morphine from 11/29/22 through 12/11/22.<br><br>A review of facility and pharmacy correspondence, dated 10/6/22, indicated the DNS (Director of Nursing Services) advised the facility's pharmaceutical company that Resident B's morphine pain medications not being delivered. The pharmacy indicated the prescription for the morphine needed to have prior authorization.<br><br>On 12/2822 at 1:30 p.m., the DON indicated that on 11/8/22, Resident B's Morphine was pulled from the EDK (emergency drug kit) to cover the rejected Medicaid PA (prior approval). The DON indicated the facility had sent two proofs of delivery needed and a pay type change from Medicare to Medicaid who then rejected it. The DON indicated that on 11/30/22 the pharmacy canceled the medication refill because they were still waiting on a PA for the medication. On 12/11/22 the facility agreed to pay for the morphine.<br><br>On 12/27/22 at 1:00 p.m. the DON provided a copy of the facility/policy for new orders for schedule II controlled substances, revision date 10/31/16, and indicated this was the current policy used by the facility. A review of the policy indicated "if pharmacy cannot obtain coverage by a third payer | | will be taken?<br><br>-All residents receiving medications have the potential to be affected by the alleged deficient practice.<br><br>-DNS/Designee will conduct an inservice for nurses and QMA's related to medication shortages/unavailable medications including ensuring all residents receive their medications as ordered by January 19, 2023.<br><br>-A medication cart audit was completed by the Unit Manager/Designee to ensure all ordered medications were available for use. Corrective action taken as needed.<br><br>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?<br><br>-DNS/Designee will conduct an inservice for all nurses and QMA's related to medication shortages/unavailable medications including ensuring all residents receive their medications as ordered by January 19, 2023.<br><br>-DNS/Designee will review the EMAR compliance report daily to ensure all medications are available for administration. Corrective action will be taken as | |

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| | for the medication, the medication will not be provided to the resident unless either facility or resident (or responsible party) agrees in writing to pay for such medication. Authorized facility staff may receive a third party payment rejection notice via e-mail..."<br><br>This Federal tag relates to Complaint IN00396803.<br><br>3.1-25(a) | | needed.<br><br>-Unit Manager/Designee will complete medication cart audits weekly to ensure all medications are available for administration.<br><br>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?<br><br>-Medications available QAPI tool will be utilized weekly X 4 weeks, monthly X 6 months and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director.<br><br>-If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. | |