

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

PRINTED: 12/18/2023  
FORM APPROVED  
OMB NO. 0938-039

|  |  |  |  |  |   |  |                            |
|--|--|--|--|--|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155378 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                       |   | X3) DATE SURVEY<br>COMPLETED<br>11/20/2023 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>SIGNATURE HEALTHCARE AT PARKWOOD |  |  |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>1001 N GRANT ST<br>LEBANON, IN 46052 |   |  |                            |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCY<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |  | (X5)<br>COMPLETION<br>DATE |
| F 0000<br><br>Bldg. 00   | <p>This visit was for the Investigation of Complaints IN00421376, IN00421018, IN00418784 and IN00415176.</p> <p>Complaint IN00421376 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421018 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418784 - Federal/state deficiencies related to the allegations are cited at F580.</p> <p>Complaint IN00415176 - Federal/state deficiencies related to the allegations are cited at F580.</p> <p>Survey dates: November 17 and 20, 2023.</p> <p>Facility number: 000468<br/>Provider number: 155378<br/>AIM number: 100290270</p> <p>Census Bed Type:<br/>SNF/NF: 73<br/>Total: 73</p> <p>Census Payor Type:<br/>Medicare: 2<br/>Medicaid: 56<br/>Other: 15<br/>Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on November 28, 2023.</p> |  |  | F 0000   | <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> |  |                            |

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

TITLE

(X6) DATE

Jennifer Hurt

Administrator

12/13/2023

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 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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| F 0580<br>SS=D<br>Bldg. 00   | <p>483.10(g)(14)(i)-(iv)(15)<br/>Notify of Changes (Injury/Denial/Room, etc.)<br/>§483.10(g)(14) Notification of Changes.<br/>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br/>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br/>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br/>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br/>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident</p> |   |  |  |  |  |                            |

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|  | <p>representative(s).</p> <p>§483.10(g)(15)<br/>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br/>Based on interview and record review, the facility failed to notify the responsible party/Power of Attorney (POA) when a new order for an antipsychotic was received and administered and failed to notify the physician when medications were unavailable for administration for 2 of 3 residents reviewed for notification of changes. (Resident B and C)</p> <p>Findings include:</p> <p>1. During a telephone interview, on 11/17/23 at 11:50 a.m., the responsible party/POA for Resident B indicated she was not notified of a new order received for Haldol (an antipsychotic) nor was she informed of the administration of the medication.</p> <p>The record for Resident B was reviewed on 11/17/23 at 12:10 p.m. Diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease, and depression.</p> <p>A physician's order, dated 4/17/23, indicated to give Haldol lactate 5 milligrams to one milliliter one time. The medication was administered on 4/17/23 at 5:30 p.m. There was no notification to the responsible party/POA of the new order or the administration of the medication.</p> |   |  | F 0580   | <p>F580: Medications non-available</p> <p>1 How the corrective action will be accomplished for those residents found to be affected by the deficient practice:<br/>Residents B and C were discharged from the facility prior to survey.</p> <p>2 How will the facility identify other residents having the potential to be affected by the same deficient practice:<br/>On 12/8/2023, the Director of Nursing (DON), Assistant Director of Nursing (ADON), Transitional Care Nurse (TCN) and the Staff Development Coordinator (SDC) pulled the eMAR administration compliance report to identify any other residents with medications documented as "medication not available." There was 1 resident in the report. The DON, ADON, TCN and SDC audited to ensure all medications were available per their physician orders.<br/>Medications that were not</p> |  | 12/13/2023                 |

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|  | <p>A physician's order, dated 4/25/23, indicated to give Haldol lactate 5 milligrams to one milliliter STAT (immediately). The medication was administered on 4/25/23. There was no notification to the responsible party/POA of the new order or the administration of the medication.</p> <p>During an interview, on 11/20/23 at 3:13 p.m., the Director of Nursing indicated the facility did not have documentation to show the responsible party/POA had been notified of two new STAT (immediate) orders for Haldol, nor did the facility have documentation to show the POA had been notified of the administration of two STAT orders of Haldol. The facility was to notify the responsible party/POA of new orders.</p> <p>2. The record for Resident C was reviewed on 11/20/23 at 9:15 a.m. Diagnoses included, but were not limited to, acute pancreatitis with uninfected necrosis, dysphagia, and acute pancreatitis with infected necrosis.</p> <p>a. A physician's order, dated 9/29/23, indicated to give fluoxetine (an antidepressant medication) 20 milligrams once a day.</p> <p>The Medication Administration Record (MAR) indicated it was not administered on 10/01/23 and 10/02/23. The documentation in the MAR indicated the medication was not available.</p> <p>There was no documentation to show the physician had been notified.</p> <p>b. A physician's order, dated 9/29/23, indicated to give Pro-Stat Sugar Free (a protein supplement) 15 grams/100 kilocalories (k-cal) in 30 milliliters twice a day.</p> |  |  |   | <p>available were called in to the pharmacy for stat delivery.</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur:<br/>On 12/8/2023, the DON provided education to the ADON, SDC and TCN on pulling the following reports in MatrixCare, eMAR administration compliance, electronic order transmission failures, pharmacy fill review, and unsolicited pharmacy fill(s).<br/>On 11/21/23 the SDC began reeducation to licensed nurses and agency nurses and Qualified Medical Assistant (QMA) on the process of reordering medications with emphasis on the use of the EDK and notification to the pharmacy to request and determine delivery time of medications and if back up pharmacy is needed, and notification to provider and responsible party if applicable.<br/>Reeducation for new hires will be done in orientation and/or during onboarding by the SDC or weekend nurse manager.<br/>Onboarding refers to new hire orientation. New hires will receive this education before they start their shift. Any new agency staff will be educated during orientation by the SDC. Any nurse, QMA, or agency nurse, will not work until</p> |  |                            |

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|  | <p>The MAR indicated the medication was not administered on 10/01/23 and 10/02/23 between 6:00 a.m., and 10:00 a.m., because the medication was not available.</p> <p>There was no documentation to show the physician had been notified.</p> <p>c. A physician's order, dated 9/29/23, indicated to give promethazine 6.25 milligrams/5 milliliters every 6 hours for nausea.</p> <p>The MAR indicated the medication was not administered on 10/1/23 at 4:00 a.m., 10:00 a.m., 4:00 p.m. or 10:00 p.m. The medication was not administered on 10/2/23 at 4:00 a.m., or 10:00 a.m. The documentation in the MAR indicated the medication was not available.</p> <p>There was no documentation to show the physician had been notified.</p> <p>During an interview, on 11/20/23 at 10:58 a.m., LPN 2 indicated if a medication was not available in the medication cart, then first check the Emergency Drug Kit (EDK). If it was not in the EDK, then call the pharmacy and check the order and request the medication. Then call the physician, notify them of the status of the medication and document the information in the resident's record.</p> <p>During an interview, on 11/20/23 at 11:00 a.m., the Assistant Director of Nursing indicated if a medication was not available, to check the EDK. Call the pharmacy, if it was not in the EDK and notify the resident's physician to get a hold order or an alternative medication.</p> <p>During an interview, on 11/20/23 at 3:17 p.m., the</p> |   |  |  | <p>education is provided.<br/>Reeducation was completed on 12/13/202.<br/>Beginning 12/8/2023, the nurse leaders, DON, ADON, TCN and/or SDC will pull the eMAR administration compliance report in MatrixCare each day in clinical whiteboard meeting to review for medications documented not administered due to unavailability. The nurse leaders will audit the report to ensure all medications are available per physician orders. If medications are not available, the medication will be retrieved from the Ekit (if applicable) and the pharmacy and provider will be notified. Once the medication arrives the medication will be provided to the resident per physician orders/recommendation. This will be an ongoing process included in the clinical whiteboard meeting. The clinical whiteboard checklist will be utilized as an audit tool.</p> <p>4 How will the facility monitor its performance to make sure that solutions are sustained; the plan is implemented, and the corrective action evaluated for its effectiveness; and the plan of correction is integrated into the quality assurance system?<br/>The Quality Assurance</p> |  |                            |

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|  | <p>Director of Nursing indicated if a medication was not available for administration staff was to contact the physician and either get a substitution for the medication or get a hold order for the medication until it was received.</p> <p>A current facility policy, titled "Notification of Change of Condition," dated as last reviewed 9/15/23 and received from the Director of Nursing on 11/20/23 at 1:35 p.m., indicated "...The facility must inform the resident, consult with the resident's physician; and notify consistent with his or her authority, the resident representative(s) when there is...A need to alter treatment significantly...Documentation of notification or notification attempts should be recorded in the resident electronic record ...."</p> <p>This Federal tag relates to Complaints IN00418784 and IN00415176.</p> <p>3.1-5(a)(2)<br/>3.1-5(a)(3)</p> |   |  |  | <p>Performance Improvement (QAPI) Committee (which consists of: Administrator, DON, ADON, Social Services Director, MDS, Medical Records, Environmental Services, Maintenance Director, Business Office Manager and Medical Director) will meet monthly and review results of the audits and monitoring related to the compliance of this plan of correction. Based on this review the QAPI team, led by additional the administrator, will make suggestions as needed.</p> <p>5 Date of compliance<br/>12/13/2023</p> <p>F 580-Notification of new orders<br/>1 How the corrective action will be accomplished for those residents found to be affected by the deficient practice:<br/>Residents B and C were discharged from facility prior to survey.</p> <p>2 How will the facility identify other residents having the potential to be affected by the same deficient practice:<br/>On 12/8/2023, the Director of Nursing (DON), ADON and Transitional Care Nurse (TCN) pulled the Facility Activity Report for the past 30 days to review all new orders and to ensure residents and/or responsible</p> |  |                            |

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|  |   |   | <p>parties have been notified of the new orders.</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur:</p> <p>On 12/7/2023, the DON provided education to the ADON, SDC and TCN on notifying the resident and/or responsible party on all new orders.</p> <p>On 11/21/2023 the SDC began reeducation to licensed nurses on the process of notifying the resident and/or responsible party on any new orders. Reeducation for new hires will be done in orientation and/or during Onboarding by the SDC or weekend nurse manager. Onboarding refers to new hire orientation. New hires will receive this education before they start their shift. Reeducation for agency staff will be done by the SDC or weekend nurse manager. Any new agency staff will be educated during orientation by the SDC. Reeducation was completed on 12/12/2023.</p> <p>Beginning 12/7/2023, the nurse leaders, DON, ADON, TCN, and/or SDC will pull the Facility Activity Report (FAR) in MatrixCare each day (M-F) in clinical whiteboard meeting to review all new orders from day prior. The nurse leaders will audit the report to ensure all</p> |                            |  |

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|  |  |   | <p>new orders have notifications to resident and/or responsible party. This will be an ongoing process included in the clinical whiteboard meeting.</p> <p>4 How will the facility monitor its performance to make sure that solutions are sustained; the plan is implemented, and the corrective action evaluated for its effectiveness; and the plan of correction is integrated into the quality assurance system?<br/>On 12/8/2023, the Quality Assurance Performance Improvement (QAPI) Committee (which consists of: Administrator, DON, ADON, Social Services Director, MDS, Medical Records, Environmental Services, Maintenance Director, Business Office Manager and Medical Director) will meet monthly and review results of the audits and monitoring related to the compliance of this plan of correction. Based on this review the QAPI team, led by the administrator, will make additional suggestions as needed.</p> <p>5 Date of compliance<br/>12/13/2023</p> |                            |  |

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