

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155839	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2023
NAME OF PROVIDER OR SUPPLIER SUMMIT HEALTH AND LIVING		STREET ADDRESS, CITY, STATE, ZIP COD 701 S MAIN ST SUMMITVILLE, IN 46070		
(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 Investigation of Complaint IN00401812. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00401812 - Federal/state deficiencies related to the allegations are cited at F602.</p> <p>Survey dates: March 2, 2023.</p> <p>Facility number: 000373 Provider number: 155839 AIM number: 100288730</p> <p>Census Bed Type: SNF/NF: 26 Total: 26</p> <p>Census Payor Type: Medicaid: 19 Other: 7 Total: 26</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 9, 2023.</p>	F 0000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Summit Health and Living that the allegations contained in this survey report are accurate or reflect accurately the provision of care and services to the residents at</p> <p>Summit Health and Living. The facility requests the following plan of correction be considered its allegations of compliance.</p>	
F 0602 SS=E Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12</p> <p>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</p>			

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

TITLE

(X6) DATE

Pamela Sipes

Administrator

03/28/2023

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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	<p>resident's medical symptoms. Based on record review and interview, the facility failed to ensure Schedule II narcotics were not diverted by the Director of Nursing for 5 of 8 residents reviewed for misappropriation of property (Residents B, C, D, E and F).</p> <p>Findings include:</p> <p>Review of a Facility Reported Incident, dated 2/15/23 at 10:52 a.m., indicated the narcotic count was not accurate for Resident B because the DON (Director of Nursing) had taken two cards of hydrocodone that contained 30 tablets on each card. The Administrator-in-Training had entered the DON's office and found one card of hydrocodone tablets, but not the other card. The investigation revealed additional Level 2 narcotics had been unaccounted for.</p> <p>A review of Schedule II narcotics, provided by the Consultant Administrator on 3/2/23, indicated the following:</p> <ol style="list-style-type: none"> 1. Resident B's hydrocodone 7.5 mg (milligram) with 325 mg acetaminophen had 35 tablets unaccounted for and 26 tablets of hydrocodone 10 mg with 325 mg acetaminophen unaccounted for. 2. Resident C's Percocet 5 mg with 325 mg acetaminophen had 83 tablets unaccounted for and Percocet 7.5 mg with 325 mg acetaminophen had 62 tablets unaccounted for. 3. Resident D's hydrocodone 5 mg with 325 mg acetaminophen had 33 tablets unaccounted for. 4. Resident E's hydrocodone 5 mg with 325 mg acetaminophen had 28 tablets unaccounted for. 	F 0602	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>All residents who had medication missing were assessed for any unrelieved pain. All residents expressed to us that they received the pain medication as they requested and none expressed that pain was not relieved. Physicians and families were notified as well as the Attorney General. The Director of Nursing was terminated and a formal report was filed against her license.</p> <p>HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>All residents who received narcotics could have been affected. The nurses and QMA's have been re-educated regarding the need for two nurses to destroy medications at the nurses station and their responsibility to report anything unusual regarding medications being taken from the cart to be destroyed.</p>	03/23/2023

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	<p>5. Resident F's hydrocodone 5 mg with 325 mg acetaminophen had 25 tablets unaccounted for.</p> <p>During an interview, on 3/2/23 at 10:00 a.m., the Administrator indicated the DON had been terminated. The investigation concluded the DON had been removing the medications from the cart on the premise of destroying them, after new medication orders were received. The staff didn't question her actions.</p> <p>During an interview on 3/2/23 at 11:00 a.m., the Infection Prevention Nurse indicated two nurses were required to destroy Schedule II medications.</p> <p>Review of a current facility policy, titled "DISPOSAL OF MEDICATIONS AND MEDICATION-RELATED SUPPLIES," dated January 2007 and provided by the Infection Prevention Nurse on 3/2/23 at 11:02 a.m., indicated "...Policy Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal and state laws and regulations...C. Schedule II medications remaining in the facility after a resident has been discharged, or the order discontinued, are disposed of by two licensed nurses as directed by state laws, regulations, and/or the DEA...."</p> <p>This Federal tag relates to complaint IN00401812.</p> <p>3.1-28(a)</p>		<p>WHAT MEASURES WILL BE PUT INTO PLACE AND WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:</p> <p>A Performance improvement plan has been put in place to track and monitor the amount of medication cards and the count sheets that go along with those card for all controlled substances. All medications will be destroyed at the nurses station by two nurses. A nurse on each shift will review the narcotic count sheets daily.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR; IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p> <p>An audit is being conducted by the current DON 5 Days a week for 7 days to assure we are in compliance. The results of this audit will be discussed during the monthly and quarterly QAPI meetings for a minimum of six (6) months. The committee will determine the need to continue after this 6 month period.</p>	