

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

PRINTED: 04/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/03/2023
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NAME OF PROVIDER OR SUPPLIER  VALPARAISO CARE & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP COD 606 WALL STREET VALPARAISO, IN 46383
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00403536, IN00403839 and IN00404905.</p> <p>Complaint IN00403536 - Federal/State deficiencies related to the allegations are cited at F755 and F826.</p> <p>Complaint IN00403839 - Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Complaint IN00404905 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 2 &amp; 3, 2023</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Census Bed Type: SNF/NF: 120 Total: 120</p> <p>Census Payor Type: Medicare: 10 Medicaid: 96 Other: 14 Total: 120</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 4/6/23.</p>	F 0000		
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Nathan Wolf	Executive Director	04/18/2023

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><b>§483.45 Pharmacy Services</b> 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 permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p><b>§483.45(a) Procedures.</b> 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.</p> <p><b>§483.45(b) Service Consultation.</b> The facility must employ or obtain the services of a licensed pharmacist who-</p> <p><b>§483.45(b)(1)</b> Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p><b>§483.45(b)(2)</b> Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p><b>§483.45(b)(3)</b> Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on record review and interview, the facility failed to ensure a newly admitted resident was provided with routine medications in a timely manner for 1 of 3 newly admitted residents reviewed for medication administration. (Resident E)</p>	F 0755	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests a	04/21/2023

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	<p>Finding includes:</p> <p>Resident E's record was reviewed on 4/3/23 at 12:54 p.m. The diagnoses included, but were not limited to, diabetes mellitus and hypertension. The admission date was 3/28/23 at 6 p.m.</p> <p>The Physician's orders, dated 3/28/23, included: Diltiazem (hypertension) 30 mg (milligrams) to be administered four times a day and was scheduled for 8 a.m., 12 p.m., 4 p.m., and 8 p.m.</p> <p>Metformin (diabetes) 500 mg to be administered twice a day and scheduled to be administered between 7 a.m. and 11 a.m. and 7 p.m. and 11 p.m.</p> <p>Metoprolol tartrate tablet (hypertension) 50 mg, to be administered twice a day and scheduled to be administered between 7 a.m. and 11 a.m. and 7 p.m. and 11 p.m.</p> <p>The Medication Administration Record, dated 3/2023, indicated the first dose of diltiazem was not administered until 3/29/23 at 4 p.m., the first dose of metformin had not been administered until the morning of 3/29/23, and the first dose of metoprolol tartrate had not been given until the morning of 3/29/23 and the facility was waiting on delivery of the medications from the Pharmacy.</p> <p>The Emergency Drug Kit (EDK) inventory indicated the metformin 500 mg and metoprolol tartrate 50 mg were available in the EDK at the facility.</p> <p>During an interview on 4/3/23 at 2:06 p.m., the Director of Nursing (DON) indicated if the medication was available in the EDK, it should have been administered as ordered. If the Pharmacy was unable to deliver the medication</p>		<p>desk review for compliance on or after 4/21/23.</p> <p>A. Resident E no longer resides at the facility, no further intervention possible.</p> <p>B. All residents are potentially at risk of the same alleged deficient practice. Newly admitted residents over the past 30 days have been audited to ensure there are no transcription errors with medication administration and to ensure medications were available for time administration per physician order.</p> <p>C. Nursing staff educated on transcription errors with medication administration for newly admitted residents. ED/DON/Designee will audit newly admitting residents for accuracy to ensure there are no transcription errors with medication administration and to ensure medications are available as prescribed.</p> <p>D. DON/Designee will audit all newly admitted residents daily x 4weeks, then 3 times weekly for 4 weeks, and then once weekly for 4 months. Findings will be submitted to the QAPI Committee for review and follow up monthly for 6 months. QAPI committee to determine whether audits need to be extended after 6 months.</p>	

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F 0826 SS=E Bldg. 00	<p>timely, the Physician should have been notified and documented.</p> <p>During an interview on 4/3/23 at 2:46 p.m., the DON indicated the admission transfer papers were reviewed and there had been no time listed when the last dose of the medications were given at the hospital and should have been clarified.</p> <p>This Federal tag relates to Complaint IN00403536.</p> <p>3.1-25(a)</p> <p>483.65(b)</p> <p>Rehab Services Physician Order/Qualified Pers</p> <p>§483.65(b) Qualifications</p> <p>Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.</p> <p>Based on record review and interview, the facility failed to ensure treatments during Physical Therapy were ordered by a Physician and completed within Professional Standards, related to a pain relief gel was applied/offered to residents who reported pain during therapy without a Physician's Order and the pain relief gel was applied by the Physical Therapist and/or Physical Therapy Aide, for 2 of 4 residents reviewed for Physical Therapy and had the potential to affect all residents receiving Physical Therapy. (Residents B and F)</p> <p>Findings include:</p> <p>1. During an interview on 4/2/23 at 7:08 p.m., Resident B indicated she had received Physical Therapy and when she had pain during therapy they wanted to apply a gel for the pain. She had refused the gel because she was allergic.</p>	F 0826	<p>A. Residents B and F are no longer receiving pain relief gel without orders.</p> <p>B. All residents are potentially at risk of the same alleged deficient practice. All residents on therapy caseload will be assessed to determine if any need exists for administering pain relief gel and physician order will be obtained thereafter as of 4/21/23.</p> <p>C. Therapy staff educated regarding the requirement of physician order before administering pain relief gel to residents. Therapy Director/Designee will verify orders for pain relief prior to administration.</p> <p>D. DON/Designee will audit</p>	04/21/2023

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	<p>Resident B's closed record was reviewed on 4/3/23 at 9:43 a.m. The diagnoses included, but were not limited to, chronic pain.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 2/3/23, indicated an intact cognitive status, pain was frequently present, and received Physical and Occupational Therapy.</p> <p>A Care Plan, dated 1/28/23, indicated a risk for pain. The interventions included pain medications would be administered per Physician's Orders.</p> <p>A Physician's Order, dated 1/28/23, indicated a Lidoderm patch (pain patch) was used daily for pain in the left upper extremity.</p> <p>The Physician's Order lacked an order for a pain relief gel.</p> <p>A Physician's Order, dated 1/28/23, indicated Physical Therapy was to evaluate and treat the resident.</p> <p>2. During an interview on 4/2/23 at 4:46 p.m., Resident F indicated when she had pain during therapy, the therapy was stopped and they had a "gel" they applied for the pain.</p> <p>Resident F's record was reviewed on 4/3/23 at 1:27 p.m. The diagnoses included, but were not limited to, fracture of the right ankle.</p> <p>An Admission MDS assessment, dated 3/8/23, indicated a moderately impaired cognitive status, pain was present and received Occupational and Physical Therapy.</p> <p>A Care Plan, dated 3/3/23, indicated a risk for pain.</p>		<p>residents on therapy caseload daily x 4weeks, then 3 times weekly for 4 weeks, and then once weekly for 4 months to ensure residents are not receiving pain relief gel without physician order. Findings will be submitted to the QAPI Committee for review and follow up monthly for 6 months. QAPI committee to determine whether audits need to be extended after 6 months.</p>	

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	<p>The interventions included pain medications would be administered per Physician's Orders.</p> <p>A Physician's Order, dated 3/2/23, indicated Physical Therapy had been ordered.</p> <p>There was no Physician's Order for a pain relief gel.</p> <p>During an interview on 4/3/23 at 11:45 a.m., the Director of Therapy indicated therapy staff applied Biofreeze Gel (pain relief gel) to the residents if they have pain with therapy. She indicated they asked permission from the resident before it was applied. She was not aware a Physician's Order was needed for the administration of the Biofreeze. She indicated the average number of residents seen for therapy per day was 30 and she was unsure how many residents to whom they had applied the Biofreeze.</p> <p>During an interview on 4/3/23 at 12:05 p.m., the Director of Nursing was unaware Physical Therapy had been administering Biofreeze gel for any resident who had pain with therapy.</p> <p>During an interview on 4/3/23 at 3:38 p.m., the Director of Therapy indicated the Biofreeze was also administered by the Physical Therapy Aides.</p> <p>The Indiana Physical Therapy Scope of Practice was reviewed on 4/4/23 at 9:35 a.m., and indicated a practitioner may, upon approval of a physician, send or refer a patient to a qualified specific professional healthcare provider for treatment that fell within the specific professional health care provider's scope of practice. Physical therapist's assistants were not to accept a delegation of services that exceeded the scope of practice of their certificate.</p>			

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F 0921 SS=E Bldg. 00	<p>This Federal tag relates to Complaint IN00403536.</p> <p>3.1-23(b)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure the facility was clean and had a homelike environment, related to black substances on air vents and ceiling tiles around the air vents for 3 out of 8 halls (East Front, West Front, and Viking) and 2 out of 4 Dining Rooms (Main Dining Room and West Dining Room).</p> <p>Findings include:</p> <p>1. The following was observed on 4/2/23 tour of the facility:</p> <p>a. At 3:37 p.m., the ceiling vent on the East Front Hall by the Nurses' Station had blackened tiles around the air vent and there was a blackened substance on the air vent.</p> <p>b. At 4:42 p.m., the Main Dining Room had six air vents with blacked ceiling tiles around the air vents and on the air vents. The two vents closest to the Kitchen had larger amounts of the blackness on the ceiling tiles and the air vents.</p> <p>c. At 4:44 p.m., there was a blackened substance and rust on the air vent located on the West Front Hall by the Nurses' Station.</p> <p>d. At 4:46 p.m., there was a large amount of a black</p>	F 0921	<p>A. Ceiling tiles and ceiling air vents at East unit nurse station were replaced on 4/5/23.</p> <p>B. All residents and staff in the vicinity of the East unit nurse station have the potential to be affected by the same alleged deficient practice. Maintenance Director and Housekeeping Supervisor have been educated on maintaining and replacing ceiling tiles and air vents as needed. All ceiling tiles and air vents were checked for cleanliness by the Maintenance Director/designee.</p> <p>C. Maintenance Director/Designee will inspect ceiling tiles and air vents to ensure ceiling tiles and air vents are clean and or require replacement. Housekeeping Supervisor to add inspection and cleaning of ceiling tiles and air vents to cleaning schedule ongoing.</p> <p>D. Executive Director/Designee will audit ceiling tile and air vent inspections weekly for 2 months and then monthly for 4 months. Findings will be submitted to the</p>	04/21/2023
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	<p>substance on the ceiling tiles and air vents on three of the four air vents in the West Dining Room.</p> <p>e. At 4:50 p.m., there was a black substance on the ceiling tiles and air vent on the the first air vent on the Viking Hall.</p> <p>2. During an tour of the facility on 3/3/23 from 8:41 a.m. through 8:56 a.m., the Director of Maintenance indicated the black substances on the ceiling tiles and air vents was dust from the heating and air units on the roof. The air vents were cleaned every six months, then moved to every month, then switched to every two weeks in March. There was no documentation the last time the air vents had been cleaned. He indicated the ceiling tile was difficult to find for replacement and some had been found and was delivered to the facility on 3/29/23.</p> <p>During an interview on 4/3/23 at 4:04 p.m., the Director of Maintenance indicated the coils and filters on the heating and air units were cleaned quarterly and the last time completed was 1/31/23. The air quality in the facility was assessed in January of 2023 with no findings.</p> <p>This Federal tag relates to Complaint IN00403839.</p> <p>3.1- 19(e)</p>		<p>QAPI Committee for review and follow up monthly for 6 months. QAPI committee to determine whether audits need to be extended after 6 months.</p>		