STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155830	A. BUILDING 00 B. WING	05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HARRISON'S CROSSING HEALTH CAMPUS	395 8TH AVENUE TERRE HAUTE, IN 47804

(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	This visit was for the Investigation of Complaint IN00402772. Complaint IN00402772 - Federal/State deficiencies related to the allegations are cited at F777. Survey dates: May 08 and 09, 2023 Facility number: 013335 Provider number: 155830 AIM number: 201290670 Census Payor Type: SNF/NF: 49 Residential: 30 Total: 79 Census Payor Type: Medicare: 24 Medicaid: 12 Other: 13 Total: 49 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on May 12, 2023.	F 0000	The submission of this plan of correction does not indicate an admission by Harrison's Crossing Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Harrison's Crossing Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
F 0777 SS=D Bldg. 00	483.50(b)(2)(i)(ii) Radiology/Diag Srvcs Ordered/Notify Results §483.50(b)(2) The facility must- (i) Provide or obtain radiology and other diagnostic services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sean Medsker	Executive Director	05/24/2023

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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	accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. Based on record review and interview, the facility failed to ensure a physician prescribed radiology order had been provided within the indicated time frame for 1 of 3 residents reviewed for radiology services. Findings include: Resident B's closed clinical records were reviewed on May 08, 2023 at 1:40 p.m. Diagnoses included, but were not limited to, fractures and other multiple trauma. The admission Minimum Data Set (MDS) assessment, dated February 07, 2023, indicated Resident B was cognitively intact. When communicating she understood others and others understood her with clear comprehension. She required extensive assistance from nursing staff to meet activities of daily living needs. She had a history of falls, prior to admission within the past 2 to 6 months, which resulted in a fracture that required surgical repair. Resident B's progress notes indicated: - On February 26, 2023 at 5:30 p.m. (Sunday); the resident had been observed on the floor on her buttocks next to her bed. The resident had indicated she was going to the bathroom and had slipped out of bed. Resident B had no complaints of pain and no injury had been assessed. Nursing	F 0777	1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B had no ill effects from the incident. Current residents have been audited to ensure x-ray orders were placed correctly and completed with no additional findings. 2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Residents with radiology orders have the potential to be affected. Nurses have been educated on entering x-ray orders under ancillary services. 3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; IDT will review during clinical care meeting for x-ray ancillary orders placed correctly and completed. DHS or designee will monitor 3 random residents during morning clinical care meeting to ensure x-rays are ordered correctly and	05/22/2023

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	staff were going to continue to monitor. -On February 26, 2023 at 9:48 p.m., Resident B's left lower leg was assessed to have developed swelling, discoloration, pain, and numbness. The resident's physician was contacted and orders to immediately X-ray the left lower leg were obtained. The radiology order, dated February 26, 2023 (no time indicated), indicated, "Lt [left] lower extremity Xray ... STAT - Immediately." Resident B's clinical records lacked documentation the X-ray order had been implemented. A progress note, dated February 27, 2023 at 12:04, indicated, "Resident had a fall on 2/26/2023 and reports pain to knee post fall. Nurse notified MD/DHS [Medical Doctor/Director of Health Services] and received order to obtain STAT X-RAY... Resident has plans to transfer to ----- [different nursing home/name] for long term placement. Resident left via ---- [different nursing home/name] and report called to ----- [different nursing home/name] for facility to order STAT X-RAY due to ---- [radiology/name] not coming to facility...." On May 08, 2023 at 2:30 p.m., Resident B's closed clinical records were reviewed at the nursing home she transferred to on February 27, 2023. The records indicated upon her admission the facility had received a report, from the nursing home she had resided, to obtain a STAT X-ray, to rule out an injury from a fall that occurred on February 26, 2023. Upon having received this report, Resident B was transferred to a local hospital emergency room for evaluation.		completed, 3x a week for a month then bi-weekly for a 3 months then monthly x3 months with results forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments. 4: 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;	

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	On May 08, 2023 at 4:00 p.m., Resident B's hospital radiology report, dated February 27, 2023 at 7:07 p.m., was reviewed. The report indicated, "no broken bones." On May 09, 2023 at 9:15 a.m.; the Administrator was interviewed. During the interview, the Administrator indicated Resident B's STAT radiology order, dated February 26, 2023, had not been implemented prior to her discharge on February 27, 2023 to a different nursing home. On May 09, 2023 at 10:30 a.m., the Administrator provided a copy of the facility's current Policy and Procedure for Telephone orders dated May 11, 2016. The Administrator indicated this would be the policy followed for STAT physician orders. A review of the policy indicated no procedure for implementation of received physician orders nor documentation of time frames for implementation of received physician orders. On May 09, 2023 at 10:45 a.m.; the Administrator provided a copy of the facility's current non-dated Portable Imaging and Diagnostic Testing Services Agreement. A review of the agreement indicated no documentation to provide services outside of normal business hours nor an agreement to implement STAT services. This Federal tag relates to Complaint IN00402772. 3.1-49(g)			