

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

PRINTED: 02/14/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/02/2024	
NAME OF PROVIDER OR SUPPLIER  INDEPENDENCE VILLAGE OF FISHERS SOUTH				STREET ADDRESS, CITY, STATE, ZIP COD 9745 OLYMPIA DR FISHERS, IN 46038			
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00421384, IN00424469, and IN00426816.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to Investigation of Complaints IN00417075, IN00419230, and IN00419251 completed on 10/20/2023.</p> <p>Complaint IN00421384 - State deficiencies related to the allegations are cited at R216.</p> <p>Complaint IN00424469 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426816 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417075 - Corrected</p> <p>Complaint IN00419230 - Corrected</p> <p>Complaint IN00419251 - Corrected</p> <p>Survey dates: February 1 &amp; 2, 2024</p> <p>Facility number: 002999</p> <p>Residential Census: 73</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 5, 2024</p>			R 0000	<p>The submission of the Plan of Correction does not indicate an admission by Independence Village of Fishers South that the findings and allegations contained herein are an accurate and true representation of the Quality of Care provided to the residents of Independence Village of Fishers South. The Community hereby maintains it is in substantial compliance with the requirements of participation for residential health care communities. To this end, the Plan of Correction shall serve as the Credible Allegation of Compliance with all State requirements governing the operations of this Community.</p>		
R 0216  Bldg. 00	410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation						

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

TITLE

(X6) DATE

Christine Bright

Executive Director

02/13/2024

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>shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on interview and record review, the facility failed to ensure a resident who administered some of his own medications had a self-administration assessment completed for 1 of 3 residents whose medications were reviewed. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 2/2/24 at 9:18 a.m. His diagnoses included, but were not limited to, cancer, allergies, and compression fracture.</p> <p>The 10/17/23 Wellness Evaluation indicated he had 2 or less medication passes for all routine oral medications and required assistance with medication administration.</p> <p>The 12/15/23 and 1/29/24 Wellness Evaluations indicated he was independent with medication administration and managed some of his medications, as well as required assistance with medication administration. The evaluations did not assess his ability to administer his own medications.</p>			R 0216	<p>1 The identified resident was not affected by the deficient practice. Service plans were updated for the identified resident.</p> <p>2 The community realizes that all residents have the potential to be affected by the deficient practice.</p> <p>3 Set up review of all resident files to identify any residents who self-administer medication. All documentation is current and verified by the resident's physician. A self-administer assessment will be completed and any determination will be discussed with the resident and/or family member. This information will also be included in the residents' care plan.</p> <p>4 The Wellness Director and Assistant Wellness director will continuously monitor the</p>		03/13/2024

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	<p>Resident E's service plan indicated he was independent with medication administration and managed some of his medications, effective 12/15/23.</p> <p>There was no self-administration of medication assessment in Resident E's clinical record.</p> <p>The 11/3/23, 7:10 Return note read, "Resident returned from the hospital accompanied by his son. Per discharge papers resident Oncology team determined to stop chemotherapy however the prednisone is continued with 2 mg for the next 4 days, and then 1 mg for the next 5 days to stop. Resident was assessed by Physical Therapist who recommended standby assistance. Observed a few scratches to face from last falls. Bandage to right arm. Refused assistance from staff and this writer to change clothes and bandages. PCP [Primary Care Physician] Apt [appointment] set up for 12/5/23 at 10:20 am."</p> <p>The 11/3/24 hospital discharge instructions instructions indicated for two 1 mg tablets of Prednisone to be administered once a day for 5 days, reduce to one 1 mg tablet for 5 days, and then stop. The next dose was to be given on 11/4/23 at 9:00 a.m. Acetaminophen 325 mg, 2 tabs every 4 hours was to be given as needed for pain; Enzalutamide 40 mg, 4 capsules once a day.</p> <p>The November, 2023 MAR (medication administration record) indicated the Enzalutamide and Acetaminophen were administered as an unsupervised self administration each day of the month. The Prednisone was not indicated on the MAR as having been administered at all in November, 2023.</p> <p>The January, 2024 physician's orders indicated</p>				implementation of the updated care plans and policies. We will revisit the file review process every 30 days to assess its effectiveness and adjust as needed. By following this action plan we will ensure that ongoing file reviews are conducted thoroughly and effectively. This will be implemented no later than 30 days after this correction plan is submitted.		

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	<p>Acetaminophen, Acitretin, and Calcium + Vitamin D were all ordered as unsupervised self-administration.</p> <p>The January, 2024 MAR indicated the following medications were administered as unsupervised self-administration each day of the month: Enzalutamede 40 mg, 4 capsules once a day; Fluticasone 50 mcg, 2 sprays each nostril once a day; Mupirocin Ointment 2%, apply topically daily; Vismodegib 150 mg, 1 capsule daily; and Acitretin, 1 capsule daily.</p> <p>An interview was conducted with the WD (Wellness Director) on 2/2/24 at 10:30 a.m. She indicated her understanding was that Resident E's provider was allowing him to self administer the Prednisone in November, 2023. Currently, Resident E administered some of his own medications and the facility administered others. They had a care conference recently with Resident E and his son. His son informed her at the care conference that he did take the Prednisone in November, 2023 as a self-administration. The WD informed Resident E and his son at the time of the care conference about the need to be informed of any new medications ordered, whether they were to be self-administered or not. She was unsure as to how long Resident E had been administering some of his own medications. The WD reviewed Resident E's electronic clinical record and indicated Resident E did not currently have a self-administration of medication assessment on file, but he should.</p> <p>The WD provided a blank copy of the facility's Medication Self-Administration Evaluation on 2/2/24 at 11:40 a.m. It included an oral response section that determined whether a resident was</p>						

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	able to read aloud instructions for correct use, correct administration time, correct dosage, correct reason for use, correct as needed medication usage, ability to identify preferred pharmacy and steps for refills/new medications. It included an observation section that determined whether a resident could open and close medication containers, open and close a locked storage container, measure out correct dosages, take prescribed medications as directed, take medications with proper fluids/food as ordered, followed special directions, and took only and all medications as ordered. It included a compliance section that determined whether a resident kept medications in a locked container, did not share medications with others, and provided facility with all physician orders, etc.  This Residential Tag relates to Complaint IN00421384.						