

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

PRINTED: 12/27/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155312		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/02/2022	
NAME OF PROVIDER OR SUPPLIER  INDIAN CREEK HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 240 BEECHMONT DR CORYDON, IN 47112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 the Investigation of Complaints IN00388183 and IN00392746.</p> <p>Complaint IN00388183 - Substantiated. Federal/State deficiency related to the allegations is cited at F842.</p> <p>Complaint IN00392746 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 30 and December 2, 2022</p> <p>Facility number: 000206 Provider number: 155312 AIM number: 100284940</p> <p>Census Bed Type: SNF/NF: 126 Total: 126</p> <p>Census Payor Type: Medicare: 14 Medicaid: 83 Other: 29 Total: 126</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 6, 2022.</p>			F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission of 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. We requests that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review. Should you have any questions, feel free to contact me at (812) 738-8127. Sincerely, Samantha Lawson, Executive Director.</p>		
F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public.</p>						

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

TITLE

(X6) DATE

Samantha Lawson

Executive Director

12/20/2022

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>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard</p>						

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	<p>medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident C) medication administration record accurately reflected the administration of a narcotic pain medication for 1 of 3 residents reviewed for medical records.</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 11/30/22 at 1:19 p.m. The diagnoses included, but were not limited to, osteoporosis and anxiety.</p> <p>The August 2022 medication administration record (MAR) indicated the resident was to</p>			F 0842	<p><b>Corrective action for the residents found to have been affected by the deficient practice:</b></p> <p>Resident C was identified as being affected by the deficient practice.</p> <p><b>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</b></p> <p>All residents receiving as needed pain medication have the potential to be affected by the deficient</p>		01/06/2023

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	<p>receive Hydrocodone-Acetaminophen (narcotic pain medication) 7.5 - 325 mg (milligrams), one tablet every 6 hours as needed for pain.</p> <p>The August 2022 controlled drug administration record indicated Resident C received the narcotic pain medication on 8/13/22 at 8:00 p.m., 8/16/22 at 8:00 p.m., 8/18/22 at 8:00 p.m., 8/22/22 at 7:00 a.m., and 8/23/22 at 8:00 p.m.</p> <p>The August 2022 MAR lacked documentation of the administration of the medication on the above dates, the resident's pain level or the effectiveness of the medication.</p> <p>During an interview on 12/2/22 at 10:40 a.m., LPN (Licensed Practical Nurse) 2 indicated when an as needed pain medication was administered, it should be signed out on the narcotic record and the medication administration record.</p> <p>The most current Medication Administration policy, provided on 12/2/22 at 11:50 a.m., by the Executive Director, included, but was not limited to, " ... Procedure ... General Procedure ... Medication will be charted when given ... Narcotics will be signed out when given ... Documentation a. documentation of medication will be current for medication administration b. Documentation will follow accepted standards of nursing practice ..."</p> <p>This Federal tag relates to Complaint IN00388183</p> <p>3.1-50(a)(1)(2)</p>				<p>practice.</p> <p>An audit of last 30 days for residents having as needed pain medication has been completed for identified concerns. Any identified concern was immediately addressed.</p> <p><b>Measures/systemic changes put into place to ensure the deficient practice does not recur:</b></p> <p>The Administrator/DON/Designee held an in-service for the licensed nursing staff to provide education and expectations as it relates to the "Medication Administration" and documentation of the medication administration on both the narcotic sheet and the medication administration record (MAR) for as needed pain medications.</p> <p><b>Corrective actions to be monitored to ensure the deficient practice will not recur:</b></p> <p>The DON/Unit Manager/Designee will audit residents receiving as needed pain medications to ensure the medication administration has been documented on both the narcotic sheet and the medication administration record (MAR) as follows: 5 residents a week x 4</p>		

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			<p>weeks, 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks. This will occur for no less than 3 months and compliance is maintained.</p> <p>The DON/Unit Manager/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		