STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155236	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00414436 and IN00414657. Complaint IN00414436 - Federal deficiencies related to the allegations are cited at F760. Complaint IN00414657 - Federal deficiencies related to the allegations are cited at F760 Survey dates: August 15, 16, and 17, 2023 Facility number: 000141 Provider number: 155236 AIM number: 100283860 Census Bed Type: SNF/NF: 116 SNF: 2 Total: 118 Census Payor Type: Medicare: 15 Medicaid: 83 Other: 20 Total: 118 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 22, 2023.	F 000		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced	F 760		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155236	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 760	Continued From page 1 by: Based on record review and interview, the facility failed to ensure transdermal medication patches (a method of drug delivery in which an adhesive patch provides a pre-prescribed dose of medication that is absorbed through the skin and into the bloodstream) were removed per physician's order for 1 of 11 residents reviewed for nursing services (Resident B). Finding includes: Resident B's record was reviewed on 8/15/23 at 11:47 a.m. The profile indicated the resident's diagnoses included but were not limited to Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination). A Medicare 5-day Minimum Data Set (MDS) assessment (a standardized assessment tool that measures health status in nursing home residents), dated 8/6/23, indicated the resident had no cognitive deficit and a documented issue had been found during a drug regimen review. A care plan, dated 6/16/23, indicated the resident had increased secretions. Interventions included, but were not limited to, the resident's medicated patch would be applied as ordered. A physician's order, dated 6/23/23, indicated Scopolamine (a medication used for the management of drooling in disabled patients) transdermal patch 72-hour, 1 milligram (mg) every 3 days. Apply 1 mg transdermal every 72 hours for increased secretions Remove old patch before applying new one.	F 760	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155236	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 760	Continued From page 2	F 760		

Review of the resident's July 2023 medication administration record (MAR) indicated the medication had been discontinued on 8/1/23. The MAR lacked documentation of the patch having been administered on 7/11/23. All other dates indicated the patch had been administered as ordered.

A Change of Condition document, dated 7/29/23 at 7:00 p.m., indicated the resident experienced altered mental status (a change in mental function), increased confusion, and general weakness. The resident had trouble feeding himself and was putting his spoon in the air instead of in his food. The physician was contacted and gave orders for a complete blood count (CBC) with differential (a blood test which measures the total number and each type of white blood cells in the body), a comprehensive metabolic panel (CMP-a blood test that measures 14 different substances in the blood), and urine sample to be sent to the lab, the next day. The physician also ordered to monitor the resident's vital signs, every shift, for 72 hours. The resident's daughter was present in the facility during the symptoms and requested the resident be sent out to the hospital. The physician agreed and gave the order to send the resident to the hospital. 911 was contacted and the resident was transferred to the hospital.

A progress note, dated 7/29/23 at 7:00 p.m., indicated the resident had been transferred to the hospital via 911 ambulance. The daughter was at the facility and followed the ambulance to the hospital.

An emergency room physician's progress note,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155236	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 760	Continued From page 3	F 760		

dated 7/29/23 at 10:08 p.m., indicated the resident had presented to the emergency room with altered mental status. The resident had 2 scopolamine patches on upon arrival.

A hospital admitting note history and physical document, dated 7/29/23 at 11:15 p.m., indicated the resident would be admitted to the hospital, as an inpatient, for management of altered mental status.

A hospital provider discharge note, dated 8/2/23 at 5:11 p.m., indicated the resident's hospital diagnoses included, but were not limited to, acute metabolic encephalopathy from polypharmacy (results from an acute [sudden onset] dysfunction of the brain due to different physical and chemical process disturbances including medications).

On 8/17/23 at 10:32 a.m., the Director of Clinical Services (DCS) provided investigation documentation and indicated they were the documents compiled during the facility's investigation of the incident. The documents included, but were not limited to, the following:

a) An undated investigation summary. The summary indicated the facility had begun their investigation after hospital records had been received on 7/31/23, which indicated that 2 scopolamine patches had been found on the resident in the emergency room. The facility had reached out to the hospital to clarify the appearance of the patches (date of placement, initials, type of patch) but the patches found on the resident had been disposed of. The box of the resident's patches was identified in the medication cart. 5 patches of 10 remained in the box. All 5 patches had been signed out by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155236	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 760	Continued From page 4	F 760		

nursing staff. Nursing staff were interviewed, and all stated the old patches had been removed once the new one was placed. The investigation had been completed on 7/31/23, and the resident' son was notified.

b) A grievance form, dated 8/7/23, indicated the resident's power of attorney (POA-an individual who acts on the behalf of a resident) had filed a grievance on 8/7/23, questioning the resident's recent hospitalization and order history of his scopolamine patches. The grievance resolution indicated the facility's nurses and qualified medication aides (QMAs) had been educated on the proper procedures for transdermal patches. The form indicated the Assistant Director of Clinical Services (ADCS) had spoken to the POA, who voiced understanding.

During a telephone interview, on 8/17/23 at 9:29 a.m., the consultant pharmacist indicated the typical side effects of scopolamine overdose would be drowsiness, dryness of the mouth and eyes, and confusion. The symptoms often mimic the signs of a urinary tract infection (UTI). The medication in the patches were slow release to minimize the concern over side effects. The patches would be placed every 3 days. Typically, at the end of the 3 days, there is no medication left in the patch. He had not been made aware that a resident had been found with 2 patches in place. Anytime a new order for any patches were made, they would always include removal of the old patch when the new patch is placed.

During an interview, on 8/17/23 at 9:38 a.m., the DCS indicated there had been a medication error investigation involving a resident who was taken to emergency room due to extreme confusion. At

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155236	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 760	Continued From page 5	F 760		

the emergency room, they found and removed 2 scopolamine patches from the resident. The facility investigated the incident but could not confirm that the patches had been put on at the facility and that, even if they had, there was not any medication left in the old patch which could cause the extreme confusion. Review of the hospital documentation could only confirm that 2 patches were found but could not confirm that the 2 patches were the cause of the resident's confusion. They also were ruling out a UTI at the hospital.

During an interview, on 8/17/23 at 10:06 a.m., Resident B indicated about 2 months ago he began to experience overactive drooling. He told the nurses and they spoke with his doctor and got him scopolamine patches. He received 1 patch placed behind his ear every 3 days. A couple weeks ago, the nurse came in to place another patch on him. At that time, he felt behind his left ear and told the nurse he thought he felt the old patch back there. He believed that the nurse just put another patch next to the old patch. He shortly afterwards began to feel "off" and told his friend, who is a retired pharmacist about it. His friend indicated to him that it was not a good situation to have 2 patches on at the same time. After that, he doesn't remember too much. He believed that was on a Sunday and he didn't remember much until the following Tuesday, when he realized he was in the hospital. He preferred not to mention the nurses name who failed to remove the old patch prior to placing the new one on him.

On 8/17/23 at 10:32 a.m., the DCS provided a document, with a revision dated of 7/16, titled, "Transdermal Patch Procedure," and indicated it was the policy currently being used by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155236	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 760	Continued From page 6	F 760		

The policy indicated, "...Purpose: To ensure resident does not receive more than the prescribed dosage of medication...All other transdermal patches: ...3. The nurse/QMA...will document the removal of the old patch when the documentation of the new patch being placed is documented in the eMAR (electronic medication administration record)...."

On 8/17/23 at 11:48 a.m., the DCS provided a document, with a revision date of 10/19, titled, "Following Medication Physician Orders/Parameters," and indicated it was the policy currently being used by the facility. The policy indicated, "...Purpose: To administer medications in a safe and effective manner and following physician orders...Procedures: ...D...1) Check MAR/TAR (treatment administration record) for order...."

The deficient practice was corrected by 8/1/23, prior to the start of the survey and was therefore Past Noncompliance. Prior to the start of the survey, the facility implemented a plan which included staff education, transdermal medication administration audits, and ongoing monitoring was put in place.

This Federal finding relates to Complaints IN00414436 and IN00414657.

3.1-48(c)(2)