

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

PRINTED: 04/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155668		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2025	
NAME OF PROVIDER OR SUPPLIER CHARLESTOWN PLACE AT NEW ALBANY				STREET ADDRESS, CITY, STATE, ZIP CODE 4915 CHARLESTOWN RD NEW ALBANY, IN 47150			
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Nursing Home Complaints IN00456144, IN00457155 and IN00457176.</p> <p>This visit was in conjunction with the PSR (Post Survey Revisit) for Complaint IN00454370 completed on 3/18/25.</p> <p>Complaint IN00456144 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00457155 - Federal/State deficiency related to the allegations is cited at F620.</p> <p>Complaint IN00457176 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00454370 - Corrected.</p> <p>Survey dates: April 10 and 11, 2025</p> <p>Facility number: 001144 Provider number: 155668 AIM number: 200256980</p> <p>Census Bed Type: SNF/NF: 128 Residential: 8 Total: 136</p> <p>Census Payor Type: Medicare: 32 Medicaid: 66 Other: 30 Total: 128</p> <p>This deficiency reflects State Findings cited in</p>			F 000			

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.

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F 000	Continued From page 1 accordance with 410 IAC 16.2-3.1.	F 000			
F 620 SS=D	<p>Quality review completed on April 17, 2025.</p> <p>Admissions Policy CFR(s): 483.15(a)(1)-(7)</p> <p>§483.15(a) Admissions policy. §483.15(a)(1) The facility must establish and implement an admissions policy.</p> <p>§483.15(a)(2) The facility must-</p> <ul style="list-style-type: none"> (i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid; and (ii) Not request or require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits. (iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property. <p>§483.15(a)(3) The facility must not request or require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may request and require a resident representative who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.</p> <p>§483.15(a)(4) In the case of a person eligible for Medicaid, a nursing facility must not charge,</p>	F 620			

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F 620	<p>Continued From page 2</p> <p>solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However,-</p> <p>(i) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "nursing facility services" so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and</p> <p>(ii) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.</p> <p>§483.15(a)(5) States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid.</p> <p>§483.15(a)(6) A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility.</p> <p>§483.15(a)(7) A nursing facility that is a composite distinct part as defined in §483.5 must</p>	F 620			

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F 620	<p>Continued From page 3</p> <p>disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under paragraph (c)(9) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident B) admission paper work was completed in a timely manner for 1 of 3 residents reviewed for admissions.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 4/10/25 at 12:15 p.m. The resident's diagnoses included, but were not limited to, dementia and cognitive communication deficit.</p> <p>The progress note, dated 12/11/25 at 8:46 p.m., indicated the resident was admitted to the facility accompanied by family.</p> <p>The clinical record included the following admission paperwork signed by Resident B's Power of Attorney:</p> <ul style="list-style-type: none"> - Consent to treat was signed on 12/11/24 - CPR (cardiopulmonary resuscitation) was signed 12/11/24 - Bed rail consent with recommendations was signed on 12/11/24 - Digital photography of wounds consent was signed on 12/11/24 - Psychoactive medication and recommendations consent was signed on 12/11/24 - Pharmacy enrollment agreement was signed on 	F 620	<p>Past noncompliance: no plan of correction required.</p>		

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F 620	<p>Continued From page 4</p> <p>12/11/24</p> <ul style="list-style-type: none"> - COVID-19 disclosure and education was signed on 12/11/24 - Indiana physician orders for scope of treatment (POST form) consent was signed on 12/11/24 - Admission packet/agreement was signed on 4/8/25 <p>During an interview, on 4/11/25 at 9:29 a.m., the Admissions Coordinator indicated the admission process for the resident had been an ongoing ordeal. She had not realized the previous Admission Assistant had not completed the admission agreement in a timely manner. The admission paperwork was supposed to be completed within 48 to 72 hour of admission.</p> <p>On 4/11/25 at 9:46 a.m., the Admissions provided a current, undated copy of the document titled "Admission Agreement". It included, but was not limited to, "Policy Interpretation and Implementation ...At the time or soon after admission, the resident (or his/her representative) must sign an Admission Agreement (contract)"</p> <p>The Past noncompliance began on 12/11/24 at 8:46 p.m. The deficient practice was corrected by 2/18/25 after the facility implemented a systemic plan that included the following actions: A retrospective audit of all admission from January 15 through February 29, 2025 was conducted to identify residents with delayed or incomplete admission packets to ensure required forms were completed and appropriately filed (2/15/25); Residents with missing or delayed forms/documents were completed, signed and communication was made with responsible parties to obtain pending consents or acknowledgments (2/15/25); The Admission</p>	F 620			

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F 620	<p>Continued From page 5</p> <p>Packet Completion Checklist was revised to include a clear timeframe for document completion and sign-off accountability; a new process was implemented to ensure that the unit nurse and admissions staff conduct a 24-hour follow up review to confirm packet completion (2/18/25); In-service training was provided to the admissions team, unit clerks and licensed staff on admission documentation expectations and regulatory timeframes with emphasis placed on interdepartmental communication and timely follow-through (2/18/25)</p> <p>This Citation relates to Complaint IN00457155</p>	F 620			