

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

PRINTED: 05/29/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155815		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/15/2025	
NAME OF PROVIDER OR SUPPLIER  CLEARVISTA LAKE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaints IN00458687 and IN00456771. This visit included the Investigation of Residential Complaints IN00457107 and IN00458772 .</p> <p>Complaint IN00458687- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00456771 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 15, 2025</p> <p>Facility number: 013019 Provider number: 155815 AIM number: 201251520</p> <p>Census Bed Type: SNF/NF: 26 SNF: 17 Residential: 30 Total: 73</p> <p>Census Payor Type: Medicare: 11 Medicaid: 16 Other: 16 Total: 43</p> <p>Clearvista Lake Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00458687 and IN00456771.</p> <p>Quality review completed on May 19, 2025.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Clearvista Lake Health Campus that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, and living environment provided to the residents of Clearvista Lake 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.</p>		

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

TITLE

(X6) DATE

Stacy Mevzek

Executive Director

05/28/2025

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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R 0000  Bldg. 00	<p>This visit was for the Investigation of Residential Complaints IN00457107 and IN00458772. This visit included the Investigation of Nursing Home Complaints IN00458687 and IN00456771.</p> <p>Complaint IN00457107 - State deficiencies related to the allegations are cited at R0091.</p> <p>Complaint IN00458772 - State deficiencies related to the allegations are cited at R0091.</p> <p>Survey date: May 15, 2025</p> <p>Facility number: 013019</p> <p>Residential Census: 30</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 19, 2025.</p>	R 0000	<p>The submission of this plan of correction does not indicate an admission by Clearvista Lake Health Campus that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, and living environment provided to the residents of Clearvista Lake 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.</p>		
R 0091  Bldg. 00	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance</p> <p>Based on interview and record review, the facility failed to implement the Accident and Incident Investigation and Reporting Guidelines Policy and</p>	R 0091	<p>1 In regards to the falls: ResResidents B and D were affected. Residents are without adverse effect.</p>	05/30/2025	

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	<p>the Pharmacy Recommendation Policy for 3 of 4 residents reviewed for falls (Resident B, Resident C, and Resident D).</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 5/15/25 at 2:00 p.m. The diagnoses included, but were not limited to, repeated falls and bipolar disorder.</p> <p>A Service Plan, dated 4/16/25, indicated she was able to independently walk, staff were to provide escorts and supervision as needed and encourage safety precautions. She was severely cognitively impaired.</p> <p>A progress note, dated 5/1/25 at 5:36 p.m., indicated Resident D had a witnessed fall in the dining room. She tried to sit down in a chair and slid out to the floor. There was some redness on her upper back.</p> <p>A progress note, dated 5/5/25 at 12:29 p.m., indicated she was sitting at a dining table speaking with tablemates, nonsensical at times. There were no signs or symptoms of distress noted.</p> <p>A progress note, dated 5/7/25 at 3:51 a.m., indicated Resident D had pitting edema (moderated degree of swelling and fluid retention) in both of her feet. Her left foot was light purple on top of the foot and dark purple along the edges. Her right foot had a red and purplish bruise extending up to her shin. There were no signs of pain while examining her feet with her lying down, however when she stood up, she complained of her feet hurting. The Director of Health Services was called, and a message was left. The Executive</p>				<p>2 All residents have the potential to be affected. A house wide audit of assisted living falls was conducted to ensure that all residents' falls had an IDT note with 72-hour fall follow up note completed. Education provided to CRMA and Licensed staff regarding Accident/Incident Policy and follow up.</p> <p>3 As a measure of ongoing compliance, the ED or designee to complete CCM review weekly to ensure resident falls have an IDT note with 72-hour fall follow up.</p> <p>4 As a quality measure, the ED or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p> <p>In regards to the pharmacy recommendations: Residents B, C, D were affected. Residents recommendations were completed are without adverse effect.</p> <p>2 All residents have the potential to be affected. A house wide audit of assisted living pharmacy recommendations was conducted to ensure that all residents' pharmacy recommendations were addressed. Education provided to DHS, DAL regarding Pharmacy</p>		

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	<p>Director (ED) was called and indicated she was aware of the resident's bruising.</p> <p>A progress note, dated 5/7/25 at 8:00 a.m., indicated a follow up skin assessment had been done related to staff reporting Resident D had edema and bruising to the bilateral feet, ankles, and right shin. When palpating and moving extremities, she appeared to have some minor discomfort. The physician was notified, and an order was given for STAT (right away) x-ray of the right knee, bilateral ankles, and bilateral feet.</p> <p>A progress note, dated 5/7/25 at 3:00 p.m., indicated the physician gave an order for Resident D to be sent to the emergency room for further evaluation and treatment due to a right ankle fracture and left foot and ankle x-ray results being questionable.</p> <p>A progress note, dated 5/7/25 at 9:54 p.m., indicated she had returned from the emergency room with a soft cast in place due to noted increased swelling in the right lower leg. The right lower leg had a reddish-purplish bruising noted, with no complaints of pain or discomfort at that time.</p> <p>The electronic health record for Resident D did not include an Interdisciplinary Team Note or 72-hour follow-up notes after the fall event.</p> <p>During an interview on 5/15/25 at 2:49 p.m., the ED indicated she had been informed that Resident D was having trouble walking in the evening on 5/6/25. She had not known of the bruising on Resident D's lower extremities.</p> <p>During an interview on 5/15/25 at 2:52 p.m., the Director of Nursing Services (DNS) indicated</p>				<p>Recommendation SOP.</p> <p>3 As a measure of ongoing compliance, the ED or designee to complete audits of pharmacy recommendations to ensure they are completed per policy. Audits to be completed on 5 recommendations weekly x4 weeks; then 3 recommendations biweekly x8 weeks, then 2 recommendations monthly x3 months.</p> <p>4 As a quality measure, the ED or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted</p>		

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	<p>there were no follow-up progress notes available from Resident D's fall on 5/1/25.</p> <p>During an interview on 5/15/25 at 3:35 p.m., the DNS and Administrator (ADM) indicated the follow- up notes had not been completed due to Resident D's fall, on 5/1/25, being a witnessed fall.</p> <p>2a. The clinical record for Resident B was reviewed on 5/15/25 at 11:43 a.m. The diagnoses included, but were not limited to, congestive heart failure and atrial fibrillation.</p> <p>An admission evaluation and service plan assessment, dated 3/24/25, indicated Resident B was cognitively impaired.</p> <p>A current physician order, dated 3/25/25, indicated Resident B was to receive eight milligrams (mg) of doxazosin mesylate (medication used to treat symptoms of benign prostatic hyperplasia and hypertension) orally once day in the morning for high blood pressure.</p> <p>A pharmacy drug regimen review, dated 4/18/25, indicated Resident B had a recent fall and received doxazosin eight mg, which can cause significant low blood pressure and syncope (temporary loss of consciousness). The pharmacist recommended to administer the medication at night.</p> <p>A physician progress note, dated 4/30/25, indicated Resident B was to take doxazosin mesylate eight mg nightly.</p> <p>Review of the resident's Medication Administration Record (MAR) revealed Resident B continued to receive doxazosin eight mg daily in the mornings from May 1st to May 15th of 2025.</p> <p>A review of the resident's clinical record revealed</p>						

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	<p>Resident B had two more falls following 4/30/25.</p> <p>During an interview on 5/15/25 at 2:24 p.m., the facility Nurse Consultant (NC) indicated she did not know why Resident B's order for doxazosin eight mg was not updated to be administered at night instead of in the morning.</p> <p>2b. The clinical record for Resident C was reviewed on 5/15/25 at 1:55 p.m. The diagnoses included, but were not limited to, pain, osteoporosis (brittle bones), and dementia.</p> <p>A physician's order, dated 3/27/25, indicated the resident was to take one hydrocodone-acetaminophen (a narcotic medication for pain) 5-325 milligrams (mg) tablet twice a day. There was no end date.</p> <p>A physician's order, dated 3/27/25, indicated the resident was to use bacitracin ointment (an antibiotic used for skin infections) 500 unit/gram three times a day as needed. There was no end date.</p> <p>A physician's order, dated 3/27/25, indicated the resident was to use polyethylene glycol powder (a laxative) 17 grams twice a day as needed. There was no end date.</p> <p>A physician's order, dated 3/27/25, indicated the resident was to take Mucinex DM (a medicine for cough and congestion) 30-600 milligrams (mg) twice a day. There was no end date.</p> <p>The Director of Nursing Services (DNS) provided Resident C's service plan on 5/15/25 at 4:39 p.m. It indicated the resident was a high fall risk and was cognitively impaired.</p> <p>The Administrator (ADM) provided Pharmacist</p>						

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	<p>Drug Regimen Reviews on 5/15/25 at 3:41 p.m. The 1/16/25 review recommended discontinuing the bacitracin and polyethylene glycol because the resident had not used them in the last 90 days. The 3/25/25 review recommended a reduction/taper off the hydrocodone-acetaminophen because of the resident's recent fall and history of falls. The 5/8/25 review recommended discontinuing the Mucinex DM because the DM portion of the medicine was for short term use only.</p> <p>A review of Resident C's electronic health record (EHR) indicated they had unwitnessed falls on 2/21/25, 3/24/25, and 5/11/25.</p> <p>No rationale for continuing the bacitracin, polyethylene glycol, hydrocodone-acetaminophen, or Mucinex DM could be located in the resident's EHR.</p> <p>The Nurse Consultant (NC) was interviewed on 5/15/25 at 4:40 p.m. She indicated she could not find any rationale for the medications and would put an action plan into place.</p> <p>On 5/15/25 at 12:32 p.m., the ED provided the Accident and Incident Investigation and Reporting Guidelines Policy, last reviewed 12/17/24, which indicated "...To ensure all accidents, incidents and allegations of abuse involving resident, visitors, or employees are investigated and reported to the facility administration...7. Investigation action shall be initiated by the staff by completing the appropriated Event in the electronic health record. 8. The Event will be reviewed in the daily morning meeting for review and discussion. 9. The administrative staff shall complete the investigation, an IDT [Interdisciplinary Team]</p>						

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	<p>note will be added to the electronic health record and/or State Agency for as required.10. The following data shall be included in the Event Form...o. Follow up information- such as 72 hour assessment and charting, equipment ordered, etc...."</p> <p>On 5/15/25 at 2:36 p.m., the DNS provided the Pharmacy Recommendations Standard Operating Procedure Policy, dated 1/04/24, which indicated " ...Campus will address pharmacy recommendations by: 1. Print open pharmacy recommendations and give them to the medical provider, 2. The medical provider will respond to the recommendation and sign, 3. Campus staff will update the observation in the EHR, and mark it 'complete', 4. Update orders if appropriate, 5. Scan the signed copy into the chart."</p> <p>This citation relates to Complaints IN00458772 and IN00457107.</p>						