

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

PRINTED: 05/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155181		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/25/2023	
NAME OF PROVIDER OR SUPPLIER  CARMEL HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 118 MEDICAL DR CARMEL, IN 46032			
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F 0000  Bldg. 00	<p>This visit was for Investigation of Complaints IN00397137, IN00398770, IN00406781, IN00397046, IN00398768, IN00400373, IN00403758, IN00404541, IN00403649, and IN00405831.</p> <p>Complaint IN00397137-Federal/State deficiencies related to the allegations are cited at F755, F759 and F842.</p> <p>Complaint IN00398770-Federal/State deficiencies related to the allegations are cited at F755, F759 and F842.</p> <p>Complaint IN00406781-Federal/State deficiencies related to the allegations are cited at F755, F759 and F842.</p> <p>Complaint IN00397046-Federal/State deficiencies related to the allegations are cited at F755, F759 and F842.</p> <p>Complaint IN00398768-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00400373-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403758-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00404541-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403649-No deficiencies related to the allegations are cited.</p> <p>Complaint IN00405831-No deficiencies related to</p>			F 0000	<p>The plan of correction is to serve as Carmel Health &amp; Living's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Carmel Health &amp; livings or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</p> <p><b>The facility respectfully requests desk review for the following citations</b></p>		

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

TITLE

(X6) DATE

Alyssa Holliday

HFA

05/15/2023

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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F 0755 SS=D Bldg. 00	<p>the allegations are cited.</p> <p>Survey dates: April 23, 24 and 25, 2023</p> <p>Facility number: 000095 Provider number: 155181 AIM number: 100290490</p> <p>Census bed type: SNF: 5 SNF/NF: 128 Total: 133</p> <p>Census payor type: Medicare: 12 Medicaid: 112 Other: 9 Total: 133</p> <p>These deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed May 3, 2023.</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and</p>						

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	<p>administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents' scheduled medications were available to meet the needs of 2 of 5 residents reviewed for medication availability. (Residents T and U)</p> <p>Findings include:</p> <p>1. On 4/25/23 at 11:15 a.m., LPN 12 with the DON (Director of Nursing) in attendance was observed pulling Resident T's morning medications. LPN 12 indicated at that time, the resident's Vitamin B12 was not available in the cart. The DON went to the Emergency Kit (E-Kit) to check if Vitamin B12 was available. The DON indicated it was not available in the E-Kit, so the resident was not given the scheduled dose of medication.</p> <p>Resident T's EMAR (Electronic Medication Administration Record), dated 4/1/23 to 4/30/23,</p>			F 0755	<p>F755: The Facility failed to ensure residents' scheduled medications were available to meet the needs of 2 of 5 residents reviewed for medication availability.</p> <p><b>1. What Corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>i. Residents T &amp; U without ill effects. Pharmacy notified and medication ordered. Physician notified and gave further instructions.</p> <p><b>2. The facility will identify other residents that may potentially be affected by the practice.</b></p>		05/12/2023

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	<p>included, but was not limited to, the following order: 6/17/22, Cyanocobalamin (Vitamin B-12) extended-release tablet 1,000 mcg (micrograms). Administer one tablet by mouth between 7:00 a.m., and 11:00 a.m.</p> <p>2. On 4/25/23 at 11:22 a.m., QMA 11 with the DON in attendance was observed pulling Resident U's morning medications. QMA 11 indicated the resident's Latanoprost 0.005% ophthalmic solution was not available in the cart. The DON went to the E-Kit to check if Latanoprost ophthalmic solution was available. The DON indicated it was not available in the E-Kit, so the resident was not given the scheduled dose of medication.</p> <p>Resident U's EMAR, dated 4/1/23 to 4/30/23, included, but was not limited to, the following order: 2/28/23, Latanoprost ophthalmic drops 0.005%. Administer one drop to both eyes topically once daily between 7:00 a.m., and 11:00 a.m.</p> <p>A current policy, titled "Licensed Nurse Med Pass Clinical Skills Validation," undated and provided by the ED (Executive Director) on 4/25/23 at 10:30 a.m., indicated "MEDICATION ADMINISTRATION SKILLS VALIDATION...Medication was given within the 60 minutes before or after the time designated unless otherwise directed by the physician...If medication was not administered as ordered, provide an explanation on e-mar or progress notes...If a medication is not found in the medication cart or med room, access the CUBEX system. If the Medication cannot be found, contact the pharmacy/back up pharmacy (after hours) for reorder and the physician for further</p>				<p>i. All residents have the potential to be affected. In-house audit conducted to ensure all ordered medications are available. <b>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>i. All Nursing staff will be re-educated on verifying accurate supply of residents medications are available as well as when to re-order medications to eliminate medications running out prior to arrival of refilled medications.</p> <p>ii. Nursing Management will conduct weekly audits to ensure an accurate supply of all residents medications. <b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>i. The DON/designee will be responsible for conducting audits daily for 5 days a week Mon-Fri for 4 weeks, biweekly for 4 weeks, monthly for 9 months. The results of the audit will be reviewed at the monthly quality</p>		

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F 0759 SS=D Bldg. 00	<p>instructions till arrival. Document your process and physician response in your nursing notes...Med pass was not interrupted..."</p> <p>This Federal tag relates to Complaints IN00397137, IN00398770, IN00406781 and IN00397046.</p> <p>3.1-25(a)</p> <p>483.45(f)(1) Free of Medication Error Rts 5 Prcnt or More §483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; Based on observation, interview and record review, the facility failed to keep the medication error rate less than 5% when three (3) errors were observed during 31 opportunities for errors for 3 of 5 residents observed during medication administration. This resulted in a medication error rate of 9.67%. (Residents P, T and U)</p> <p>Findings include:</p> <p>1. On 4/23/23 at 7:47 p.m., RN 1 was observed administering medications to Resident P, which included, but was not limited to, Lantus Solostar Insulin Pen 45 units subcutaneously. RN 1 was observed dialing 45 units on the insulin pen. Prior to injecting the insulin, the nurse was asked if he had forgotten to do something prior to injecting the insulin. He indicated he should have primed the insulin pen with two units of insulin.</p>			F 0759	<p>assurance meeting until substantial compliance is achieved and maintained. Changes may be established to the auditing process, based upon the results of the audit.</p> <p>5. <b>By what date the systemic changes for each deficiency will be completed.</b></p> <p>i. Completed by 5/12/23</p> <p>F759: The Facility failed to keep the medication err rate less than 5% when 3 errors were observed during 31 opportunities for errors for 3 of 5 residents observed during medication administration. This resulted in a medication error rate 9.67%.</p> <p><b>1.What Corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>i. Residents P, T &amp; U without ill effects.</p> <p><b>2. The facility will identify other residents that may potentially be affected by the practice.</b></p>		05/12/2023

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	<p>Resident P's Electronic Medication Administration Record (EMAR), dated 4/1/23 to 4/30/23, included, but was not limited to, the following order: 4/5/23, Lantus Solostar U-100 Insulin pen 100 units/ml (milliliters) (3 ml to each pen). Administer 45 units subcutaneously once a day between 6:00 p.m., to 10:00 p.m.</p> <p>2. On 4/25/23 at 11:15 a.m., LPN 12 with the DON (Director of Nursing) in attendance was observed pulling Resident T's morning medications. LPN 12 indicated at that time, the resident's Vitamin B12 was not available in the cart. The DON went to the Emergency Kit (E-Kit) to check if Vitamin B12 was available. The DON indicated it was not available in the E-Kit, so the resident was not given the scheduled dose of medication.</p> <p>Resident T's EMAR (Electronic Medication Administration Record), dated 4/1/23 to 4/30/23, included, but was not limited to, the following order: 6/17/22, Cyanocobalamin (Vitamin B-12) extended-release tablet 1,000 mcg (micrograms). Administer one tablet by mouth between 7:00 a.m., and 11:00 a.m.</p> <p>3. On 4/25/23 at 11:22 a.m., QMA 11 with the DON in attendance was observed pulling Resident U's morning medications. QMA 11 indicated the resident's Latanoprost 0.005% ophthalmic solution was not available in the cart. The DON went to the E-Kit to check if Latanoprost ophthalmic solution was available. The DON indicated it was not available in the E-Kit, so the resident was not given the scheduled dose of medication.</p> <p>Resident U's EMAR, dated 4/1/23 to 4/30/23, included, but was not limited to, the following</p>				<p>i. All residents with insulin orders have the potential to be affected.</p> <p><b>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>i. All Nursing staff will be re-educated on verifying an accurate supply of resident's medications are available as well as when to re-order medications to eliminate medications running out prior arrival of refilled medications.</p> <p>ii. All Nurses will be re-educated on priming the insulin pen prior to administering.</p> <p>iii. Nursing Management will conduct weekly audits to ensure an accurate supply of all resident's medications.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>i. The DON/designee will be responsible for conducting audits daily of medication carts to ensure all</p>		

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F 0842 SS=D Bldg. 00	<p>order: 2/28/23, Latanoprost ophthalmic drops 0.005%. Administer one drop to both eyes topically once daily between 7:00 a.m., and 11:00 a.m.</p> <p>A current policy, titled "Licensed Nurse Med Pass Clinical Skills Validation," undated and provided by the ED (Executive Director) on 4/25/23 at 10:30 a.m., indicated "MEDICATION ADMINISTRATION SKILLS VALIDATION...Medication was given within the 60 minutes before or after the time designated unless otherwise directed by the physician...If medication was not administered as ordered, provide an explanation on e-mar or progress notes...If a medication is not found in the medication cart or med room, access the CUBEX system. If the Medication cannot be found, contact the pharmacy/back up pharmacy (after hours) for reorder and the physician for further instructions till arrival. Document your process and physician response in your nursing notes...Med pass was not interrupted...."</p> <p>This Federal tag relates to Complaints IN00397137, IN00398770, IN00406781 and IN00397046.</p> <p>3.1-48(c)(1)</p> <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>				<p>ordered medications are available for 5 days a week Mon-Fri for 4 weeks, biweekly for 4 weeks, monthly for 9 months. The results of the audit will be reviewed at the monthly quality assurance meeting until substantial compliance is achieved and maintained. Changes may be established to the auditing process, based upon the results of the audit.</p> <p>ii. The DON/designee will be responsible for conducting audits daily of insulin administration for 5 days a week Mon-Fri for 4 weeks, biweekly for 4 weeks, monthly for 9 months. The results of the audit will be reviewed at the monthly quality assurance meeting until substantial compliance is achieved and maintained. Changes may be established to the auditing process, based upon the results of the audit.</p> <p>5. By what date the systemic changes for each deficiency will be completed.</p> <p>i. Completed by 5/12/23</p>		

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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 observation, interview and record review, the facility failed to ensure a resident's medications were completely and accurately documented on the EMAR (Electronic Medication Administration Record) for 1 of 5 residents reviewed for medication administration documentation. (Resident T)</p> <p>Finding includes:</p> <p>On 4/25/23 at 11:22 a.m., QMA 11 with the DON (Director of Nursing) in attendance was observed pulling Resident U's morning medications. QMA 11 indicated the resident's Latanoprost 0.005% ophthalmic solution was not available in the cart.</p>			F 0842	<p>F842: The facility failed to ensure a resident's medications were completely and accurately documented on the EMAR (electronic medication administration record) for 1 of 5 residents reviewed for medication administration documentation</p> <p><b>1. What Corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>i. Resident U without</p>		05/12/2023

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	<p>The DON went to the E-Kit to check if Latanoprost ophthalmic solution was available. The DON indicated it was not available in the E-Kit, so the resident was not given the scheduled dose of medication.</p> <p>Resident U's EMAR (Electronic Medication Administration Record), dated 4/1/23 to 4/30/23, included, but was not limited to, the following orders: 1/06/23, Hydrochlorothiazide tablet 25 mg. Administer one tablet by mouth once daily between 7:00 a.m., and 11:00 a.m., for high blood pressure. 2/28/23, Latanoprost ophthalmic drops 0.005%. Administer one drop to both eyes topically once daily between 7:00 a.m., and 11:00 a.m., for glaucoma.</p> <p>The documentation box for Hydrochlorothiazide for the 4/25/23 between 7:00 a.m., and 11:00 a.m., did not have any initials in the box. QMA 11 was observed during a medication pass administering this medication to Resident U but failed to sign the medication off after administering the medication.</p> <p>The documentation box for Latanoprost ophthalmic solution for the date 4/25/23 between 7:00 a.m., and 11:00 a.m., had QMA 11's initials in the box. QMA 11 was not observed during the medication pass administering this medication due to the medication was not available to be given to the resident.</p> <p>A current policy, titled "Licensed Nurse Med Pass Clinical Skills Validation," undated and provided by the ED (Executive Director) on 4/25/23 at 10:30 a.m., indicated "MEDICATION ADMINISTRATION SKILLS</p>				<p>ill effect.</p> <p><b>2. The facility will identify other residents that may potentially be affected by the practice.</b></p> <p>i. All residents have the potential to be affected.</p> <p><b>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>i. All qualified nursing staff were re-educated on documenting at the time of administering medications.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>i. The DON/designee will be responsible for conducting audits of EMAR accuracy daily for 5 days a week Mon-Fri for 4 weeks, biweekly for 4 weeks, monthly for 9 months. The results of the audit will be reviewed at the monthly quality assurance meeting until substantial compliance is achieved and maintained. Changes may be established to the auditing process, based upon the results of the audit.</p> <p><b>5. By what date the</b></p>		

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

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155181		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/25/2023	
NAME OF PROVIDER OR SUPPLIER  CARMEL HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 118 MEDICAL DR CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>VALIDATION...Medication was given within the 60 minutes before or after the time designated unless otherwise directed by the physician...If medication was not administered as ordered, provide an explanation on e-mar or progress notes...If a medication is not found in the medication cart or med room, access the CUBEX system. If the Medication cannot be found, contact the pharmacy/back of pharmacy (after hours) for reorder and the physician for further instructions till arrival. Document your process and physician response in your nursing notes...Med pass was not interrupted...."</p> <p>This Federal tag relates to Complaints IN00397137, IN00398770, IN00406781 and IN00397046.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				<p><b>systemic changes for each deficiency will be completed.</b></p> <p>i. Completed by 5/12/23</p>		