

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

PRINTED: 04/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/16/2023	
NAME OF PROVIDER OR SUPPLIER  ALLISONVILLE MEADOWS ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 10410 ALLISONVILLE ROAD FISHERS, IN 46038			
(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
R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00390467.</p> <p>Complaint IN00390467 - State deficiencies related to the allegations are cited at R349.</p> <p>Survey date: March 16, 2023</p> <p>Facility number: 13039</p> <p>Residential Census: 106</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 20, 2023</p>			R 0000			
R 0349  Bldg. 00	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on interview and record review, the facility failed to ensure a clinical record for a resident was complete and readily accessible for 1 of 3 residents reviewed for transfers or discharge requirements from the facility. (Resident B)</p> <p>Findings include:</p>			R 0349	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> 1.) All residents discharged from the community have the potential to be affected.</p>		03/20/2023

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

TITLE

(X6) DATE

Kaitlin Buenavides

Executive Director

04/06/2023

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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	<p>The clinical record for Resident B was reviewed on 3/17/23 at 11:15 a.m. Resident B's diagnoses included, but not limited to, dementia with behavioral disturbance, delusional disorders, anxiety disorder, Parkinson's disease, and weakness. Resident B's closed clinical record did not contain a Notice of Transfer/Discharge.</p> <p>A physician's order dated 8/15/22 at 9:15 a.m. indicated, Resident B was discharged to another residential care facility. The facility transfer/discharge packet sent with Resident B to the new facility included: an AL (Assisted Living) Discharge to Other Facility form, Resident B's face sheet, current orders, a copy of their Medicare card, an out of hospital do not resuscitate declaration and order, copy of resident progress note dated 8/15/22 at 9:26 a.m., and a log of discontinued/destroyed medication. The transfer/discharge packet in the clinical record did not indicate the receiving facility received the following information regarding Resident B: Nurses' notes relating to the resident's: - functional abilities and physical limitations - nursing care - date of last chest x-ray and skin test for tuberculosis</p> <p>A Checklist for Community Initiated Discharge (Senior Living) was provided by DON (Director of Nursing) on 3/16/23 at 10:31 a.m. The checklist indicated, "Notice of Transfer/Discharge completed fully including receiving location name/address."</p> <p>An interview with DON conducted on 3/16/23 at 12 p.m. indicated, the facility did not have a Transfer to Another Facility policy/procedure.</p> <p>A copy of an email sent from DON to Indiana</p>				<p>2.) The receiving community was provided with requested documents from the clinical record via email prior to resident discharge on the following dates: 7/6/22 &amp; 7/14/22.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>1.) All discharges within the last thirty days were reviewed to ensure the clinical records were complete and readily accessible per transfer or discharge requirement of the facility.</p> <p>2.) In-service completed by March 20th, 2023, for all nursing team members to ensure all necessary documents are in closed charts from transfer or discharge of the Resident, including but not limited to information regarding functional abilities and physical limitations, nursing care, and date of last chest x-ray and skin test for tuberculosis.</p> <p><b>What measures will be put into place or systemic changes you will make to ensure that the deficient practice does not reoccur?</b></p> <p>1.) In-service completed by March 20th, 2023, for all nursing team members to ensure all necessary documents are in closed charts from transfer or discharge of the Resident, including but not limited</p>		

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	<p>Department of Health dated 3/16/23 at 2:01 p.m. indicated, "The documents they were searching for are in my email. When they questioned if the information had been provided to the receiving community the answer was "yes." I simply could not recall how I had provided the necessary information until they were already gone. I have time stamped emails to the accepting community providing face sheets, nurses notes, healthcare agreement/service plan, and therapy notes. All of which is listed under to regulation/tag in question. The email sent 7/6/2022 at 1:53pm [sic] to the admissions personnel at the receiving community included 3 attachments: OT [sic, Occupational Therapy] notes, PT [sic, Physical Therapy] notes, and 30 days of our nursing notes. The email sent 7/14/2022 at 2:02pm [sic] to the admissions personnel and director of clinical services included 1 attachment (8 pages): resident face sheet, healthcare agreement/service plan, and 2 weeks of our nursing notes.</p> <p>This resident discharged to this community on 8/15/2022." The evidence that the emails' information was provided to the receiving facility was not available in Resident B's clinical record as of 3/16/23 thus, making Resident B's record not complete nor readily accessible.</p> <p>This state tag relates to complaint IN00390467.</p>				<p>to information regarding functional abilities and physical limitations, nursing care, and date of last chest x-ray and skin test for tuberculosis.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place?</b></p> <p>A QA tool will be implemented to ensure all necessary documents are in the chart at time of discharge. Completion=2 times a month for 30 days, then 1 time a month for 60 days, then one time every 90 days until 3 consecutive months of compliance.</p>		