

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

PRINTED: 07/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155657		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF PROVIDER OR SUPPLIER HARRISON HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 150 BEECHMONT DR CORYDON, IN 47112			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00407670, IN00408617 and IN00410714.</p> <p>Complaint IN00407670 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00408617 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00410714 - Federal/State deficiencies related to the allegations are cited at F0552, F0684, and F0842.</p> <p>Survey dates: June 19, 20 and 21, 2023</p> <p>Facility number: 010597 Provider number: 155657 AIM number: 200204440</p> <p>Census Bed Type: SNF/NF: 72 Total: 72</p> <p>Census Payor Type: Medicare: 2 Medicaid: 53 Other: 17 Total: 72</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 22, 2023.</p>			F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law.</p> <p>The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the complaint survey conducted on June 19, 20, and 21 2023. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The facility would like to respectfully request a desk review.</p> <p>Brandon Jensen, LNHA</p>		
F 0552 SS=D Bldg. 00	483.10(c)(1)(4)(5) Right to be Informed/Make Treatment Decisions						

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

TITLE

(X6) DATE

Brandon Jensen

ED

07/07/2023

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 disclosable 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>§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>Based on interview and record review, the facility failed to ensure a resident (Resident D) was notified that a medication change did not occur for 1 of 3 residents reviewed for resident rights.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 6/19/23 at 3:24 p.m. The diagnosis included, but was not limited to, chronic pain. The annual MDS (Minimum Data Set) assessment, dated 5/12/23, indicated the resident's cognition was intact.</p> <p>The physician's order, dated 2/6/23, indicated the resident was to receive Percocet 10-325 mg (milligrams) every 6 hours as needed for pain.</p>			F 0552	<p>STEP 1 Corrective action for the residents found to have been affected by the deficient practice: Resident D was not harmed by the alleged deficient practice. Resident D was part of a confidential survey and could not be identified.</p> <p>STEP 2 Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents who have had a change in medication orders could be affected by deficient practice. A 30 day look back of changes in</p>		07/17/2023

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	<p>The pain management progress note, dated 5/19/23 at 9:16 a.m., indicated to increase the resident's Percocet 10-325 mg from every 6 hours as needed to 5 times a day as needed.</p> <p>Review of the resident's active orders lacked documentation of the increased pain medication per the pain management physicians' request.</p> <p>During an interview on 6/20/23 at 2:10 p.m., the Executive Director indicated he had spoken to the resident on Friday, 6/16/23, and he was still doing the follow up. Evidently the system would not accept the order of 5 times a day. The unit manager had called the resident's pain management physician to notify him of the issue and told the unit manager to keep the order at every 6 hours as needed.</p> <p>The clinical record lacked documentation of the call to the resident's pain management physician as well as notification to the resident.</p> <p>During an interview on 6/21/23 at 11:12 a.m., the resident indicated she was not aware there was an issue with her pain management physician's order, until yesterday, when she was notified by the Director of Nursing.</p> <p>On 6/21/23 at 2:00 p.m., the Executive Director provided a current undated copy of the document titled "Resident Rights". It included, but was not limited to, "Policy...It is the policy of this facility to provide resident centered care...Procedure...Residents have a Right...To be fully informed about...prescription...drugs...."</p> <p>This Federal tag relates to Complaint IN00410714</p> <p>3.1-4(c)</p>				<p>medication orders was completed to ensure timely notification to resident/resident representative regarding change in physician order. Any identified concerns were immediately addressed.</p> <p>STEP 3 Measures/systemic changes put into place to ensure the deficient practice does not recur: The DON/Designee held an in-service for licensed nursing staff to provide education and expectations as it relates to "Residents Rights" policy to include ensuring residents' right to be informed and notified of any medication changes.</p> <p>STEP 4 Corrective actions to be monitored to ensure the deficient practice will not recur: The Director of Nurses/ Designee will audit 6 residents per week x 4 weeks, then 4 residents a week x 4 weeks, then 2 residents a week x 4 weeks for no less than 3 months and compliance is maintained to ensure proper notification has been made regarding any medication changes.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action</p>		

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F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review, the facility failed to ensure as needed narcotic pain medication, administered by a QMA (Qualified Medication Aide), was cosigned by a licensed nurse for 1 of 3 residents reviewed for medication administration. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 6/19/23 at 3:24 p.m. The diagnosis included, but was not limited to, chronic pain.</p> <p>The physician's order, dated 2/6/23, indicated the resident was to receive Percocet (narcotic pain medication) 10-325 mg (milligrams) every 6 hours as needed for pain.</p> <p>Review of the April 2023, May 2023 and June 2023 controlled drug administration record indicated the resident's as needed pain medication was administered by QMA 4 on the following dates and times:</p>			F 0684	<p>Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p> <p>STEP 1 Corrective action for the residents found to have been affected by the deficient practice: Resident D was not harmed by the alleged deficient practice. Resident D was part of a confidential survey and could not be identified.</p> <p>STEP 2 Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents who have had as needed medication administered by a Qualified Medication Aid could be affected by deficient practice. A 30 day look back of as needed medication administered by a Qualified Medication Aid was completed to ensure co-signature of a license nurse. Any identified</p>		07/17/2023

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	<p>-4/01/23 at 1:40 p.m.</p> <p>-4/02/23 at 12:20 p.m.</p> <p>-4/07/23 at 1:30 p.m.</p> <p>-4/14/23 at 1:00 p.m.</p> <p>-4/15/23 at 1:00 p.m.</p> <p>-4/16/23 at 12:15 p.m.</p> <p>-4/21/23 at 11:50 a.m.</p> <p>-4/24/23 at 12:10 p.m.</p> <p>-4/28/23 at 12:00 p.m.</p> <p>-4/29/23 at 12:15 p.m.</p> <p>-4/30/23 at 11:00 a.m.</p> <p>-5/05/23 at 12:15 p.m.</p> <p>-5/06/23 at 11:00 a.m.</p> <p>-5/06/23 at 5:45 p.m.</p> <p>-5/07/23 at 8:30 a.m.</p> <p>-5/07/23 at 4:30 p.m.</p> <p>-5/12/23 at 11:10 a.m.</p> <p>-5/13/23 at 12:40 p.m.</p> <p>-5/14/23 at 10:55 a.m.</p> <p>-5/19/23 at 10:05 a.m.</p> <p>-5/19/23 at 5:00 p.m.</p> <p>-5/26/23 at 10:15 a.m.</p> <p>-5/28/23 at 10:40 a.m.</p> <p>-6/02/23 at 11:30 a.m.</p> <p>-6/09/23 at 10:15 a.m.</p> <p>-6/09/23 at 4:45 p.m.</p> <p>-6/16/23 at 10:45 a.m.</p> <p>-6/16/23 at 5:00 p.m.</p> <p>The controlled drug administration record lacked documentation of a licensed nurse signature for authorization of the administration of the medication.</p> <p>During an interview on 6/20/23 at 2:10 p.m., the Executive Director indicated QMA's have to have authorization from a licensed nurse before giving an as needed pain medication.</p>				<p>concerns were immediately addressed.</p> <p>STEP 3 Measures/systemic changes put into place to ensure the deficient practice does not recur: The DON/Designee held an in-service for licensed nurses and Qualified Medication Aids to provide education and expectations as it relates to Qualified Medication Aid Scope of Practice to include Licensed Nurse co-signature when administering as needed pain medication administration.</p> <p>STEP 4 Corrective actions to be monitored to ensure the deficient practice will not recur: The Director of Nurses/ Designee will audit 6 residents per week x 4 weeks, then 4 residents a week x 4 weeks, then 2 residents a week x 4 weeks for no less than 3 months and compliance is maintained to ensure as needed medications administered by Qualified Medication Aids have proper co-signatures.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when</p>		

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F 0842 SS=D Bldg. 00	<p>On 6/20/23 at 2:30 p.m., the Executive Director provided a current undated copy of the document titled "Qualified Medication Aide Scope of Practice". It included, but was not limited to, "The following tasks are within the scope of practice for the QMA...Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call...Ensure that the resident's record is cosigned by the licensed nurse who gave permission...."</p> <p>This Federal tag relates to Complaint IN00410714</p> <p>3.1-37</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. (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- (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</p>				100% compliance is achieved or if ongoing monitoring is required.		

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	<p>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;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(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 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</p>						

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	<p>screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. Based on interview and record review, the facility failed to ensure a resident's (Resident D) medication administration record reflected the administration of as needed narcotic pain medication for 1 of 3 residents reviewed for accuracy of medical records.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 6/19/23 at 3:24 p.m. The diagnosis included, but was not limited to, chronic pain.</p> <p>The physician's order, dated 2/6/23, indicated the resident was to receive Percocet (narcotic pain medication) 10-325 mg (milligrams) every 6 hours as needed for pain.</p> <p>Review of the May 2023 and June 2023 controlled drug administration records indicated the resident received the pain medication on the following dates and times: -5/01/23 at 4:00 a.m., 10:00 a.m., and 4:00 p.m. -5/02/23 at 3:00 p.m. -5/03/23 at 4:00 a.m. and 5:00 p.m. -5/04/23 at 12:00 a.m. and 12:00 p.m. -5/05/23 at 4:00 a.m. and 12:15 p.m. -5/06/23 at 11:00 a.m. and 5:45 p.m.. -5/07/23 at 8:30 a.m. and 4:30 p.m. -5/08/23 at 4:00 a.m., 10:00 a.m., 4:00 p.m., and 10:00 p.m. -5/09/23 at 4:00 a.m. -5/10/23 at 10:30 a.m. and 4:30 p.m. -5/11/23 at 10:18 a.m. and 8:00 p.m.</p>			F 0842	<p>STEP 1 Corrective action for the residents found to have been affected by the deficient practice: Resident D was not harmed by the alleged deficient practice. Resident D was part of a confidential survey and could not be identified.</p> <p>STEP 2 Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents who receive as needed pain medications could be affected by deficient practice. A 30 day look back of as needed pain medication administered was completed to ensure proper documentation. Any identified concerns were immediately addressed.</p> <p>STEP 3 Measures/systemic changes put into place to ensure the deficient practice does not recur: The DON/Designee held an in-service for licensed nurses and Qualified Medication Aids to provide education and expectations as it relates to the "Medication Administration" policy</p>		07/17/2023

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	<p>-5/12/23 at 4:00 a.m. and 11:10 a.m. -5/13/23 at 12:40 p.m. and 8:00 p.m. -5/14/23 at 4:00 a.m., 10:55 a.m., 8:00 p.m., and 4:00 a.m. -5/16/23 at 12:00 p.m. -5/17/23 at 12:00 a.m. and 12:00 p.m. -5/18/23 at 4:00 a.m. and 12:45 p.m. -5/19/23 at 10:05 p.m., 5:00 p.m., and 11:00 p.m. -5/20/23 at 5:00 a.m. and 11:10 a.m. -5/21/23 at 4:00 a.m., 1:30 p.m., and 8:00 p.m. -5/23/23 at 1:00 p.m. -5/24/23 at 12:00 p.m. -5/26/23 at 4:00 a.m. -5/27/23 at 1:00 p.m. and 8:00 p.m. -5/29/23 at 4:00 a.m. -5/30/23 at 6:00 p.m. -5/31/23 at 6:00 a.m., 12:00 p.m., and 8:00 p.m.</p> <p>The May 2023 medication administration lacked documentation that the Percocet was administered on the above dates and times.</p> <p>-6/01/23 at 4:00 a.m., 12:45 p.m., and 8:00 p.m. -6/02/23 at 4:00 a.m. and 11:30 a.m. -6/03/23 at 8:25 a.m., 2:25 p.m. and, and 8:00 p.m. -6/04/23 at 4:00 a.m., 10:35 a.m., 4:35 p.m., and 10:00 p.m. -6/05/23 at 4:00 a.m. -6/06/23 at 10:00 a.m., 4:00 p.m., and 10:00 p.m. -6/07/23 at 5:00 a.m., 11:00 a.m., and 5:00 p.m. -6/08/23 at 12:00 a.m. -6/09/23 at 10:15 a.m. and 4:45 p.m. -6/10/23 at 8:00 p.m. -6/11/23 at 10:20 p.m. -6/13/23 at 7:00 p.m. -6/14/23 at 12:00 a.m. and 12:00 p.m. -6/15/23 at 12:00 a.m., 6:00 a.m., and 12:00 p.m. -6/16/23 at 4:00 a.m., 10:45 a.m., and 5:00 p.m. -6/17/23 at 10:15 a.m., 4:15 p.m., and 8:27 p.m. -6/18/23 at 7:30 a.m.</p>		<p>to include proper documentation when administering as needed pain medication.</p> <p>STEP 4 Corrective actions to be monitored to ensure the deficient practice will not recur: The Director of Nurses/ Designee will audit 6 resident per week x 4 weeks, then 4 residents per week x 4 weeks, then 2 residents per week x 4 weeks for no less than 3 months and compliance is maintained to ensure proper documentation of as needed pain medications.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>				

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155657		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF PROVIDER OR SUPPLIER HARRISON HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 150 BEECHMONT DR CORYDON, IN 47112			
(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>The June 2023 medication administration record lacked documentation that the Percocet was administered on the above dates and times.</p> <p>During an interview on 6/21/23 at 3:33 p.m., LPN (Licensed Practical Nurse) 3 indicated when an as needed narcotic pain medication was administered, it should be signed out on the controlled drug record and signed as given on the medication administration record.</p> <p>On 6/21/23 at 2:00 p.m., the Director of Nursing provided a current undated copy of the document titled "Medication Administration". It included, but was not limited to, "Medication Administration Record...the legal documentation for medication administration...Procedure...Medications will be charted when given...."</p> <p>This Federal tag relates to Complaint IN00410714</p> <p>3.1-50(a)(2)</p>						