

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

PRINTED: 01/31/2024
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 01/25/2024	
NAME OF PROVIDER OR SUPPLIER CHARLESTOWN PLACE AT NEW ALBANY				STREET ADDRESS, CITY, STATE, ZIP CODE 4915 CHARLESTOWN RD NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Nursing Home Complaints IN00424248, IN00425390 and IN00426633.</p> <p>Complaint IN00424248 - Federal/State deficiency related to the allegation is cited at F602.</p> <p>Complaint IN00425390 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN 00426633 - No deficiencies related to the allegation is cited.</p> <p>Survey dates: January 23, 24 and 25, 2024</p> <p>Facility number: 001144 Provider number: 155668 AIM number: 200256980</p> <p>Census Bed Type: SNF/NF: 115 Residential: 10 Total: 125</p> <p>Census Payor Type: Medicare: 7 Medicaid: 66 Other: 42 Total: 115</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 30, 2024.</p>			F 000			
F 602 SS=D	<p>Free from Misappropriation/Exploitation CFR(s): 483.12</p>			F 602			

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 602	<p>Continued From page 1</p> <p>§483.12</p> <p>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure misappropriation of resident property did not occur for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/23/24 at 2:02 p.m. The diagnoses included, but were not limited to, right shoulder pain, paraplegia, neuropathy and low back pain.</p> <p>On 1/24/24 at 12:45 p.m., the resident was observed resting in bed with his eyes open. He had no signs of pain or discomfort. Resident B indicated he had not missed any doses of his pain medication.</p> <p>The incident report, dated 12/15/23 at 5:01 p.m., indicated staff were unable to locate the resident's pain medication or the controlled drug record.</p> <p>The physician's order, dated 11/30/23, indicated the resident was to receive Oxycodone (narcotic pain medication) 10 mg (milligrams) every for hours for pain.</p>	F 602	Past noncompliance: no plan of correction required.		

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F 602	<p>Continued From page 2</p> <p>Review of the pharmacy packing slip, dated 12/5/23, indicated 90 tablets of Oxycodone was delivered to the facility and signed for by LPN (Licensed Practical Nurse) 4.</p> <p>The clinical record lacked page 1 of 3 of the December 2023 controlled drug record.</p> <p>During an interview on 1/24/24 at 1:15 p.m., LPN (Licensed Practical Nurse) 4 indicated she had signed in 90 Oxycodone for the resident, which was ordered every 4 hours routinely, on 12/5/23. She called the pharmacy on 12/15/23 to reorder the medication and was told he should have 30 tablets left. She then started trying to figure out what happened. When she signed in the medication on 12/5/23, she labeled the controlled drug record sheets # (number) 1 of 3, # 2 of 3 and # 3 of 3. When she put them in the medication cart, she had them in the order of # 3 of 3, # 2 of 3 and # 1 of 3. On the sheet that she had labeled # 2, she could tell someone wrote over the 2 so it would look like the number one. The #1 sheet was missing as well as the card with the medication.</p> <p>During a telephone interview on 1/25/24 at 11:53 a.m., the Director of Nursing indicated after their investigation was completed, they had narrowed the missing narcotic medication down to either an agency QMA (Qualified Medication Aide) or agency nurse. She could not figure out the exact time the medications had gone missing therefore, could not prove either one had taken the medication. They did put in for the agency QMA and LPN to not work at the facility anymore and have not had any issues since then through their audits.</p>	F 602			

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F 602	<p>Continued From page 3</p> <p>On 1/23/24 at 12:25 p.m., the Executive Director provided a current undated copy of the document titled "Freedom from Abuse and Neglect Policy". It included, but was not limited to, "Purpose... To prohibit and prevent...misappropriation of resident property...Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings...without the residents consent...."</p> <p>The Past noncompliance began on 12/15/233. The deficient practice was corrected by 12/18/23 after the facility implemented a systemic plan that included the following actions: An audit was completed on all prescribed narcotic medication on all units; An audit for narcotics completed for the past 30 days to ensure all controlled drug records were present; A review of all discontinued pain medications completed to ensure they were destroyed or accounted for; Pain assessments were completed on all units by licensed nurses and pain interviews completed by Social Services; All licensed nurses and medication aides were educated on narcotic counting, narcotic sheet/card counts and removal/adding narcotics to the medication cart .</p> <p>This Citation relates to Complaint IN00424248</p> <p>3.1-28(a)</p>	F 602			