

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

PRINTED: 07/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00410629 and IN00409262.</p> <p>Complaint IN00410629 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409262 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: June 19 and 20, 2023</p> <p>Facility number: 000468 Provider number: 155378 AIM number: 100290270</p> <p>Census Bed Type: SNF/NF: 71 Total: 71</p> <p>Census Payor Type: Medicare: 3 Medicaid: 52 Other: 16 Total: 71</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on June 28, 2023.</p>			F 0000	<p><i>his Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		
F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently</p>						

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

TITLE

(X6) DATE

Jennifer Hurt

Administrator

07/05/2023

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 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.

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

PRINTED: 07/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
(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
	<p>accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to count the narcotics at the beginning of the day shift which resulted in an inaccurate narcotic count in 1 of 3 medication carts reviewed for accuracy of narcotics. (Redwood Unit Medication Cart)</p> <p>Finding includes:</p> <p>During an observation of the narcotic storage and reconciliation, on 06/20/23 at 9:06 a.m., with QMA 2, the narcotics in the lock box did not match the narcotic sign out sheet for Resident 2. The narcotic count was stopped, and a nursing manager was contacted.</p>			F 0761	<p>Parkwood Plan of Correction F761</p> <p>1) What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? No residents were affected.</p> <p>2) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> Any residents who have prescribed substances have the potential to be affected. All narcotic medication and controlled substance 		07/08/2023

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

PRINTED: 07/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
(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>During an interview, on 06/20/23 at 9:06 a.m., QMA 2 indicated the narcotic sheet needed to be signed off at the beginning and the end of each shift. He counted the narcotics, then indicated he thought he counted the narcotics, but he was talking during shift report. He did sign off the shift change on the narcotics and did administer a pain pill to Resident 2.</p> <p>The narcotic bubble pack for Resident 2 had nine (9) oxycodone with acetaminophen (a narcotic pain reliever) 10/325 milligrams (mg) left in the pack.</p> <p>The narcotic count sheet showed a total of seven (7) oxycodone with acetaminophen 10/325 left in the bubble pack.</p> <p>The narcotic count sheet, provided by the Executive Director on 06/20/23 at 9:39 a.m., indicated:</p> <p>a. On 06/20/23 at 1:40 a.m., one oxycodone 10/325 mg was administered to Resident 2, leaving nine (9) narcotics left in the package.</p> <p>b. The next entry, dated 06/19/23 at 12:15 p.m., showed one oxycodone 10/325 mg was administered to Resident 2, leaving eight (8) narcotics in the package.</p> <p>c. The final entry on the sheet indicated QMA 2 administered one (1) oxycodone with acetaminophen, on 06/20/23 at 6:45 a.m., leaving a balance of seven (7) narcotics in the packaging. It was noted the dates and times of the administration log were out of order.</p> <p>A facility document, titled "Sign in Sheet," was received from the Executive Director on 06/20/23. The sign in sheet indicated "...Topic: Controlled Medication and Drug Diversion Policy...Date 6/1/23...." The document was signed by QMA 2</p>				<p>accountability record was immediately verified for accuracy by the DON and Unit Manager on 6/20/23.</p> <ul style="list-style-type: none"> CMT #2 received coaching and counseling on 6/20/23 by the DON. CMT #2 was re-educated on Controlled Medication and Drug Diversion Policy with emphasis on shift-to-shift narcotic count and signing off on the controlled substance accountability record at each time keys are rendered. On 6/20/23, the SDC immediately began re-educating licensed nurses and CMTs on properly counting controlled substances: With emphasis on nurse/CMA/QMA surrendering the keys will read from the controlled substance accountability book the name of the resident and the medication to be accounted, the incoming nurse/CMA/QMA will locate the medication for the resident in the narcotic drawer, count the remaining medication, and report to the nurse/CMA/QMA the amount of medication remaining. The nurse/CMA/QMA in charge of the controlled substance accountability book will verify correct or incorrect. Once the count is completed, both will sign the controlled substance accountability record. This will be completed on 7/7/23. <p>3) What measures will be put into place and what systematic changes will be made to ensure</p>		

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

PRINTED: 07/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052			
(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
	<p>indicating he had been educated on the subject.</p> <p>During an interview, on 06/20/23 at 9:31 a.m., the Corporate Support Nurse indicated she was not sure if the night shift was confused due to the date/time changes on that shift. She did ask QMA 2 if he had counted the narcotics at the beginning of the shift and he first said yes, then he said no. The Executive Director, also present at the time of the interview, indicated the facility had just recently educated all staff on narcotic accountability.</p> <p>A current policy, titled "Controlled Medication and Drug Diversion Policy," dated as last reviewed on 07/07/22 and received from the Executive Director on 06/19/23 at 3:11 p.m., indicated "...At each shift change or when keys are rendered a physical inventory of all controlled medication is conducted by two staff: licensed nurse/CMA/QMA as per state regulation and is documented on the controlled substances accountability record...This will be completed as follows...the nurse/CMA/QMA surrendering the keys will read from the controlled substance accountability book the name of resident and the medication to be accounted...The incoming nurse/CMA/QMA will locate the medication for the resident in the narcotic drawer, count the remaining medication, and report to the nurse/CMA/QMA the amount of medication remaining...The nurse/CMA/QMA in charge of the controlled substance accountability book will verify correct or incorrect...once count is completed. Both...will sign the controlled substance accountability record...."</p> <p>3.1-25(e)(3)</p>				<p>that the deficient practice does not recur?</p> <ul style="list-style-type: none"> On 6/20/23, the SDC immediately began re-educating licensed nurses and CMTs on properly counting controlled substances: With emphasis on nurse/CMA/QMA surrendering the keys will read from the controlled substance accountability book the name of the resident and the medication to be accounted, the incoming nurse/CMA/QMA will locate the medication for the resident in the narcotic drawer, count the remaining medication, and report to the nurse/CMA/QMA the amount of medication remaining. The nurse/CMA/QMA in charge of the controlled substance accountability book will verify correct or incorrect. Once the count is completed, both will sign the controlled substance accountability record. This will be completed 7/07/23._ Training for new hires will be done in orientation and/or during Onboarding by the SDC or weekend nurse manager. Onboarding refers to new hire orientation. New hires will receive this education before they start their shift. Training for agency staff will be done by the SDC or weekend nurse manager before the start of their shift. Any new agency staff will be educated during orientation by their SDC 		

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

PRINTED: 07/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD			STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052		
(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>4) How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> Beginning 7/3/23, the DON, Unit Manager, and/or weekend nurse supervisor, will verify each controlled substance accountability record on all med carts for accuracy, 7 days X 2 weeks, then Monday through Friday for 2 weeks, then three times per week for 2 weeks, then weekly for 2 weeks. Any discrepancies found will be reported to the Regional Nurse Consultant or VP of Operations. Results of the audit will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the audit of controlled substances by management will need to continue. Concerns identified will be corrected immediately and reported to Administrator to ensure investigation of properly counting controlled substances audits are being conducted. A QAPI meeting was held on 6/23/23 with the Medical Director and QAPI committee. Beginning the week of 7/3/23, the QAPI committee will meet weekly 		

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

PRINTED: 07/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
(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>throughout the audit for recommendations and further follow up regarding the above stated plan, then monthly thereafter. The audit documentation will continue to be submitted to the monthly QAPI committee for review and to ensure ongoing compliance. The QAPI committee reserves the right to modify or extend monitoring times according to outcomes. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p> <p>Date of Compliance 07/8/2023</p>		