

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

PRINTED: 09/21/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/01/2022
NAME OF PROVIDER OR SUPPLIER SUGAR CREEK REHABILITATION AND CONVALESCENT CENT			STREET ADDRESS, CITY, STATE, ZIP COD 5430 W US 40 GREENFIELD, IN 46140		
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00384434 and IN00388526.</p> <p>Complaint IN00384434 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00388526 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited at F0755.</p> <p>Survey dates: August 31st, 2022 and September 1st, 2022.</p> <p>Facility Number: 000157 Provider Number: 155254 AIM Number: 100274720</p> <p>Census Bed Type: SNF/NF: 46 Total: 46</p> <p>Census Payor Type: Medicaid: 46 Total: 46</p> <p>The deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 6, 2022</p>	F 0000			
F 0755 SS=E Bldg. 00	<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</p>				

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 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>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 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 record review and interview, the facility failed to identify and investigate potential discrepancies on 4 of 31 the narcotic and control substance records on 2 medication carts reviewed and failed to document the date received and signature of recipient for 5 of 9 residents reviewed for controlled substance reconciliation. (Residents C, K, L, M, and N)</p> <p>Findings include:</p>			F 0755	<p>This plan of correction is to serve as Sugar Creek Nursing and Rehabilitation Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Sugar Creek Nursing and Rehabilitation Center or its management company that the allegations contained in the</p>		09/17/2022

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	<p>1. The "Shift to Shift Count & Narcotic and Controlled Substance Record", for the East and West carts were reviewed on 8/31/2022 at 2:00 p.m.</p> <p>An interview with the Director of Nursing on 9/1/2022 at 11:15 a.m. indicated that she saw the four following discrepancies within the "Shift to Shift Count & Narcotic and Controlled Substance Record" pages and would begin an investigation.</p> <p>The "Shift to Shift Count & Narcotic and Controlled Substance Record" for the East Hall, started on 7/10/2022, indicated the following:</p> <ul style="list-style-type: none"> - 7/12/2022 first shift count-off/second shift-on indicated total card count was 35 cards. - 7/12/2022 second shift count-off/third shift count-on indicated a removal of one card, for a total 34 cards - 7/12/2022 third shift count-off to 7/13/2022 first shift count-on indicated the addition of two cards and removal of one card, for a total of 35 cards. - 7/12/2022 first shift count-off/second shift count indicated the addition of one card and removal of two cards, for a total of 33 cards. Per the addition and subtraction "Shift to Shift Count & Narcotic and Controlled Substance Record", it should have been documented as 34 cards. - 7/12/2022 second shift count-off/ third shift count-on indicated the removal of two cards for a total of 31 cards. <p>An interview with the DON on 9/1/2022 at 3:20 p.m., indicated upon investigation today that an individual controlled substance record for Resident J, who resided on the East Hall, was not recorded, and is believed to be attributed to the discrepancy. This individual controlled substance</p>			<p>survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>Deficiency ID: F _ 755 Completion Date: 9/17/2022 12:00:00 AM</p> <p>Plan of Correction Text: What Corrective Action(s) Will Be Accomplished For Those Residents Found To Have Been Affected By The Deficient Practice: No residents were affected by this alleged deficient practice. The four discrepancies on the narcotic sheets were found and filled in on the shift to shift count records. Residents C, K, L, M, and N controlled substance sheets were reviewed and signed and dated by the nurse that received those medications. How Other Residents Having The Potential To Be Affected By The Same Deficient Practice Will Be Identified And What Corrective Action(s) Will Be Taken: A review of the shift to shift count sheets, and individual control substance sheets have been reviewed and no other residents were affected by this alleged deficient practice. What Measures Will Be Put Into</p>			

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	<p>record was finished on 7/11/2022.</p> <p>The "Shift to Shift Count & Narcotic and Controlled Substance Record" for the East Hall, started on 7/17/2022, indicated a start count of 31 cards:</p> <ul style="list-style-type: none"> - 7/16/2022 third shift off/first shift on indicated a removal of 1 card, for a total of 30 cards. - 7/17/2022 first shift off/second shift on indicated a removal of 1 card, for a total of 29 cards. - 7/17/2022 second shift/third shift on indicated an addition of 1 card, for a total of 30 cards. - 7/17/2022 third shift off to 7/18/2022 first shift on indicated no additions or removals, for a total of 31 cards. <p>On 9/1/2022 at 12:14 p.m. the DON was able to find a pharmacy delivery slip for a controlled substance for Resident J, who resided on the East Hall, which had been delivered on 7/17/2022 that had not logged on the "Shift to Shift Count & Narcotic and Controlled Substance Record". It is believed this attributed to the discrepancy.</p> <p>The "Shift to Shift Count & Narcotic and Controlled Substance Record" for the West Hall, started on 7/14/2022, indicated a start count of 36 cards:</p> <ul style="list-style-type: none"> - 7/14/2022 third shift count-off and 7/15/2022 first shift count-on indicated a removal of 2 cards, for a total of 34 cards. - 7/15/2022 first shift count-off and second shift count-on indicated no changes (total count of 34 cards). - 7/15/2022 second shift count-off/third shift count-on indicated the addition of one card with 				<p>Place and What Systemic Changes Will Be Made To Ensure That The Deficient Practice Does Not Recur: All nurses and QMAs will be in-serviced over the shift to shift count and narcotic and controlled substance records and the documentation required when receiving a controlled substance by 9/15/22 How The Corrective Action(s) Will Be Monitored To Ensure The Deficient Practice Will Not Recur: DON/Designee will monitor the shift to shift controlled substance record and individual resident controlled substance records daily on scheduled workdays times 4 weeks, then 2 times per week times 4 weeks, then weekly times 2 months, then monthly times 2 months. Any negative findings will be corrected immediately and forwarded to the Administrator. A report of progress will be forwarded to the QAPI committee monthly for minimum of 6 months and plan adjusted accordingly.</p>		

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	<p>no removals for a total of 34 cards. Per the addition and subtraction "Shift to Shift Count & Narcotic and Controlled Substance Record", it should have been documented as 35 cards.</p> <p>An interview with the DON at 3:05 p.m. on 9/1/2022, indicated that there were discrepancies with the total number of cards on the "Shift to Shift Count & Narcotic and Controlled Substance Record" between 7/15/2022 and 7/18/2022.</p> <p>The "Shift to Shift Count & Narcotic and Controlled Substance Record" for the West Hall, started on 7/31/2022, indicated the following:</p> <ul style="list-style-type: none"> - 7/31/2022 third shift count-off and 8/1/2022 first shift count-on indicated a total count of 34 cards. - 8/1/2022 first shift count-off and second shift count-on indicated an addition of one card for a total of 35 cards. - 8/1/2022 second shift count-off/third shift count-on indicated an addition of one card with a total of 36 cards, which was marked out and a total of 35 cards was initialed by both nurses. <p>On 9/1/2022 at 12:57 p.m., the DON produced an individual controlled substance record that was found to not be included in controlled substance count record for Resident D, who resided on the West Hall. The individual controlled substance record indicated the last medication was used on 7/31/2022. This individual controlled substance record was not recorded on the "Shift to Shift Count & Narcotic and Controlled Substance Record" and is believed to attribute to the discrepancy.</p> <p>2. The clinical record of Resident C was reviewed</p>						

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	<p>on 8-31-22 at 3:42 p.m. The medical diagnosis included, but was not limited to, cramps and spasms.</p> <p>A physician order for Resident C dated 8/18/2022, indicated oxycodone five milligrams (a controlled substance) tablet take one tablet orally every four hours as needed for pain.</p> <p>An individual controlled substance record for Resident C indicated oxycodone instant release five milligram tablets without indicated of date received or recipient.</p> <p>3. The clinical record of Resident K was reviewed on 9/1/2022 on 2:14 p.m. The medical diagnosis included, but was not limited to, dementia with behavioral disturbances.</p> <p>A physician order for Resident K dated 7/13/2022, indicated Ativan (a controlled substance) 0.5 milligrams intramuscularly every eight hours as needed for behaviors for 30 days. The end date of this order was 8/12/2022.</p> <p>An individual controlled substance record for Resident K indicated Ativan two milligrams per milliliter failed to indicate the date received or recipient.</p> <p>4. The clinical record for Resident L was reviewed on 9/1/2022 at 2:18 p.m. The medical diagnosis included, but were not limited to, muscle weakness.</p> <p>A physician order for Resident L was dated on 9/14/2022 for Ativan one milligram tablet to be given two times a day for anxiety.</p> <p>An individual controlled substance record for Resident L for Ativan one milligram tablets failed</p>						

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	<p>to indicate the date received or recipient.</p> <p>5. The clinical record for Resident M was reviewed on 9/1/2022 at 2:22 p.m. The medical diagnosis included, but was not limited to, chronic pain.</p> <p>A physician order for Resident M dated 9/1/2019, indicated tramadol (a controlled substance) 50 milligrams to give 2 tablets by mouth every 6 hours as needed for pain.</p> <p>Individual controlled substance records for Resident M indicated two pages of tramadol failed to have the date received and recipient.</p> <p>6. The clinical record for Resident N was reviewed on 9/1/2022 at 2:24 p.m. The medical diagnosis included, but was not limited to, neuropathy.</p> <p>A physician order dated 5/18/2022 for Resident N indicated tramadol 50 milligrams one tablet by mouth every 6 hours as needed for phantom limb pain.</p> <p>An individual controlled substance record for Resident N for tramadol 50 milligrams failed to indicated date received and recipient.</p> <p>A policy entitled, "Controlled Substance", was provided by the Assistant Director of Nursing on 8/31/2022 at 2:05 p.m. The policy indicated, "...Controlled substances must be counted upon delivery. The nurse receiving the medication, along with the person delivering the medication, must count the controlled substances together ...individual controlled substance record must be made for each resident who will be receiving a controlled substance. Do Not enter more than one (1) prescription per page. This record must contain ...Date and time received ...Signature of</p>						

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	<p>person receiving medications ..." This policy also stated, " ...Nursing staff must count controlled medications at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together. They must document and report any discrepancies to the Director of Nursing Services ..."</p> <p>3.1-25(e)(2) 3.1-25(e)(3)</p>						