

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

PRINTED: 03/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155181		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/01/2024	
NAME OF PROVIDER OR SUPPLIER  CARMEL HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 118 MEDICAL DR CARMEL, IN 46032			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00425000, IN00428864 and IN00428932.</p> <p>Complaint IN00425000 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00428864 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00428932 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: February 28, 29 and March 1, 2024.</p> <p>Facility number: 000095 Provider number: 155181 AIM number: 100290490</p> <p>Census Bed Type: SNF/NF: 127 SNF: 13 Total: 140</p> <p>Census Payor Type: Medicare: 27 Medicaid: 102 Other: 11 Total: 140</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on March 7, 2024.</p>			F 0000	<p>The plan of correction is to serve as Carmel Health &amp; Living's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Carmel Health &amp; living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</p> <p><b>The facility respectfully requests desk review for the following citations</b></p>		
F 0554 SS=D Bldg. 00	483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer						

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

TITLE

(X6) DATE

Alyssa Holliday

HFA

03/14/2024

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 30 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>medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview and record review, the facility failed to ensure the interdisciplinary team determined a resident was clinically appropriate to self-administer medications for 1 of 1 resident randomly observed for self-administration of medications. (Resident 2)</p> <p>Finding includes:</p> <p>During a random observation, on 2/29/24 at 10:34 a.m., LPN 1 was observed out in the hall, walking, when a staff member informed her Resident 2 was ready for treatment. Upon entering the room of Resident 2, the resident was found sitting in a chair. To her right on her bedside table, within the resident's reach, were two (2) clear medication cups with medications in both and one (1) nebulizer vial which had not been opened. There was no qualified staff with the resident in the room.</p> <p>The clinical record for Resident 2 was reviewed on 2/29/24 at 10:58 a.m. The diagnoses included, but were not limited to, syphilitic endocarditis, melena, and chronic heart failure.</p> <p>A Brief Interview for Mental Status (BIMS) assessment, dated 11/15/23, indicated the resident was cognitively intact at the time of the assessment.</p> <p>There was no self-administration of medication assessment found in the resident's record.</p> <p>There was no physician's order for the resident to self-administer medications found in the record.</p>			F 0554	<p><b>F554: The facility failed to ensure the interdisciplinary team determined a resident was clinically appropriate to self-administer medications for 1 of 1 residents randomly observed for self-administration of medications.</b></p> <p>1. what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>i Resident 2 suffered no ill effect due to this alleged deficient practice.</p> <p>2. The facility will identify other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>i All residents have the potential to be affected by this alleged deficient practice. If medications are observed at bedside medications will be removed unless resident has been assessed and orders are in place for resident to self administer medications.</p> <p>3. what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>i The DON/Designee will provide education to all nursing staff on medication administration,</p>		03/15/2024

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F 0880 SS=D Bldg. 00	<p>There was no care plan for the resident to self-administer medications found in the record.</p> <p>During an interview, on 2/29/24 at 10:35 a.m., LPN 1 indicated she had stepped out of the room to assist another resident.</p> <p>A current facility policy, titled "BEDSIDE MEDICATIONS AND SELF-ADMINISTRATION OF MEDICATIONS," undated and received from the Executive Director on 2/29/24 at 3:34 p.m., indicated "...Each resident who desires to self-administer medication will be permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility...."</p> <p>3.1-11(a)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p>				<p>to include assessment and orders for self-administration.</p> <p>4. how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; i The IDT will be responsible for identifying residents who are appropriate for self-administering medications, IDT will ensure residents have been assessed, orders are in place and care plans reflect self-administration. Audit will be conducted daily for 5 days a week mon-fri for 4 weeks, biweekly for 4 weeks, monthly for 9 months. The results of the audit will be reviewed at the monthly quality assurance meeting until substantial compliance is achieved and maintained. Changes may be established to the auditing process based on the results of the audit.</p> <p>5. By what date the systemic changes for each deficiency will be completed. i Completed 3/15/24</p>		

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	<p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a</p>						

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	<p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, interview and record review, the facility failed to ensure infection control practices were maintained when a staff member failed to remove medication from the packaging in a sanitary manner for 1 of 5 residents reviewed for medication administration. (Resident 3)</p> <p>Finding includes:</p> <p>During an observation of the medication pass, on 3/1/24 at 8:57 a.m., LPN 2 was observed to use her fingers to remove an Acidophilus/Pectin capsule (a probiotic) from the medication bottle and place it in a medication cup for administration to Resident 3.</p> <p>The clinical record for Resident 3 was reviewed on</p>	F 0880	<p><b>F880: The facility failed to ensure infection control practices were maintained when a staff member failed to remove medications from the packaging in a sanitary manner for 1 of 5 residents reviewed for medications administration.</b></p> <p>1. what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>i Resident 3 was not administered that medication. The medication pill was properly disposed of. Resident 3 suffered no ill effect due to this alleged</p>		03/15/2024		

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	<p>3/1/24 at 10:01 a.m. The diagnoses included, but were not limited to, vascular dementia, chronic kidney disease, and insomnia.</p> <p>A physician's order, initiated on 2/26/24, indicated to give Acidophilus-Pectin 75 million cells 100 mg (milligram), two (2) capsules once a day.</p> <p>During an interview, on 3/1/24 at 9:11 a.m., LPN 2 indicated she was not to use her fingers to remove medications from the bottle, she did have a spoon on the cart which could be used to remove the medication from the container.</p> <p>A current facility procedure, titled "Licensed Nurse Med Pass Clinical Skills Validation," undated and received from the Executive Director on 3/1/24 at 12:06 p.m., indicated "...Tablets and capsules were handled so that fingers do not touch medication...."</p> <p>3.1-18(b)</p>				<p>deficient practice.</p> <p>2. The facility will identify other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; i All residents have the potential to be affected. If meds are touched by nursing staff hands those meds will not be administered to the resident and properly disposed of.</p> <p>3. what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; i The DON/Designee will provide education to all nursing staff on medication administration, to include assessment and orders for self-administration.</p> <p>4. how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; i The DON/Designee will be responsible to observe med pass to verify nurses are always maintaining infection control practices during med pass and removing medications from the packaging in a sanitary manner for all residents. Audits will be conducted daily for 5 days a week Mon-Fri for 4 weeks, biweekly for 4 weeks, monthly for 9 months. The results of the audit will be reviewed at the monthly quality</p>		

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			assurance meeting until substantial compliance is achieved and maintained. Changes may be established to the auditing process, based upon the results of the audit. 5. By what date the systemic changes for each deficiency will be completed. i Completed 3/15/24		