

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2021
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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY ROAD CARMEL, IN 46033
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00358066, IN00360444 and IN00361160.</p> <p>Complaint IN00358066 - Substantiated. Federal/State deficiencies related to the allegations are cited at F755 and F842.</p> <p>Complaint IN00360444 - Substantiated. Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Complaint IN00361160 - Substantiated. Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Survey dates: August 25, 26 and 27, 2021</p> <p>Facility number: 012548 Provider number: 155790 AIM number: 201023760</p> <p>Census Bed Type: SNF/NF: 81 Total: 81</p> <p>Census Payor Type: Medicare: 9 Medicaid: 55 Other: 17 Total: 81</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on September 7, 2021.</p>	F 0000		

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 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 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 observation, interview and record review, the facility failed to ensure the controlled substance (narcotics) counts were</p>	F 0755	The Plan of Correction is the center's credible allegation of compliance. Preparation and	09/22/2021

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	<p>verified and documented for 3 of 3 Shift Change Controlled Substance Inventory Tracker documentation's reviewed. (3000 Hall, 2000 Hall and 5000 Hall)</p> <p>Findings include:</p> <ol style="list-style-type: none"> The 3000 hall "Shift Change Controlled Substance Inventory Tracker," from 7/31/21 through 8/19/21, provided by RN 1, on 08/25/21 at 5:35 a.m., indicated missing signatures for the following days: <ol style="list-style-type: none"> 7/31/21 through 8/4/21 8/6/21 through 8/8/21 8/10/21 and 8/11/21 8/13/21 8/15/21 through 8/19/21 The 2000 hall "Shift Change Controlled Substance Inventory Tracker," from 7/31/21 through 8/26/21, provided by the DON (Director of Nursing), on 08/25/21 at 10:06 a.m., indicated missing signatures for the following days: <ol style="list-style-type: none"> 7/31/21 through 8/26/21 The 5000 hall "Shift Change Controlled Substance Inventory Tracker," dated 8/6/21 through 8/25/21, provided by the DON, for 08/26/21 at 10:45 a.m., indicated missing signatures on the following days: <ol style="list-style-type: none"> 8/6/21 through 8/20/21 8/23/21 through 8/25/21 <p>During an interview, on 8/27/21 at 4:00 p.m., the DON indicated the Shift Change Controlled Substance Inventory Tracker sheets should be completed in all areas including 2 signatures from the on-coming and off-going nurses indicating the narcotic count was accurate at the beginning of each shift.</p>		<p>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. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.</p> <p>F755 – Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <ol style="list-style-type: none"> No residents were affected by the deficient practice. All residents have the potential to be affected. An audit was performed on all halls to validate the accuracy of the narcotic sheets, cards, and inventory tracker sheets. All licensed nurses and qualified medication aides were in serviced on policy "Medication Controlled Drugs and Security" DON/designee will audit shift change controlled substance inventory tracker sheets for signatures and accuracy 5 days per week x 30 days than 3 days per week x 2 months and weekly x 3 months thereafter. The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be 	

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F 0842 SS=D Bldg. 00	<p>A current facility policy, titled "Medication Controlled Drugs and Security," dated 04/11/2014 and provided by the Executive Director on 08/26/21 at 10:38 a.m., indicated "...a. Controlled drugs as well as the controlled drug count sheets and cards, are counted every shift change by the nurse reporting on duty with the nurse reporting off duty...c. The inventory of the controlled drugs count sheets and the number of cards must be recorded on the narcotic records and signed for correctness of count. d. The controlled drug record must be signed by the nurse coming on duty and going off duty to verify that the count of all controlled drugs is correct after the count has been completed...."</p> <p>This Federal Tag relates to Complaint IN00358066.</p> <p>3.1-25(e)(3)</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-</p>		<p>reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>5) Date of Compliance: 9-22-21</p>				

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	<p>(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 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; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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 (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p>				

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	<p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission 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. <p>Based on interview and record review, the facility failed to maintain medical records which were complete and accurate for 3 of 3 (MAR) Medication Administration Records reviewed (Residents B, C, and D).</p> <p>Findings include:</p> <p>1. Resident B's medical record was reviewed on 08/25/21 at 10:00 a.m. Diagnoses included, but were not limited to, surgical care after spinal surgery, spinal disc degeneration and difficulty walking.</p> <p>The MAR and the Controlled Drug Administration record did not match.</p> <p>a. An order, dated 8/12/21 and discontinued 8/16/21, indicated Oxycodone IR (immediate release) 20 mg (milligrams), give 20 mg every 4 hours for pain, scheduled for 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m.</p> <p>- On 8/12/21, there was not any indication the</p>	F 0842	<p>F842 – Resident Records – Identifiable Information</p> <ul style="list-style-type: none"> 1) Resident B, Resident C, and Resident D could not be identified due to confidentiality 2) All residents receiving narcotics have the potential to be affected by the deficient practice. An audit of the last 14 days of administered narcotics was completed and compared to the administration record to validate accuracy and completion. Any findings were reported to the physician, resident, family, and investigated. 3) All licensed nurses and qualified medication aides were in serviced on policy “Medication Administration” 4) DON/designee will audit 5 residents per day/5 days a week x 30 days to validate that the Medication Administration Record and the controlled drug 	09/22/2021

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	<p>medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 3:00 a.m., 12:00 p.m., and 8:00 p.m.</p> <p>- On 8/13/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 1:30 a.m., 1:00 p.m., 4:00 p.m., and 9:00 p.m.</p> <p>- On 8/14/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 2:33 a.m., 8:00 a.m., and 3:00 p.m.</p> <p>- On 8/15/21, the MAR indicated the resident received the medication at 12:00 p.m., 4:00 p.m., and 8:00 p.m., however the Controlled Drug Administration record indicated it was given at 4:43 a.m., 8:00 a.m., an unreadable time., 5:00 p.m., and 8:00 p.m.</p> <p>- On 8/16/21, the MAR indicated the resident received the medication at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., and 4:00 p.m., however this was not documented on the Controlled Drug Administration record.</p> <p>b. An order, dated 8/16/21 and discontinued 8/23/21, indicated Oxycodone IR 20 mg, give 20 mg every 4 hours for pain, scheduled for 12:00 a.m., 2:00 a.m., 6:00 a.m., 10:00 p.m., 2:00 p.m., 6:00 p.m., and 10:00 p.m.</p> <p>- On 8/16/21, the MAR indicated the resident received the medication at 6:00 p.m., however the Controlled Drug Administration record indicated it was given at 12:00 a.m., 4:00 a.m., 9:00 a.m., 1:00 p.m., and 2 additional doses that did not indicate a time.</p> <p>- On 8/17/21, the MAR indicated the resident received the medication at 2:00 a.m., 6:00 a.m.,</p>		<p>administration records are both accurate and reflect the administration times on each, then they will audit 5 residents per day/3 days per week x 2 months and 5 residents per week x 3 months thereafter. The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>5) Date of Compliance: 9-22-21</p>	

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	<p>10:00 a.m., 2:00 p.m., 6:00 p.m., and 10:00 p.m., however the Controlled Drug Administration record indicated it was given at a non-indicated time and 6:00 p.m.</p> <p>- On 8/18/21, the MAR indicated the resident received the medication at 2:00 a.m., 6:00 a.m., and 10:00 a.m., however the Controlled Drug Administration record indicated it was given at 2:05 a.m., 6:25 a.m., and 2:00 p.m.</p> <p>- On 8/19/21, the MAR indicated the resident received the medication at 2:00 a.m., 6:00 a.m., and 10:00 a.m., however this was not documented in the Controlled Drug Administration record.</p> <p>c. An order, dated 8/12/21 and discontinued 8/23/21, indicated Oxycodone ER (extended release) 20 mg, give 20 mg every 12 hours for pain, scheduled for 8:00 a.m. and 8:00 p.m.</p> <p>- On 8/12/21, the MAR indicated the resident received the medication at 8:00 a.m., and 8:00 p.m., however the Controlled Drug Administration record indicated it was given at 5:00 a.m.</p> <p>- On 8/14/21, the MAR indicated the resident received the medication at 8:00 a.m., and 8:00 p.m., however the Controlled Drug Administration record indicated it was given 3:00 p.m.</p> <p>- On 8/16/21, the MAR indicated the resident received the medication at 8:00 a.m., and 8:00 p.m., however the Controlled Drug Administration record indicated it was given at 6:00 p.m., and 10:00 p.m.</p> <p>- On 8/17/21, the MAR indicated the resident received the medication at 8:00 a.m., and 8:00 p.m., however this was not documented in the Controlled Drug Administration record.</p> <p>- On 8/18/21, the MAR indicated the resident</p>			

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	<p>received the medication at 8:00 a.m., however this was not documented in the Controlled Drug Administration record.</p> <p>- On 8/19/21, the MAR indicated the resident received the medication at 8:00 a.m., however this was not documented in the Controlled Drug Administration record.</p> <p>2. The record for Resident C was reviewed on 8/27/21 at 10:00 a.m. Diagnoses included, but were not limited to, osteomyelitis (bone infection) of her right ankle and foot, cellulitis, seizures and celiac disease (inability to tolerate gluten).</p> <p>The MAR and the Controlled Drug Administration record did not match</p> <p>a. An order, dated 8/20/21, indicated Oxycodone 10 mg, give 10 mg every 4 hours as needed for pain.</p> <p>The MAR indicated the following:</p> <p>- On 8/20/21, the MAR indicated the resident received the medication at 12:34 p.m., however the Controlled Drug Administration record indicated it was given at 5:05 a.m., and 9:00 a.m.</p> <p>- On 8/21/21, the MAR indicated the resident received the medication at 2:03 a.m., however the Controlled Drug Administration record indicated it was given at 2:05 a.m., and 11:30 a.m.</p> <p>- On 8/23/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 3:10 a.m.</p> <p>- On 8/24/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 10:34 a.m.</p>			

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	<p>- On 8/25/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 4:00 a.m., and 11:00 a.m., the 11:00 a.m., dose was signed out twice.</p> <p>b. An order, dated 8/23/21, indicated Oxycodone IR 5 mg, give 5 mg three times a day for pain, scheduled for 6:00 a.m., 2:00 p.m., and 10:00 p.m.</p> <p>- On 8/27/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 1:00 p.m.</p> <p>3. The record for Resident D was reviewed on 8/26/21 at 1:00 p.m. Diagnoses included, but were not limited to, depression, opioid dependencies and polyneuropathy (condition involving the nervous system causing numbness, tingling and pain).</p> <p>a. An order, dated 8/12/21, indicated Oxycodone-Acetaminophen 7.5 mg-325 mg, give 1 tablet every 4 hours as needed for pain.</p> <p>The MAR and the Controlled Drug Administration record did not match.</p> <p>- On 8/12/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at an unreadable time.</p> <p>- On 8/13/21, the MAR indicated the resident received the medication at 12:15 a.m., and 8:30 a.m., however the Controlled Drug Administration record indicated it was given at</p>			

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	<p>4:13 p.m., and 9:00 p.m.</p> <p>- On 8/14/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 7:00 a.m., and 5:00 p.m.</p> <p>- On 8/15/21, the MAR indicated the resident received the medication at 5:56 p.m., however the Controlled Drug Administration record indicated it was given at 9:00 p.m., and 11:25 p.m.</p> <p>- On 8/16/21, the MAR indicated the resident received the medication at 7:18 a.m., and 5:32 p.m., however the Controlled Drug Administration record indicated it was given at 9:00 a.m., and 9:00 p.m.</p> <p>- On 8/19/21, the MAR indicated the resident received the medication at 8:25 p.m., however the Controlled Drug Administration record indicated it was given at 8:00 a.m., and 7:00 p.m.</p> <p>- On 8/20/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 2:00 p.m., and 9:00 a.m. The 9:00 a.m. dose was signed out after the 2:00 p.m. dose.</p> <p>- On 8/22/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 3:00 p.m., and 8:00 p.m.</p> <p>- On 8/23/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 1:30 p.m.</p> <p>- On 8/24/21, there was not any indication the medication was administered on the MAR, however the Controlled Drug Administration record indicated it was given at 8:00 p.m.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/27/2021	
NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY ROAD CARMEL, IN 46033			
(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			
	<p>During an interview, on 8/27/21 at 4:00 p.m., the Director of Nursing indicated narcotics should be signed off on the resident's medication administration record and on the Controlled Drug Administration record and it was the expectation for medications to be administered as the physician ordered.</p> <p>A current facility policy, titled "Medication Administration," dated 4/20/2017 and provided by the Executive Director on 8/25/21 at 8:00 a.m., indicated "...a. Sign out narcotic controlled substance from narcotic count when removed b. Record narcotic in MAR..."</p> <p>This Federal Tag relates to Complaint IN00358066, IN00360444 and IN00361160.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>						