

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

PRINTED: 04/15/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155193		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/27/2024	
NAME OF PROVIDER OR SUPPLIER GREENWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 377 WESTRIDGE BLVD GREENWOOD, IN 46142			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00428939, IN00429015, IN00429421, IN00429935, and IN00429980.</p> <p>Complaint IN00428939 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429015 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429421 - Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Complaint IN00429935 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429980 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 25, 26, and 27, 2024</p> <p>Facility number: 000101 Provider number: 155193 AIM number: 100291290</p> <p>Census Bed Type: SNF/NF: 168 Total: 168</p> <p>Census Payor Type: Medicare: 4 Medicaid: 127 Other: 37 Total: 168</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	
Linda Turner				HFA		04/10/2024	

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 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=D Bldg. 00	<p>Quality review completed March 28, 2024.</p> <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>			F 0755	F755		04/12/2024

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	<p>Based on interview and record review, the facility failed to ensure accurate reconciliation and accounting for narcotics (controlled medications) were performed for 2 of 3 shifts reviewed. (LPN 2, LPN 3, RN 4)</p> <p>Findings include:</p> <p>On 3/26/24 at 9:00 a.m., Resident D's clinical record was reviewed.</p> <p>Resident D's physician orders included, but were not limited to, oxycodone (narcotic/controlled pain medication) 5 mg (milligrams) every 8 hours as needed for pain, started on 2/22/24 and discontinued on 2/23/24.</p> <p>The February Medication Administration Record (MAR) indicated Resident D had not received any oxycodone pain medication during the month of February.</p> <p>During an interview on 3/26/24 at 10:05 a.m., the Assistant Director of Nursing Services (ADNS) indicated the facility Controlled Drug Administration Record reflected no oxycodone were administered to Resident D. Additionally, the 30 oxycodone tablets were missing from the narcotic box. The number of tablets in the lock box and paper document should have matched.</p> <p>During an interview on 3/26/24 at 10:20 a.m., the ADNS indicated the following:</p> <p>- On 2/25/24 Licensed Practical Nurse (LPN) 2 worked the 6:00 a.m. to 2:00 p.m. shift on the 200 hall. At the end of the shift, LPN 2 and Registered Nurse (RN) 4 were notified that the next shift staff member, LPN 3 would be late reporting to work.</p>				<p>Pharmacy Svs /Procedures/Pharmacist/Records</p> <p>It is the standard of this facility to follow Pharmacy procedures related to narcotic reconciliation.</p> <p>-What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were affected by the alleged deficient practice.</p> <p>-How will the facility identify residents having the potential to be affected by the same deficient practice?</p> <p>All residents with narcotic orders have the potential to be affected. All narcotic count sheets for residents with narcotics ordered were reviewed. The narcotics were counted and accounted for. No other residents were affected.</p> <p>-What measure will be put into place and what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>Pharmacy will complete an audit of narcotic reconciliations quarterly. Nurses and Qualified Medication Aides were educated on the procedure of counting and reconciling narcotics.</p>		

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	<p>- RN 4 advised LPN 2 to complete a "fast narcotic count [not a detailed count]" and then give the medication cart keys to RN 4. RN 4 would then give the medication cart keys to LPN 3 upon her arrival. LPN 2 conducted the narcotic count and indicated all 30 oxycodone tablets were in the narcotic lock box which was located inside the medication cart.</p> <p>- On 2/25/24 at 3:45 p.m., LPN 3 arrived at the facility and began her work duties on the 200 hall. LPN 3 failed to conduct a narcotic count upon her arrival at the facility. LPN 3 worked until 6:00 a.m. on 2/26/24. LPN 3 had not given any oxycodone tablets to Resident D during LPN 3's shift.</p> <p>- On 2/26/24 at 6:00 a.m., LPN 3 and LPN 5 conducted the narcotic count. At that time, it was discovered 30 oxycodone tablets were missing from the narcotic lock box. LPN 3 notified management of the missing narcotics.</p> <p>- The facility conducted an investigation of the missing 30 oxycodone tablets. The facility was unable to determine what happened to the missing narcotic tablets. LPN 2 and LPN 3 failed to follow the narcotic count procedures. Two nurses were to reconcile all narcotics in the lock boxes with the paper record document at the start and end of each shift as indicated by facility policy.</p> <p>During an interview on 3/26/24 at 11:20 a.m., LPN 2 indicated the following:</p> <p>- On 2/25/24, she was assigned the 200 hall and had worked the 6:00 a.m. to 2:00 p.m. shift.</p> <p>- At the beginning of the shift, she completed the narcotic count by herself as no other staff were available to witness the narcotic count.</p>				<p>-How will the corrective actions be monitored to ensure the alleged deficient practice will not recur?</p> <p>Unit Manager or designee will review Narcotic Reconciliations 5 times weekly times 4 weeks, then 4 times monthly for 6 months and quarterly thereafter until 100% compliance is achieved. The results of these audits will be reported to the facility Quality Assurance (QAPI) committee.</p> <p>-By what date the systemic changes for each deficiency will be completed?</p> <p>April 12, 2024</p>		

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	<p>- LPN 2 indicated Resident D had not complained of pain and no pain medication was given during the shift.</p> <p>- At the end of the shift, RN 4 notified LPN 2 that her relief staff person LPN 3 would be late.</p> <p>- RN 4 directed LPN 2 to complete a "fast narcotic count [not a detailed count]" and to give the medication cart keys to RN 4.</p> <p>- LPN 2 indicated RN 4 was sitting at the nurses station and was about 6 feet away from the medication cart while LPN 2 conducted the narcotic count. RN 4 did not have a direct line of vision of the narcotic box while LPN 2 conducted the narcotic count.</p> <p>- LPN 2 indicated there were 30 oxycodone tablets observed in the narcotic box.</p> <p>On 3/26/24 at 1:22 p.m., the Administrator provided a copy of the Pharmacy Delivery Manifest. A review of the document indicated on 2/24/24 at 5:53 a.m., the pharmacy delivered 30 tablets of oxycodone 5 mg for Resident D. The document was signed by Qualified Medication Aide (QMA) 7 as receiving the medication.</p> <p>During an interview on 3/26/24 at 2:25 p.m., RN 6 indicated two staff members were to conduct and reconcile the narcotic counts at the start and end of each shift.</p> <p>On 3/27/24 at 11:10 a.m., the ADNS provided the February 2024 Controlled Drug Administration Record (document used to track and monitor controlled medications including, but not limited to, oxycodone). A review of the document</p>						

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	<p>indicated, on 2/24/24 the pharmacy delivered 30 tablets of oxycodone 5 mg for Resident D. QMA 7 signed the document indicating the receipt of the 30 tablets. The document indicated no oxycodone tablets were administered to Resident D during the month of February.</p> <p>On 3/27/24 at 8:50 a.m. the Administrator provided an undated copy of the Controlled Substance Storage policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state and other applicable laws and regulations...medications subject to abuse or diversion are stored in a permanently affixed, double locked compartment...controlled substance accountability record is prepared by the pharmacy/facility...at each shift change, or when keys are transferred, a physical inventory of all controlled substances...is conducted by two licensed personnel and is documented..."</p> <p>This Federal tag relates to Compliant IN00429421.</p> <p>3.1-25(e)(3)</p>						