

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

PRINTED: 11/18/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/24/2024	
NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 8181 HARCOURT RD INDIANAPOLIS, IN 46260			
(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 Complaint IN00445242.</p> <p>Complaint IN00445242 - Federal/state deficiencies related to the allegations are cited at F812.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: October 23 and 24, 2024</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Census Bed Type: SNF/NF: 74 SNF: 4 Total: 78</p> <p>Census Payor Type: Medicare: 1 Medicaid: 63 Other: 14 Total: 78</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on October 31, 2024.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any confusion set forth in the statement of deficiencies or of any violation of the regulation. This provider request that the 2correction be considered the letter of credible allegation and request desk review (paper compliance) on or after 11/18/24</p>		
F 0554 SS=D Bldg. 00	<p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident had been assessed to self-administer medications for 1</p>			F 0554	<p>1 It ius the policy of facility for nurse to watch taking of medications, unless a</p>		11/18/2024

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

TITLE

(X6) DATE

Scott Piotrowicz

Executive Director

11/15/2024

Any defenciency statement ending with an asterisk (*) denotes a defidency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclso 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>of 1 resident reviewed for medication administration. (Resident B)</p> <p>Finding includes:</p> <p>During an interview and observation, on 10/23/24 at 9:16 a.m., Resident B was up in her room. A clear plastic cup was noted on the table with approximately eight pills in the cup. Resident B indicated the nurse brought the medications to her when she was bathing or dressing and she was to take the medications when she ate, so the nurse left the pills in the room. The resident's breakfast tray was noted to be on the table and untouched.</p> <p>The clinical record for Resident B was reviewed on 10/23/24 at 10:27 a.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus, end stage renal disease, and chronic systolic heart failure.</p> <p>There was no physician's order, care plan or assessment to indicate the resident was able to self-administer medications found in the record.</p> <p>During an interview, on 10/23/24 at 9:45 a.m., RN 1 indicated she went to administer medications to Resident B this morning and was called out of the room. She indicated she was going to return to the room, and she should not have left the medications in the room. The resident did not have an order, an assessment, or a care plan for self-administration of medications.</p> <p>During an interview, on 10/23/24 at 11:08 a.m., the Director of Nursing indicated Resident B did not have a physician's order, care plan or self-administration assessment.</p>				<p>self-administration assessment is done. Resident B was assessed and was deemed capable of self administration and it has been care planned and Physician order obtained.</p> <p>2 All residents have the right to self-administer medications upon assessment, care plan and Physician order in place. All resident could be affected. DNS/Designee assed residents for self-administration of medications and there are three (3) other residents with self-administration orders. All others have been deemed incapable or have no desire to self-administer medications.</p> <p>3 All Nurses and QMA's will be in-serviced on med pass and self-administration and audits/observations will be performed by DON or designee for compliance</p> <p>4 The DON or designee will audit med pass for compliance for 5 times a week for 4 weeks, then 3 times a week for 4 weeks and monthly for 6 months. Findings will be reported to Quality Assurance Committee for review. If 1005 is not achieved an action plan will be developed.</p>		

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F 0812 SS=D Bldg. 00	<p>A current facility policy, titled "Self Administration of Medications," dated as last reviewed 1/2015 and received from the Director of Nursing on 10/23/24 at 1:32 p.m., indicated "...If a resident desires to participate in self-administration, the Interdisciplinary Team will assess the competence of the resident to participate by completing the "Self-Administration of Medication Assessment" observation...A physician order will be obtained specifying the resident's ability to self-administer medications...The resident's care plan will be updated to include self administration...."</p> <p>3.1-11(a)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary Based on observation, interview and record review, the facility failed to ensure cups were free of film/build up from hard water prior to using the cups to serve drinks to residents for 1 of 1 dishwasher reviewed.</p> <p>Finding includes:</p> <p>During an observation of the kitchen, on 10/23/24 at 8:59 a.m., clean cups were found to be stored in the dishwasher room. They were stored bottom up in large plastic dishwasher crates in a shallow square container with wheels that set up off the floor approximately six inches. There were 18 of 29 cups found to have a white film in the bottom, inside of the cups. The film could be scrapped off the bottom of the cup. There were also an additional 9 of 9 cups with handles, found stored in a separate dishwasher crate, also containing a film at the bottom.</p>		F 0812	<p>1 It is the policy of facility to provide clean dishware for our residents. Cups were removed from usage until film, from hard water, was removed.</p> <p>2 Potentially all residents could be affected by this practice. All cups were reviewed by Kitchen Manager to ensure the cups were clean before using.</p> <p>3 Dietary Staff were in serviced on making sure all glasses are cleaned and by soaking glasses in a de-lime solution and then reran through dishwasher to ensure that the glasses are free from any film. ED/Designee will review cleanliness of drinking cups</p> <p>4 The Dietary Manger or Designee will audit cups daily to</p>		11/18/2024	

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	<p>During an interview, on 10/23/24 at 9:01 a.m., Dietary Staff 2 indicated the cups were used to serve fluids. The Kitchen Manager supplied the salt, and they were out of salt. All the cups had been washed.</p> <p>During a random observation, on 10/23/24 at 9:09 a.m., Resident B was observed to move his bedside table with his breakfast tray on top of the table, into the hall, by his door. One of the two cups on the tray was found to have a white film on the inside bottom of the cup.</p> <p>During an interview, on 10/23/24 at 9:06 a.m., the Executive Director indicated the facility did use the cups for serving fluids.</p> <p>During an observation, on 10/23/24 at 9:12 a.m., Resident C was found to have two empty cups on his tray. Both cups were found to have a white film on the inside bottom of the cups.</p> <p>During an interview, on 10/23/24 at 9:16 a.m., Resident D indicated the facility was using "dirty cups".</p> <p>During an interview, on 10/23/24 at 9:33 a.m., the Executive Director indicated salt was needed to soften the water. The staff could wash/scrub the film out of the cups by hand when there was no salt.</p> <p>During an interview, on 10/23/24 at 10:51 a.m., the Executive Director indicated the facility had hard water, once the staff soaked the cups the film would come out.</p> <p>During an observation, of the mid-day meal on the Memory Care Unit, on 10/23/24 at 1:27 p.m., Resident E was observed to have a cup of water.</p>				<p>insure that there is no film 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then once weekly there after. All findings will be reported to the Quality Assurance Committee for review. If 100% not achieved an action plan will be implemented.</p>		

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	<p>A white film was observed, inside the cup, at the bottom.</p> <p>During an observation, of the mid-day meal on the Memory Care Unit, on 10/23/24 at 1:28 p.m. Resident F was observed to have a cup of water with a noted white film, inside the cup, at the bottom.</p> <p>During the exit conference, on 10/24/24 beginning at 10:51 a.m., the Executive Director indicated the facility had hard water and the film was the sanitizer.</p> <p>A current facility policy, titled "Cleaning Dishes," dated as last revised in 4/2024 and received from the Director of Nursing on 10/23/24 at 1:44 p.m., indicated "...Scrape, rinse or soak items before washing...Check each rack for soiled items as it comes out of the machine...Run dirty items through again until they are clean...."</p> <p>This citation relates to Complaint IN00445242.</p> <p>3.1-21(i)(3)</p>						