

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

PRINTED: 04/10/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155668		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/18/2025	
NAME OF PROVIDER OR SUPPLIER CHARLESTOWN PLACE AT NEW ALBANY				STREET ADDRESS, CITY, STATE, ZIP COD 4915 CHARLESTOWN RD NEW ALBANY, IN 47150			
(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 Nursing Home Complaints IN00454370 and IN00454530.</p> <p>This visit was in conjunction with the PSR (Post Survey Revisit) for Complaints IN00453742 and IN00453811.</p> <p>Complaint IN00454370 - Federal/State deficiency related to the allegations is cited at F622.</p> <p>Complaint IN00454530 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00453742 - Corrected.</p> <p>Complaint IN00453811 - Corrected.</p> <p>Survey dates: March 17 and 18, 2025</p> <p>Facility number: 001144 Provider number: 155668 AIM number: 200256980</p> <p>Census Bed Type: SNF/NF: 136 Residential: 9 Total: 145</p> <p>Census Payor Type: Medicare: 34 Medicaid: 64 Other: 38 Total: 136</p> <p>This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>Please accept the following plan of correction for the survey that was completed on March 18, 2025 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth, facts alleged, or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. We respectfully request consideration for a desk review to ensure compliance.</p>		

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

TITLE

(X6) DATE

Jesse

Ray

04/03/2025

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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F 0622 SS=E Bldg. 00	<p>Quality review completed on March 24, 2025.</p> <p>483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements</p> <p>Based on interview and record review, the facility failed to ensure information was provided to the receiving emergency department (Resident B) pending arrival for 1 of 3 residents and failed to ensure the bed hold policies were provided to residents (Resident B, Resident C, Resident D and Resident E) discharged to the hospital for 4 of 4 residents reviewed for transfers/discharges.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 3/17/25 at 10:36 a.m. The resident's diagnoses included, but were not limited to, venous insufficiency and diabetes.</p> <p>The progress note, dated 2/25/25 at 10:33 a.m., indicated the resident was transferred to the hospital due to altered mental status.</p> <p>The facility hospital transfer form, dated 2/25/25 at 10:00 a.m., indicated the physician and family were notified of the transfer.</p> <p>The transfer form and clinical record lacked documentation of the hospital notification of the resident's pending arrival and the bed hold documentation was provided to the resident prior to discharge.</p> <p>During an interview, on 3/18/25 at 9:15 a.m., Staff Member 3 indicated if a resident was sent out to the hospital, the report should be call to the hospital and documentation would be in place of whom the report was called to.</p>			F 0622	<p>1.</p> <ul style="list-style-type: none"> Resident B discharged home successfully on 3/19/25 Residents B, C, F, G: Returned to the facility with no adverse outcomes. <p>2.</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. <p>The hospital transfer form was reviewed by the Director of Nursing on 3/19/25 to verify the inclusion of documentation of hospital notification with contact name and time.</p> <ul style="list-style-type: none"> The Bed Hold Policy will be provided to the resident or responsible party upon transfer and a hard copy sent with EMS along with the facility transfer information packet and facility staff will document in the medical record accordingly. <p>The bed hold policy will be placed in a white envelope labeled "Transfer" at each nurse's station. The bed hold policy along with the transfer paperwork will be placed in the envelope and sent with the resident to the hospital. This is to be documented in the medical record.</p> <p>This information will be verified by the nursing</p>		03/29/2025

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	<p>During an interview, on 3/18/25 at 9:40 a.m., the Director of Nursing indicated if the bed hold policy was given to the resident at the time of discharge to the hospital, there would be documented in the resident's progress notes.</p> <p>During an interview, on 3/18/25 at 10:18 a.m., RN (Registered Nurse) 2 indicated she notified the son of Resident B's discharge, but did not call the emergency department or give a report of the resident's pending arrival.</p> <p>2. The clinical record for Resident C was reviewed on 3/17/25 at 11:35 a.m. The resident's diagnosis included, but was not limited to, left femur fracture.</p> <p>The progress note, dated 3/1/25 at 12:20 a.m., indicated the resident was found sitting on the floor at the foot of her bed with her wheelchair three feet away. The resident complained of right hip and leg pain. The physician was notified, and a new order was received to send the resident to the emergency department for evaluation.</p> <p>The clinical record lacked documentation of the bed hold information given to the resident and the bed hold being provided to the resident prior to discharge.</p> <p>3. The clinical record for Resident F was reviewed on 3/18/25 at 10:32 a.m. The resident's diagnoses included but was not limited to benign prostatic hyperplasia and stage 5 kidney disease.</p> <p>The progress note, dated 3/3/25 at 12:35 p.m., indicated the resident's urine was red in color and the resident had coughed up bloody mucus. The physician was notified and a new order was</p>				<p>administration on shift.</p> <p>3.</p> <ul style="list-style-type: none"> Licensed nursing staff were re-educated by the Staff Development Coordinator and Director of Nursing, starting on 3/19/25 and completed on 3/28/25. Regulatory requirements for hospital transfers and bed hold notifications. Expectations for timely communication with receiving facilities and upon acute care transfers with supporting documentation. Sign-in sheets and content of the in-services will be maintained for verification. <p>4.</p> <ul style="list-style-type: none"> Daily audits of all transfers to the hospital will be conducted by Nursing Administration x 4 weeks, then monthly x 2 months. Audits will confirm: Hospital or receiving facility was notified and report given Bed hold notice provided and confirmation documented in the medical record. <p>Any corrective action needed when performing the above audits will be completed immediately. Findings will be submitted to the monthly QAPI Committee for review and further recommendations for a minimum of three (3) months or until audit compliance is maintained at 100% then on-going per routine QAPI</p>		

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	<p>obtained to send the resident to the emergency department for evaluation.</p> <p>The clinical record lacked documentation of the bed hold documentation being provided to the resident prior to discharge.</p> <p>4. The clinical record for Resident G was reviewed on 3/18/25 at 2:47 p.m. The resident's diagnoses included, but were not limited to, atrial fibrillation and congestive heart failure.</p> <p>The progress note, dated 1/26/25 at 1:53 a.m., indicated the resident spoke to a family member and felt she was in respiratory distress. The family called 911 and the resident was sent to the emergency department.</p> <p>The clinical record lacked documentation of the bed hold documentation being provided to the resident prior to hospital discharge.</p> <p>This Citation relates to Complaint IN00454370</p> <p>3.1-12(a)25(A) 3.1-12(a)25(B)</p>				reviews.		