

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

PRINTED: 11/12/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155152		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/16/2024	
NAME OF PROVIDER OR SUPPLIER MONTICELLO HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 1120 N MAIN ST MONTICELLO, IN 47960			
(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 IN00443901 and IN00444365.</p> <p>Complaint IN00443901 - Federal/state deficiencies related to the allegations are cited at F761.</p> <p>Complaint IN00444365 - Federal/state deficiencies related to the allegations are cited at F761.</p> <p>Survey dates: October 15 & 16, 2024</p> <p>Facility number: 000072 Provider number: 155152 AIM number: 100287440</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 4 Medicaid: 58 Other: 11 Total: 73</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 10/22/24.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relatively low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after 11/3/24</p>		
F 0761 SS=E Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were stored in accordance with professional standards related to medications for multiple</p>			F 0761	<p>It is the practice of this facility to ensure drugs and biologicals are stored properly.</p>		11/03/2024

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

TITLE

(X6) DATE

Christopher Schiavone

Executive Director

11/01/2024

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 disclosed 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>residents stored in the cabinet without the resident's name, medication name, prescribed dose, strength, and expiration date for 1 of 2 medication rooms observed. (Residents D, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, and Z)</p> <p>Finding includes:</p> <p>During an observation of the BCD Unit Medication room on 10/15/24 at 4:35 p.m., there were multiple paper medication cups stored with medication in the cups. The medication cups had another paper medication cup covering the medications. The medication cups used to cover the medications had initials and a 5, 6, or 7 written on them.</p> <p>During an interview at the time of the observation, LPN 1 indicated the medications in the medication cups were for the 5 p.m., 6 p.m., and 7 p.m. medication passes for Residents D, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, and Z. The medications should not have been set up and stored prior to the medication administration.</p> <p>During an interview on 10/15/24 at 4:40 p.m., the Director of Nursing indicated the medications were not to be set up and stored in the medication room prior to the medication administration times.</p> <p>A facility procedure for medication administration, dated 7/2023 and received as current from the Administrator, indicated medications were to be prepared for one resident at a time.</p> <p>A facility policy for storage of medications, dated 8/2024 and received from the Administrator as current, indicated the facility was to ensure the medications for each resident were stored in containers they were originally received in.</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All medications identified were destroyed per policy. Residents were given their medications as ordered. LPN #1 was provided education on medication administration and storage of medications. All nurses educated on proper storage of medication. Med rooms and med carts have been audited for proper storage.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected. Medication storage audit will be completed by DNS/designee on or before 11/3/24</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All Licensed Nurses and Qualified Medical Assistants will be in-serviced on proper storage of medications and not presetting medications by 11/3/24. DNS/designee will conduct rounds to identify any concerns related to</p>		

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	This citation relates to Complaints IN00443901 and IN00444365. 3.1-25(j)		proper storage. 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: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The Director of Nursing/designee will be responsible for completing the QAPI Audit tool "Medication Storage review" weekly for 4 weeks, monthly for 6 months, and quarterly thereafter for at least 2 quarters. Findings will be submitted to the QAPI Committee for review and follow up.		