STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155780	A. BUILDING 00 B. WING	11/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HOMESTEAD HEALTHCARE CENTER	7465 MADISON AVE INDIANAPOLIS, IN 46227

(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	This visit was for the Investigation of Complaint IN00395452. Complaint IN00395452 - Substantiated. Federal/State deficiencies related to the allegations are cited at F842. Survey date: November 28, 2022 Facility number: 012225 Provider number: 155780 AIM number: 200983560 Census Bed Type: SNF/NF: 53 Total: 53 Census Payor Type: Medicaid: 48 Other: 5 Total: 53 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed December 1, 2022.	F 0000		
F 0842 SS=A Bldg. 00	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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Justin Lai	Executive Director	12/16/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency 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 disclo 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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	itself is permitted to do so. §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- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §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- (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. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for-			

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	(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. §483.70(i)(5) The medical record must contain- (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.			
	Based on observation, interview, and record review, the facility failed to ensure the accuracy of clinical records for 1 of 3 employees reviewed. A QMA (Qualified Medication Aide) documented as an LPN (Licensed Practical Nurse). Findings includes: On 11/28/22 at 9:23 a.m., the Director of Nursing provided a copy of a list of employees with titles and indicated this was the current list of employees and titles. A review of the list indicated the facility employed an Electronic Health Records Coordinator LPN. During an interview on 11/28/22 at 12:13 p.m., QMA 1 indicated she was the Medical Records Coordinator. She was only listed in the computer as an LPN to allow her access to print from the electronic medical record.	F 0842	**F842** **Corrective action for the residents found to have been affected by the deficient practice:** Employee QMA (Qualified Medication Aide) had clinical signature corrected immediately to reflect accurate title of Qualified Medication Aide. **Corrective action taken for those residents having the potential to be affected by the same deficient practice:** All residents who are provided care by licensed and unlicensed staff in this facility have the potential to be affected by alleged	12/15/2022

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	During an interview on 11/28/22 at 12:40 p.m., the Director of Nursing indicated QMA 1 was listed as an LPN due to the medical records position. QMA 1 needed this designation so she would have access to print from the medical records. At that time, the Director of Nursing looked in the point of care electronic medical record and QMA 1's documentation was observed to indicate she was an LPN. On 11/28/22 at 2:30 p.m., the Administrator provided a copy of the Medical Records Coordinator job description, dated 9/13/10, and indicated this was the current Medical Records Coordinator job description. A review of the job description indicated the Medical Records Coordinator audits active and inactive records to ensure completeness, accuracy, and compliance with state and federal regulations. On 11/28/22 at 2:45 p.m., the facility was unable to provide a policy regarding accuracy of documentation. This Federal tag relates to Complaint IN00395452. 3.1-50(a)(2)		deficient practice. An audit has been conducted on all employees to ensure their credentials are accurate and reflect accordingly per their current license or certification under the Indiana board of nursing when documenting in the medical record. Any deficiency found was corrected immediately. **Measures/systemic changes put into place to ensure the deficient practice does not recur:** Regional Human Resource Director educated facilities Human Resource Director related to ensuring all current and future employees title accurately reflect their clinical signature in the electronic record, per their current license or certification under the Indiana board of nursing. **Corrective actions to be monitored to ensure the deficient practice will not recur:** The DON and/or Designee will audit 5 employee(s) daily x's 4 weeks, then 5 employee(s) weekly x's 4 weeks, then 5 employee(s) monthly x's 4 months to include all new hires, to ensure employee clinical signature reflects currents license or certification per Indiana Board of Nursing in electronic clinical record. The DON/Unit Manager/Designee	

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			will present the results of these audits monthly to the QAPI committee for no less than 6 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.	