

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2022
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NAME OF PROVIDER OR SUPPLIER  PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00375467 and IN00378722.</p> <p>Complaint IN00375467 - Substantiated. Federal/State deficiencies related to the allegations are cited at F760.</p> <p>Complaint IN00378722 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 07 and 08, 2022</p> <p>Facility number: 000121 Provider number: 155215 AIM number: 100290940</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 09 Medicaid: 64 Other: 14 Total: 87</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 20, 2022.</p>	F 0000	Preparation and submission of this Plan Of Correction does not constitute any admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.	
F 0760 SS=D Bldg. 00	<p>483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. Based on record review and interview, the facility</p>	F 0760	***We are requesting paper	08/02/2022

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

TITLE

(X6) DATE

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>failed to ensure a medication for disease treatment had been administered as indicated by physician orders for 1 of 3 residents reviewed for significant medication omission error. (Resident A)</p> <p>Findings include:</p> <p>Resident A's clinical records were reviewed on June 07, 2022 at 12:35 p.m. Diagnoses included, but were not limited to Parkinson's Disease.</p> <p>Taber's Cyclopedic Medical Dictionary 22 Edition indicated Parkinson's Disease as a chronic degenerative disease of the central nervous system that produces progressive movement disorders and changes in cognition and mood. Dopamine production by brain cells is diminished in the disease. The goal of treatment is to maintain function for as long as possible and relieve symptoms. Medical therapies include carbidopa-levodopa.</p> <p>Resident A's Physician orders, dated for February 08, 2022 through March 13, 2022, indicated carbidopa-levodopa tablet 25 milligrams (mg) -100 mg by mouth three times a day for Parkinson's Disease.</p> <p>The Nursing 2012 Drug Handbook indicated carbidopa-levodopa as an "Antiparkinsonians" medication. Levodopa relieves parkinsonian symptoms by being converted to dopamine in the brain while the carbidopa allows more intact levodopa to travel to the brain.</p> <p>Resident A's Medication Administration Records indicated on the following eleven dates carbidopa-levodopa 25-100 mg tablet had not been signed/initialed by staff as having been administered:</p>		<p>compliance for F 760 D*** F760 D—</p> <p><i>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>A. A. Resident A discharged from facility.</p> <p>B. B. DON/Designee immediately initiated education to licensed nurses on medication administration and documentation in resident EMAR.</p> <p><i>How will the facility identify other residents having the potential to be affected by the same deficient practice?</i></p> <p>A. A. DON/designee identified all residents have the potential to be affected by the alleged deficient practice.</p> <p><i>What measures will be put in place or systematic changes made to ensure the deficient practice will not recur?</i></p> <p>A. A. DON/designee to utilize MAR Documentation Audit tool weekly X 4 weeks, biweekly X 8 weeks then monthly X 3 months to ensure completion of documentation of medication administration.</p> <p>B. B. In-service on medication administration and documentation in resident EMAR.</p> <p><i>How will the facility monitor its corrective actions to ensure that</i></p>	

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	<p>Thursday February 10, 2022 at 2:00 p.m. Friday February 11, 2022 at 2:00 p.m. Saturday February 12, 2022 at 2:00 p.m. Tuesday February 15, 2022 at 2:00 p.m. Thursday February 17, 2022 at 2:00 p.m. Friday February 18, 2022 at 2:00 p.m. Saturday February 19, 2022 at 2:00 p.m. Monday February 21, 2022 at 2:00 p.m. Tuesday February 22, 2022 at 2:00 p.m. Wednesday February 23, 2022 at 2:00 p.m. Wednesday March 09, 2022 at 2:00 p.m.</p> <p>On June 07, 2022 at 4:45 p.m., Resident A's family member was interviewed. During the interview the family member indicated at discharge from the nursing facility the family was provided with Resident A's carbidopa-levodopa 25-100 mg tablets that had been being utilized by the nursing facility during Resident A's stay. Once home, upon counting the tablets Resident A had an additional "10 or more" tablets then should not have been there if taken correctly three times a day while at the nursing facility.</p> <p>On June 08, 2022 at 1:05 p.m., the Director of Nursing was interviewed. During the interview Resident A's Medication Administration Records for carbidopa-levodopa administration, dated February 2022 and March 2022, were reviewed. It was verified that documentation of non-administration/blank spaces were present on the eleven indicated dates.</p> <p>Documentation of administration of Resident A's carbidopa-levodopa 25-100 mg tablets on the eleven indicated dates were not provided by survey exit on June 08, 2022.</p> <p>This Federal tag relates to Complaint IN00375467.</p>		<p><i>the deficient practice will not recur?</i></p> <p>A. A. DON/Designee will complete random audits of resident medication administration and documentation weekly x's 4 weeks, then bi-weekly x's 8 weeks and then monthly x's 3 months. The administrator/designee will review the audits conducted by the Director of Nursing/designee. Any further concerns will be reportedly monthly to the facility QA committee for further needed intervention or systematic changes</p>	

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

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OMB NO. 0938-039

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	3.1-48(c)(2)				