STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155826	A. BUILDING 00 B. WING	03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
EVERGREEN CROSSING AND THE LOFTS	5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254

(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 IN00428091. Complaint IN00428091- Federal/state deficiencies related to the allegations are cited at F661. Survey dates: March 6, 2024 Facility number: 013280 Provider number: 155826 AIM number: 201270670 Census Bed Type: SNF/NF: 106 Total: 106 Census Payor Type: Medicare: 5 Medicaid: 80 Other: 21 Total: 106 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 11, 2024.	F 0000		
F 0661 SS=D Bldg. 00	483.21(c)(2)(i)-(iv) Discharge Summary §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Stacy Cromer | Administrator | 03/15/2024

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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	pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.			
	Based on record review and interview, the facility failed to ensure residents' discharge instructions accurately reflected their reconciled medications to ensure residents were sent home with an accurate quantity of medications for 2 of 3 residents reviewed for discharge (Resident B and D). Findings include: 1. On 3/6/24 at 11:00 a.m., a comprehensive record review was completed for Resident B. He had the following diagnoses which included but not limited to peripheral vascular disease (PVD, a slow and progressive circulation disorder), type 2 diabetes, hyperlipidemia (HLD), morbid obesity, right above knee amputation (AKA), and	F 0661	**Requesting Desk Review** **What corrective actions will be accomplished for those residents found to have been affected? No residents were harmed by the alleged deficient practice. Resident B is discharged from the facility. How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? No other residents affected. The facility conducted an audit of all discharges for the last 14**	03/11/2024

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	polyneuropathy (a condition in which a person's peripheral nerves are damaged). Resident discharged from the facility on 2/1/24. He was discharged to the community. A medication discharge form was present in the record. Three medications lacked a quantity of the medication that was sent with him. The medications were 1. Ozempic (a medication used weekly to treat diabetes), 2. NovoLog pen (insulin), and 3. insulin glargine solution (used to treat diabetes). 2. On 3/6/24 at 10:07 a.m., a comprehensive record review was completed for Resident D. He had the following diagnoses which included but not limited to type 2 diabetes, hemiplegia (paralysis on one side of the body), cerebral infarction (occurs because of disrupted blood flow to the brain due to problems with the blood vessels that supply it), hyperlipidemia (HLD), constipation, polyneuropathy, and hypertension. Resident discharged from the facility on 1/31/24. He was discharged to the community. A medication discharge form was present in the record. The medication names were listed on the form with directions; however, the quantity of each medication was lacking. The medications were clopidogrel (an antiplatelet), Lantus (an insulin), multivitamin, Ozempic, pantoprazole (a medication for acid reflux), miralax (for constipation), sodium chloride spray (for dry, stuffy nose), zinc (a supplement), acetaminophen (for pain), amlodipine (for hypertension), ascorbic acid (a supplement), carvedilol (used for hypertension), ibuprofen (for pain), and vitamin D (a supplement).		**days to ensure the dose and medications numbers were sent with the resident with no other findings.** **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Licensed nursing staff were educated on Discharge policy and procedure to ensure all forms are filled out entirely to include doses and amount of medications sent with resident.** **How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? ED/DON designee to audit all discharges to ensure medication dispositions are completed with dose and amount of medication sent with residents** 4x's weekly x's 4 weeks. 4xs monthly x's 5 months**. Discharge audits added to QAPI meeting.**	

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	During an interview with the ED (Executive Director) on 3/6/24 at 12:00 p.m., she indicated when they send a resident home, they send all of the residents medications with them unless they leave against medical advice (AMA) then they get 3 days of medications. A policy title, "Medications upon Discharge," was provided by the ED on 3/6/24 at 11:40 a.m. It indicated, " ...Documentation should include the name of the medication, dose, and number of pills/amount of liquids sent with the resident/representative in the medical record ...." This citation relates to complaint IN00428091. 3.1-36(a)(2)			