

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

PRINTED: 07/17/2024

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 06/27/2024	
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 IN00435044, IN00435623, IN00436560, IN00436635, IN00436650 and IN00436866.</p> <p>Complaint IN00435044 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00435623 - Federal/State deficiency related to the allegations is cited at F684.</p> <p>Complaint IN00436560 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436635 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00436650 - No deficiencies related to the allegation is cited.</p> <p>Complaint IN00436866 - No deficiencies related to the allegation is cited.</p> <p>Survey dates: June 25, 26 and 27, 2024</p> <p>Facility number: 001144 Provider number: 155668 AIM number: 200256980</p> <p>Census Bed Type: SNF/NF: 106 Residential: 7 Total: 113</p> <p>Census Payor Type: Medicare: 6 Medicaid: 55</p>			F 0000	<p>Allegation of Compliance</p> <p>Please accept the following plan of correction for the survey that was completed on June 27, 2024.</p> <p>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.</p> <p>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

07/11/2024

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 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 0684 SS=D Bldg. 00	<p>Other: 45 Total: 106</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 3, 2024.</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure the nursing staff followed medication parameters for 1 of 4 residents reviewed for quality of care. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 6/25/24 at 1:38 p.m. The resident's diagnosis included, but was not limited to, hypertension.</p> <p>The care plan, dated 11/14/22, indicated the resident had impaired cardiovascular status due to hypertension and medications were to be administered as ordered by the physician.</p> <p>The physician order, dated 1/23/24, indicated the resident was to receive Lisinopril (medication for high blood pressure) 10 mg (milligrams) daily. The medication was to be held if the resident's SBP</p>			F 0684	<p>F-684</p> <p>1. Resident C was discharged from the facility on June 6, and there had been no negative outcome related to the alleged deficient practice.</p> <p>2. Current residents receiving hypertension medications with designated parameters ordered have the potential to be affected by the same alleged deficient practice. Residents with hypertension medications with parameters ordered were reviewed over a 30 day look back period to identify any other residents that may have been affected by the alleged deficient practice.</p>		07/08/2024

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	<p>(systolic blood pressure) was less than 100 or if the resident's heart rate was less than 60.</p> <p>The April 2024 MAR (medication administration record) indicated the medication was administered as follows:</p> <ul style="list-style-type: none"> - On 4/03/24, the resident's heart rate was 59 - On 4/04/24, the resident's SBP was 95 - On 4/05/24, the resident's SBP was 85 - On 4/12/24, the resident's SBP was 90 <p>The May 2024 MAR indicated the medication was administered as follows:</p> <ul style="list-style-type: none"> - On 5/03/24, the resident's SBP was 92 - On 5/05/24, the resident's SBP was 93 <p>During an interview on 6/27/24 at 10:05 a.m., RN (Registered Nurse) 5 indicated if parameters were in place to hold a medication, the medication should be held when out of parameter range.</p> <p>On 6/27/24 at 10:17 a.m., the Director of Nursing provided a current copy of the document titled "Administering Medications" dated April 2019. It included, but was not limited to, "Policy Statement...Medications are administered in a safe...manner, and as prescribed...Medications are administered in accordance with prescriber orders...."</p> <p>This Citation relates to Complaint IN00435623.</p> <p>3.1-37</p>				<p>·3. Facility nurses and QMAs were provided re-education starting on June 28, 2024, regarding the importance of following medication parameters as ordered by the resident's physician. During daily clinical review the Unit Managers and Nurse Assessment Coordinator will review the Medication Administration Records to validate medication administration has occurred as ordered and medication parameters were followed per physician order.</p> <p>·4. The Director of Nursing Services will audit the Medication Administration Records to validate medication administration has occurred as ordered and medication parameters were followed per MD order. The DON will audit at least five (5) resident medication administration records for four (4) weeks and continue weekly for no less than two (2) additional months. Any corrective action needed will be completed immediately. Findings will be submitted to the monthly QAPI Committee for review and further recommendations for a minimum of 3 months or until audit compliance is maintained at 100% then on-going per routine QAPI reviews.</p>		

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