

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/23/2023
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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaint IN00404058.</p> <p>Complaint IN00404058 - Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Survey date: March 23, 2023</p> <p>Facility number: 013753 Provider number: 155846 AIM number: 201362150</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 6 Medicaid: 35 Other: 21 Total: 62</p> <p>These deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on March 28, 2023.</p>	F 0000	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>	
F 0842 SS=D Bldg. 00	<p>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</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bryan Lindsay	Administrator	04/19/2023

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>itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§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-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(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.</li> </ul> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p>			

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	<p>(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.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(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.</p> <p>Based on interview and record review, the facility failed to ensure residents' deaths were accurately and completely documented in the residents' records for 4 of 4 residents reviewed for accurate and complete documentation. (Residents B, C, D and E)</p> <p>Findings include:</p> <p>A concern was called into the Indiana Department of Health regarding documentation of the death of a resident not being complete in the resident's medical record. The following residents' records were reviewed for complete documentation for their deaths in their medical records.</p> <p>1. The record for Resident B was reviewed on 3/23/23 at 12:11 p.m. Diagnoses included, but were not limited to, respiratory failure, dementia, metabolic encephalopathy, dysphagia, adult</p>	F 0842	<p>Alleged deficiency: facility failed to ensure residents' deaths were accurately and completely documented in the residents' records for 4 of 4 residents reviewed for accurate and complete documentation.</p> <p>Corrective Action for resident(s) found to have deficient: Medical Director was made aware of the incomplete documentation related to the deaths of residents B, C, D, &amp; E.</p> <p>Identify other residents having the same potential deficient: Any resident who has had a death within the facility. Audit of facility deaths that occurred in the last 3 months. Any additional findings were brought to the attention of</p>	04/03/2023	

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	<p>failure to thrive, moderate protein-caloric malnutrition, and generalized anxiety disorder.</p> <p>A document, titled "Provisional Notification of Death-Burial Transit Permit," dated 1/19/23, indicated the resident passed away on 1/19/23 at 10:57 p.m., at the facility.</p> <p>The resident's progress notes (nurses notes) lacked information pertaining to the resident's death (date and time of death and the name and the title of the person pronouncing the resident deceased) and whether the MD, family, and the Executive Director (ED) were notified of the resident's death. The name of the Mortician and the person removing the deceased resident from the facility was not documented. The Attending Physician did not write a progress note indicating the cause of death.</p> <p>2. The record for Resident C was reviewed on 3/23/23 at 1:12 p.m. Diagnoses included, but were not limited to, bipolar disorder, dementia, type II diabetes mellitus, orthostatic hypotension, chronic kidney disease Stage III, and hyperkalemia.</p> <p>A progress note, dated 12/15/22 at 11:56 a.m., indicated the nurse was notified the resident was unresponsive. He was on the floor of his bathroom with his pants down. The CNA indicated while transferring him off the toilet, his knees were weak, then he went unresponsive. 911 was called. The resident expired and the Executive Director was notified.</p> <p>The resident's progress notes (nurses notes) lacked information pertaining to the resident's death (the name and the title of the person pronouncing the resident deceased) and whether</p>		<p>the Medical Director.</p> <p>Measures put into place or systemic changes: The Director of Nursing, Assistant Director of Nursing or designee will provide education to the license nurses regarding:</p> <ol style="list-style-type: none"> <li>1. Policy regarding the Documentation of the Death of a Resident'</li> <li>2. Expired Resident Documentation Check List</li> </ol> <p>PRN nurses will receive education prior to their first scheduled shift. Plan to monitor performance to maintain compliance: The Director of Nursing, Assistant Director of Nursing or designee will perform an audit of documentation post resident's facility death, on the next business day to ensure there is complete documentation x 6 months. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 4/3/23</p>	

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	<p>the MD and the family were notified of the resident's death. The name of the Mortician and the person removing the deceased resident from the facility was not documented. The Attending Physician did not write a progress note indicating the cause of death.</p> <p>3. The record for Resident D was reviewed on 3/23/23 at 2:10 p.m. Diagnoses included, but were not limited to, displaced intertrochanteric fracture of left femur, dementia, type II diabetes mellitus, chronic kidney disease Stage III, acute respiratory failure with hypoxia, and hypertension.</p> <p>A progress note, dated 3/19/23 at 9:53 p.m., indicated the resident passed away. Death was verified by two nurses. Hospice, Medical Doctor, and resident's family was aware.</p> <p>The resident's progress notes (nurses notes) lacked information pertaining to the resident's death (the name and the title of the person pronouncing the resident deceased). The name of the Mortician and the person removing the deceased resident from the facility was not documented. The Attending Physician did not write a progress note indicating the cause of death.</p> <p>4. The record for Resident E was reviewed on 3/23/23 at 2:45 p.m. Diagnoses included, but were not limited to, dementia, fracture of shaft of left femur, anxiety disorder, cognitive communication deficit, and depression.</p> <p>A progress note, dated 2/5/23 at 6:16 p.m., indicated the resident had no pulse, two nurses verified, her time of death was 6:02 p.m. The Medical Doctor and hospice team was made aware of the resident's death. A burial transit was</p>			

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	<p>completed.</p> <p>The resident's progress notes (nurses notes) lacked information pertaining to the resident's death, which was the name and the title of the person pronouncing the resident deceased and whether the family and the Executive Director (ED) were notified of the resident's death. The name of the Mortician and the person removing the deceased resident from the facility was not documented. The Attending Physician did not write a progress note indicating the cause of death.</p> <p>During an interview, on 3/23/23 at 3:00 p.m., the DON (Director of Nursing) indicated a resident's death should have been documented in the resident's record by following the death of a resident, documenting policy.</p> <p>A current policy, titled "Death of a Resident, Documenting," undated and provided by the Executive Director on 3/23/23 at 12:30 p.m., indicated "Policy Statement: Appropriate documentation shall be made in the clinical record concerning the death of a resident. Policy Interpretation and Implementation: A resident may be declared dead by a Licensed Physician or Registered Nurse with physician authorization in accordance with state law. All information pertaining to a resident's death (i.e., date, time of death, the name and title of the individual pronouncing the resident dead, etc.) must be recorded on the nurses' notes. The attending Physician must record the cause of death in the progress notes and must complete and file a death certificate with the appropriate agency within twenty-four (24) hours of the resident's death or as may be prescribed by state law...The name of the mortician and person removing the deceased</p>			

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

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OMB NO. 0938-039

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	<p>resident must be entered in the resident's medical record. The person removing the deceased resident from the facility must sign the release for the body, and the release must be filed in the resident's medical record."</p> <p>This Federal tag relates to Complaint IN00404058.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				