STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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 a complaint survey for complaint IN00420629. This visit was in conjunction with a Recertification and State Licensure Survey. This visit included Investigation of Complaint IN00420188, IN00420302, IN00420370, IN00420233, IN00419854, and IN00419574. This visit resulted in an Extended Survey - Substandard Quality of Care - Immediate Jeopardy. Complaint IN00420629- Federal/State deficiencies related to the allegations are cited at F0684 and F0584. Complaint IN00419854- Federal/State deficiencies related to the allegations are cited at F0550, F0584 and F0677. Complaint IN00420370- Federal/State deficiencies related to the allegations are cited at F0558, F0584 and F0585. Complaint IN00420188 - Federal/State deficiencies related to the allegations are cited at F0684 Complaint IN00420302 - Federal/State deficiencies related to the allegations are cited at F0684 Complaint IN00420233- No deficiencies related to the allegations are cited. Complaint IN00419574 - No deficiencies related to the allegations are cited. Survey dates: October 26, 27, 30, 31 and November 1, 2, and 3, 2023. Facility number: 000172 Provider number: 155272 AIM number: 100267130	F 0000	Preparation execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts or alleged or conclusions set forth on the State of Deficiencies. The plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The plan of correction is submitted in order to respond to the allegation of non-compliance cited during survey process. Please accept this plan of correction as the provider's credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lenore Williams	RN	11/30/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	Census Bed Type: SNF/NF: 108 Total: 108 Census Payor Type: Medicare: 4 Medicaid: 89 Other: 15 Total: 108 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 15, 2023			
F 0584 SS=E Bldg. 00	483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. Based on observation, interview, and record review, the facility failed to ensure a safe, comfortable, and homelike environment for 7 of 12 resident rooms observed. (Residents 7, 32, 43, 62, 228, 226, and 69) Findings include: 1. An observation conducted of Resident 7's room on 10/26/23 at 3:39 p.m., noted the wall by the window with missing paint approximately the size of a ruler. The roommate of Resident 7 indicated the area of missing paint has been there "for a while". The area of missing paint was still noted on 11/2/23 at 10:31 a.m. 2. An observation conducted of Resident 32's room, on 10/27/23 at 10:17 a.m., noted crumbs on wheelchair and built up dirt located on the legs of	F 0584	No resident was harmed by the facility's alleged deficient practice. All residents have the potential to be affected. The facility ensured that rooms were painted, lights were functioning correctly, window boards were in good repair, wheelchairs, and bedside table legs were clean. Education was provided to all staff on the importance of ensuring a safe, clean, comfortable, homelike environment and how to report observances to Maintenance through TELS. The ED/Designee will conduct random audits of 10 rooms per week for 1 month, then 5 rooms a week for 1 month, then 3 rooms a week for 1 month to ensure that rooms were painted, lights are	12/05/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	the bedside table. The crumbs were still located to the foot rests of the wheelchair along with built up of dirt to the legs of the bedside table on 11/2/23 at 10:33 a.m. 3. An observation conducted of Resident 43's room, on 10/26/23 at 11:33 a.m., noted an area of plastered dry wall beside the bed that was not painted. There was missing paint on the walls by both beds located in the room. The area of plastered dry wall and areas with missing paint were still still noted on 11/2/23 at 10:36 a.m. 4. An observation conducted of Resident 62's room, on 10/26/23 at 11:57 a.m., noted a dim light when the bathroom light was turned on that made it difficult to see. The dim light was still noted on 11/2/23 at 10:41 a.m. 5. An observation conducted of Resident 228's room, on 10/26/23 at 2:04 p.m., noted the overhead light on. When attempted to be turned off the light continued to stay on. 6. An observation conducted of Resident 226's room, on 10/26/23 at 11:39 a.m., noted a chip in the board located underneath the window. Resident 226 indicated that chip had been there since he came to the facility. The chip to the board underneath Resident 226's window was still present on 11/2/23 at 10:47 a.m. 7. An observation conducted of Resident 69's room, on 10/26/23 at 1:53 p.m., noted paint peeling		functioning correctly, window boards are in good repair, wheelchairs, and bedside table legs are clean.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	along with missing paint along the wall that was closest to the door. The peeling paint along with missing paint was still present on 11/2/23 at 10:50 a.m. Resident 69 indicated it's been like that for over a month. This citation relates to Complaints IN00419854, IN00420370, and IN00420629. 3.1-19(f) 3.1-19(bb)			
F 0684 SS=J Bldg. 00	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 observation, interview, and record review, the facility failed to ensure admission orders were entered into the electronic medical record accurately, timely, and that such orders were administered as ordered by the physician for a resident with type 1 diabetes resulting in the resident experiencing a change in condition that included nausea and vomiting that was not documented in the medical record (Resident B); ensure a diabetic resident's sliding scale insulin order was continued upon admission to the facility; administer a resident's pain medication as ordered (Resident D); ensure weekly wound assessments were conducted; administer insulin	F 0684	**F684-Quality of Care** **Residents B, D, and C no longer reside in the facility. Resident D, C, 11, 24, and 26 were not harmed due to deficient practice.** Resident 11-Prevalon Boots were applied that day but discontinued the next due to resident refusal to wear, resident refused Gerri-Sleeves and the order was discounted for Gerri-Sleeves. Resident 26-was not harmed due	12/05/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	as ordered (Resident C); provide geri-sleeves and Prevalon boots, as ordered (Resident 11); address a resident's low blood pressure (Resident 24); and apply a resident's Lidocaine patches, as ordered (Resident 26) for 1 of 2 residents reviewed for wounds, 1 of 1 resident reviewed for insulin, 1 of 3 residents reviewed for positioning and mobility, 1 of 2 residents reviewed for pain management, and 3 of 5 residents reviewed for change in condition. (Residents B, C, D, 11, 24, and 26) The deficient practice resulted in Resident B experiencing cardiac arrest and being admitted to an acute care hospital for type 1 diabetes mellitus with ketoacidotic coma (coma due to high blood sugar), metabolic acidosis (accumulation of too much acid in the body), acute respiratory failure, aspiration pneumonia, and cardiac arrest with a blood glucose level of 1,189. The Immediate Jeopardy began on 10/17/23 when admission orders were not entered into the electronic medical record accurately, timely, and that such orders were administered as ordered by the physician. The Executive Director, Director of Nursing, Executive Director of sister facility, and Registered Nurse were notified of the Immediate Jeopardy at 11:02 a.m. on 11/01/2023. The Immediate Jeopardy was removed on 11/3/23, but noncompliance remained at the lower scope and severity level of no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings include: 1. The clinical record of Resident B was reviewed on 10/26/2023 at 2:26 p.m. The Resident's diagnosis included, but were not limited to, type 1 diabetes mellitus, end stage renal disease,		to the deficient practice. Resident 24-The medication orders were split into two routine orders to ensure nurses could read correctly on the EMAR/TAR. **All residents have the potential to be affected.** Any residents that reside in the facility with Diabetes Mellitus, change in condition, and new admission orders have the potential to be affected. An audit was completed on all residents with Diabetes Mellitus to ensure the appropriate and accurate orders are in place. Any discrepancies noted were immediately corrected. The MD/NP has signed off that the orders are accurate and administered as ordered. An audit was completed on all new admissions orders for the last 14 days to ensure an accurate medication reconciliation was completed and that all physician orders on the discharge summary were transcribed appropriately and accurately. Any discrepancies or omissions identified were immediately corrected and the appropriate notification to the MD/NP and family were completed. An audit was completed on all residents in the facility for change in condition in the last 14 days to ensure appropriate follow-up and MD/NP	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	dysphagia (difficulty swallowing), pneumonia due to unspecified infectious organism, tracheostomy, and gastrostomy. She was admitted to the facility on 10/17/23 and discharged to the acute care hospital on 10/19/23 due to cardiac arrest. The clinical record for Resident B contained the Facility to Facility Report provided by the discharging Long Term Care Hospital, dated 10/17/23, which included the discharge medications Resident B was to receive upon admission to the facility. The discharge medication list included, but was not limited to, the following: - Insulin aspart (rapid acting insulin) to be given sq (subcutaneously) per sliding scale dependent on blood sugar levels every 6 hours. For blood sugar of 71 to 150- no units were to be given, blood sugar of 151-200- 3 units were to be given, blood sugar of 201-250- 6 units were to be given, 251-300- 8 units were to be given, blood sugar of 301-350- 12 units were to be given, blood sugar of 351- 400- 16 units were to be given. The physician was to be called if blood sugar results were greater 250 twice in 24 hours. The last dose received at the discharging facility was on 10/17/23 at 1:11 p.m. - Insulin aspart- 4 units sq at 6:00 a.m. daily. The last dose received at the discharging facility was on 10/16/23 at 5:40 a.m. - Insulin aspart- 4 units sq at 12:00 p.m. daily. The last dose received at the discharging facility was on 10/17/23 at 1:11 p.m. - Insulin aspart- 4 units sq at 6:00 p.m. daily. The last dose received at the discharging facility was on 10/16/23 at 6:03 p.m. - Insulin glargine (long-acting insulin) 18 units sq daily at 6 p.m. The last dose received at the discharging facility was on 10/16/23 at 6:03 p.m.		notification was completed. Any changes in condition that did not have appropriate follow-up or MD/NP notification were immediately addressed and corrected per the MD/NP. An audit was conducted of residents with skin preventive orders in place to ensure orders were being followed as indicated. Any findings that resulted in not following physician orders or resident preference were immediately corrected. An audit was conducted of all residents that reside in the facility with wounds to ensure each resident had a weekly wound assessment completed. Any resident identified with wounds that did not have a weekly wound assessment immediately had a head to toe assessment and wounds measured and documented per the facility policy, the family and physician were notified, and the plan of care updated accordingly. An audit was conducted on all residents for the last 14 days for blood pressures that were not within normal limits for that resident. Any blood pressure that was not within normal limits was retaken, called to the NP/MD, and any orders received with transcribed accordingly. An audit was conducted on all residents that receive patches to ensure orders were being followed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	The facility admission order did not include physician's orders for the insulin aspart per sliding scale dependent on blood sugars, orders to notify the physician if blood sugar readings were greater than 250 twice in 24 hours, physician's orders for insulin aspart 4 units scheduled daily at 6:00 a.m., 12:00 p.m., and 6:00 p.m., and there were no physician's order to obtain blood sugars. The Nursing Admission Evaluation, dated 10/17/23 at 7:10 p.m., indicated Resident B was alert and oriented to person, place, and time. She had clear speech and no behaviors. Her lung sounds were clear. A Social Services Note, dated 10/18/23 at 11:30 a.m., indicated Resident B had a BIMS (Brief Interview for Mental Status) score of 14 (cognitively intact). She was able to understand and be understood by others. She was a full code and wanted to discharge to her home with her family. Her family was very involved. A care plan, initiated 10/18/23, indicated Resident B had diabetes and retinopathy (eye disease). The goal was for her to be able to articulate potential complications of not following prescribed regimen and for her to be free from any signs or symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar). The interventions, initiated 10/18/23, were to administer insulin injections as ordered, rotating injection sites, Educate resident and resident representative on medical management and importance of adherence, to prevent complications of the disease, glucose observation, nutritional requirements, weight management, smoking cessation, insulin administration, signs and symptoms of hypo/		as indicated and patches were being applied appropriately. **Licensed nursing staff was educated on the following facility policies:** "Admission Evaluation" policy with emphasis on order verification, transcription, medication reconciliation, confirmation, order clarification and admission order entry process. Education on the admission order entry process included but was not limited to monitoring of communication for clarification of orders via fax, email, and secured conversation. All licensed nurses were educated on the facility's policy, "Notification of Change in Condition" and change in condition with emphasis on identification of change in condition, MD/NP notification of change in condition, and follow-up with change in condition, and complete accurate documentation of change in condition. All licensed nurses were educated on the facilities polices identified as, "Physician Order" and "Pain Management and Assessment" with emphasis on following physician orders for pain patches as written and contacting physician if medication is	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	hyperglycemia, close observation of skin integrity/ wound healing and foot care, to observe for signs and symptoms of hyperglycemia such as increased thirst and appetite, frequent urination, weight loss, fatigue, dry skin, poor wound healing, muscle cramps, abdominal pain, Kussmaul breathing (deep and labored breathing pattern), acetone breath (fruity breath) stupor, coma. Report any abnormal findings to medical provider, resident and /or resident representative. Observe for signs and symptom of hypoglycemia such as sweating, tremors, increased heart rate, pallor, nervousness, confusion, blurred speech, lack of coordination, staggering gait, Report any abnormal findings to medical provider, resident and/ or resident representative. Obtain blood sugars per orders. Report abnormal findings to medical provider, resident and /or resident representative. Offer bedtime snack, weekly skin checks. A Nurses Note, dated 10/19/23 at 5:55 a.m. read "... arrived in patient room at approximately 5am (sic) 10/19/2023, found patient unresponsive and proceeded to do CPR [cardiopulmonary resuscitation] at 5:05 am (sic). patient was restless most of the night and stated that she felt very sick. got patients pulse back after 10 minutes of doing CPR and medics arrived shortly after and took over CPR and shortly after that took patient to ...hospital." The clinical record did not contain any additional nursing assessment of Resident B's condition from the time of the Admission Evaluation until the Nurses Note which indicated she had been found unresponsive on 10/19/23 at 5:55 a.m. The October 2023 MAR (Medicine Administration Record) did not contain any recorded blood sugar		unavailable. All licensed nurses were educated on care of the Diabetic resident with emphasis on monitoring blood glucose as orders and signs and symptoms of hyper/hypoglycemia. Nurse managers were educated by the VP of Clinical Operations on the facility's morning meeting process with emphasis on medication reconciliation on all new admissions. The weekend nursing supervisor was educated on medication reconciliation on all new admissions on Saturday and Sunday. Systematic process changes include the exact medication that requires clarification will be sent via fax, email, and now secured conversation. Secured Conversation can be immediately accessed by the licensed nurse. An additional audit is completed the following morning for all orders received the previous day by the Admissions Order Entry Department Manager to insure all insulin related orders have been transcribed appropriately and accurately. An alert email is sent to the facility and regional team for any errors or omissions that require further follow-up. All licensed nurses were educated on the facility's policy "Skin Care and Wound Management" with emphasis on weekly wound assessment and following physician orders related to skin	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	readings or administrations of any insulin aspart. The insulin glargine had been administered once on 10/18/23 at HS (bedtime). The Emergency Department Provider note, dated 10/19/23 at 5:40 a.m., indicated Resident B presented at the emergency department from a long-term care facility. The long-term care facility staff had found resident with vomit around her, not breathing and pulseless. Resident B had received chest compressions for 30 minutes. When medics arrived, they found she had a pulse. She was unresponsive and unable to give any history. The acute care hospital History and Physical exam dated 10/19/23 at 8:14 a.m. read "...History of Present Illness... Assessment/ Plan...1. DKA [Diabetic Ketoacidosis] with Hx of DM type 1: Glucose 1189...2. Severe Metabolic Acidosis: 2/2 [secondary to] DKA and renal disease...4. Cardiac arrest: Unclear rhythm, approximately 20 minutes of CPR performed at facility. Posturing to pain, myoclonic jerking [quick jerking movements that are not controlled] ...concern for anoxic [lack of oxygen] injury...5. Recent HCAP [Health Care Acquired Pneumonia]/ new Aspiration event: + [positive] aspiration at facility..." During an interview on 10/30/23 at 8:41 a.m., FM (Family Member) 20 indicated Resident B was still in the hospital and not responding. FM 20 had last seen Resident B when she was admitted to the facility on 10/17/23, at that time Resident B had been smiling and interacting with the family and was hoping to be able to go home after her stay at the facility for rehabilitation. FM 20 had been informed by the acute care hospital that it was uncertain if Resident B would regain consciousness again.		breakdown prevention such as but not limited to prevalon boots and geri-sleeves. All licensed nurses were educated on notification to the physician for blood pressures that are obtained and not within normal limits for the resident. **4.** The DON/Unit Manager will complete medication reconciliation audit the following morning Monday through Friday on all new admissions. The weekend supervisor will complete medication reconciliation audit on Saturday and Sunday. This will be an ongoing facility process. The DON/Unit Manager will complete an audit via facility reports for change in condition Monday through Friday and the weekend supervisor Saturday and Sunday to ensure appropriate follow-up, MD/NP notification, and documentation has occurred. This will be an ongoing facility process. The DON/designee will audit 5 Diabetic residents orders weekly x 4 weeks, then 3 Diabetic residents orders weekly x 4 weeks, then 4 Diabetic residents monthly x 1 month to ensure orders are followed as written. The wound nurse or designee will audit 5 wound residents weekly x 4 weeks, then 3 resident weekly x	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	During an interview on 10/31/23 at 10:24 a.m., NP (Nurse Practitioner) 21 indicated the facility normally used the discharge medication orders sent by the discharging facility as the admission orders until the resident was seen by a physician at the facility. During an interview on 10/31/23 at 12:23 p.m., UM (Unit Manager) 22 indicated that she had assisted the admitting nurse with the physician's orders. Normally, the admission nurse would fax the medication orders received from the discharging facility to the Admission Order Entry service. The admitting nurse admits the patient into the electronic health record system and then faxes the orders so they can be data entered into the system by the Admission Order Entry service. If there are questions about the admission orders, the Admission Order Entry Service would call or fax the facility. UM 22 had no knowledge of the Admission Order Entry service calling or faxing with questions about Resident B's admission orders. When the Admission Order Entry service finished entering the orders, they inform the facility by sending a message on electronic health record to alert the facility that their portion was finished. The admitting nurse should have confirmed and checked the orders entered against the discharge orders. UM 22 normally would have compared the new resident's orders in the electronic health system with the orders sent from the discharging facility, but somehow there was a miscommunication with Resident B's orders. UM 22 was aware that Resident B was a diabetic. During an interview on 10/31/23 at 12:51 p.m., LPN (Licensed Practical Nurse) 23 indicated she had worked the night shift which began on 10/17/23 at 11 p.m. and ended the morning of 10/18/23. LPN		4 weeks, then 4 residents monthly x 1 month to ensure weekly wound assessments are being completed. The wound nurse or designee will audit 5 wound residents weekly x 4 weeks, then 3 resident weekly x 4 weeks, then 4 residents monthly x 1 month to ensure skin prevention orders such as but not limited to prevalon boots and geri-sleeves are being followed. The DON or designee will audit the vital signs tab daily x 4 weeks, then 3 x weekly x 1 month, then 1 time weekly x 1 month to ensure any blood pressure documented that is not within normal limits for the resident have been addressed per facility policy. /b>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	23 did not recall any faxes or calls with questions about Resident B's admission orders. During an interview on 10/31/23 at 1:00 p.m., QMA (Qualified Medication Aide) 24 indicated he had been caring for Resident B on 10/19/23 when she was sent to the hospital. QMA 24 had been called to Resident B's room by a CNA (Certified Nursing Assistant) at around 3:00 a.m. because Resident B was sliding out of the bed and vomiting. QMA 24 had informed LPN 25 that Resident B was vomiting and asked if Resident B could have something for nausea. At around 4:00 a.m., QMA 24 had assisted a CNA in placing a mattress on the floor by Resident B's bed because QMA 24 was afraid Resident B was going to fall and hurt herself. At around 5:00 a.m. Resident B had been found unresponsive and LPN 25 had come to assist. CPR had been started and 911 was called. QMA 24 had not been spoken to about his care of Resident B on early morning on 10/19/23 by any of the facility management. On 10/31/23 at 1:45 p.m., the RVPRM (Regional Vice President of Risk Management) provided the Admission Order Entry Communication fax which was time stamped as being received on 10/17/23 at 9:22 p.m., which indicated Resident B had medication issues that needed further attention. Medication not entered was insulin aspart due to clarification being need for the directions and frequency. During an interview on 10/31/23 at 1:45 p.m., the RVPRM and DON indicated the fax had been sent to the copy room fax machine. The nurses on duty had access to the copy room fax machine. The copy room was located in the middle of the building, between the two units.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	During an interview on 10/31/23 at 2:21p.m., LPN 26 indicated she had worked on 10/17/23 from 6:00 p.m. until 10/18/23 at 6:00 a.m. To LPN 26's knowledge, Resident B's admission orders had been taken care of by UM 22. LPN 26 was a fairly new employee to the facility. She had not received report from the previous shift. LPN 26 had not received any requests for clarification of Resident B's admission orders. UM 22 had asked the other nurse working the unit with LPN 26 that assist her with completing Resident B's Nursing Admission Assessment, but the other nurse on duty was unable to assist due to being busy with her patients. UM 22 had phoned her around 12:30 a.m. to make sure the admission assessment had been completed. LPN 26 had not been made aware of any concerns with Resident B's admission orders. During an interview on 10/31/23 at 3:07 p.m., LPN 25 indicated she had worked with QMA 24 on 10/19/23 when Resident B was sent to the hospital. QMA 24 had gotten her to look at Resident B around 1:00 a.m. QMA 24 had told LPN 25 that Resident B was vomiting a lot. There was not vomit present when LPN 25 assessed Resident B. Resident B had been restless and was repositioned in bed. LPN 25 had wondered if QMA 24 had mistaken Resident B "spitting up" for vomiting and had looked in the medical record to see if Resident B had any medication for anxiety. LPN 25 had not taken Resident B vital signs or made the physician aware. LPN 25 was not aware that Resident B was a diabetic. LPN 25 indicated that if she had known Resident B was a diabetic, she would have taken her blood sugar. Around 5:00 a.m., a CNA had come up to LPN 25 and told her that Resident B was not responsive. LPN 25 had gone to Resident B's room and started CPR until the ambulance arrived and EMS took			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	over her care. On 10/30/23 at 11:20 a.m., the ED provided the current Admission Evaluation policy which read "...It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. A systematic evaluation is completed by a licensed nurse upon admission/ readmission to assist in determining the most effective and appropriate care needs of each resident admitted to the center...2. Prioritize resident needs with appropriate interventions to include but not limited to...g. complete medication reconciliation...Communicate Care Plan Need to team..." On 11/1/23 at 2:33 p.m., the DON provided the current Notification of Change of Condition Policy which read "...Compliance Guidelines: The center must inform the resident, consult with the resident's physician and /or notify the residents' representative, authorized family member, or legal power of attorney/ guardian when there is a change requiring such notification...2. Significant change in the resident's physical, mental, or psychosocial condition such as deterioration in health, mental or psychosocial status including but not limited to: a. life-threatening conditions, or b. clinical complications. 3. Circumstances that require a need to alter treatment which may include: a. new treatment b. discontinuation of current treatment..." 2a.. The clinical record for Resident D was reviewed on 11/1/23 at 9:22 a.m. Resident D's diagnoses included, but not limited to, cancer of the tongue, diabetes mellitus Type II, hydrocephalus (extra fluid in the brain causing pressure) with VP shunt (Ventriculoperitoneal shunt, a tube inserted into a hole in the skull too			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	drain excess fluid and relieve pressure on the brain) and status post laryngectomy (removal of larynx, voice box). A university hospital's discharge instructions for Resident D were provided by ED (Executive Director) on 11/1/23 at 2:24 p.m. The discharge instructions indicated, Resident D had tongue cancer and underwent surgery to remove his larynx (voice box), tongue, the lymph nodes from both sides of his neck and a VP shunt revision. The medication reconciliation indicated Resident D was on the following medications: Folic Acid 1 mg (milligram) once a day via G-tube (Gastrostomy, stomach tube used for medications, hydration, and enteral feeding) Lansoprazole (a stomach ulcer medication) 3 mg/ml (milliliter)- give 10 milliliters once a day via G-tube Multivitamin with minerals -one tablet, once a day via G-tube Oxycodone (a narcotic pain medication) 5 mg- one tablet three time a day via G-tube Apixaban (an anticoagulant) 5 mg - one tablet twice a day via G-tube Glargine insulin (slow acting insulin) 13 units at bed time subcutaneouly (under the skin in subcutaneous fat) Metoprolol (blood pressure medication) 50 mg given twice daily via G-tube Acetaminophen 325 mg - give 2 tablets via G-tube for fever Atorvastatin (cholesterol reducing medication) 20 mg via G-tube at bedtime Certrizine (anti-allergy medication) 10 mg tablet via G-tube every morning Cholecalciferol (vitamin D3) 1250 mcg (microgram) every Monday via G-tube Fentanyl (narcotic pain reliever) 12 mcg/hr patch -apply once every 3 days			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	Fluoxetine (antidepressant) 20 mg/5 ml - give 5 ml via G-tube every morning Gabapentin 300 mg tablet via G-tube three times a day Guafenesin 100 mg/ 5 ml - give 10 ml via G-tube every four hours as needed for congestion Insulin Lispro 100 units/ml -give per sliding scale subcutaneously as needed for elevated blood glucose levels Loperamide (anti-diarrheal) 1 mg/ 7.5 ml -give 30 ml via feeding tube every 6 hours as needed for loose stool Melatonin 3 mg at bed time to aid with sleeping Metformin (diabetic medication) 500 mg tablet two time a day via G-tube Ondansetron 8 mg via G-tube every 8 hours as needed for nausea and vomiting Polyethylene glycol (stool softener) 17 grams via G-tube every morning Senna 8.8 mg/ 5 ml -give 5 ml via G-tube two times a day and to stop taking Omeprazole (stomach ulcer medication) A physician's progress note dated 8/14/2023 at 1:00 a.m. indicated, Resident D's medications included: the medications listed above except for the Lispro insulin, Folic acid and multivitamin. The lansoprazole was replaced with Omeprazole. An interview with Resident D's NP (Nurse Practitioner) 21 was conducted on 11/1/23 at 1:53 p.m. NP 21 indicated, the medications listed on his discharge paperwork from the hospital were the medications which should have been continued here at the facility which included the Lispro insulin with the sliding scale. An interview with Resident D's Endocrinologist (a physician who specializes in the Endocrine			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	system) conducted on 11/1/23 at 2:12 p.m. indicated, if Resident D was on Lispro insulin at the hospital, she would have continued him on the same medication and dosage as he had previously been on at hospital until there was more data collected to determine if any changes needed to occur. She also mentioned, in order to give an accurate dose of Lispro insulin the facility should check his blood glucose at least 3 times daily. A review of Resident D's orders from the time of admission to current did not include an order for Lispro insulin three times daily before meals. Resident D's blood glucose readings were provided by ED on 11/1/23 at 2:24 p.m. The blood glucose readings ranged from the lowest reading at 118 to the highest reading of 336. Most of the readings were greater than 200. The review of Resident D's August, September, and October MARs (medication administration record) received from ED on 11/1/23 at 2:24 p.m. indicated, he had not received any Lispro insulin with a sliding scale. The August MAR indicated, 2 b. The review of Resident D's August MAR indicated Resident D did not receive his Fentanyl pain patch on the following dates: 8/12/23, 8/19/23, 8/27/23, 8/30/23. The chart code for the missed Fentanyl applications was "9" which indicated "see nurse notes" The Medication Administration note dated 8/15/23 indicated, pharmacy notified; 8/16/23 indicated, new order has to be received by pharmacy; 8/27/23 indicated, not available, still waiting for script; and 8/30/23 indicated, on order from pharmacy.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	3a. The clinical record for Resident C was reviewed on 10/26/23 at 2:00 p.m. The diagnoses included but were not limited to: chronic kidney disease and type 2 diabetes mellitus. The resident was admitted on 10/4/23. The Annual Minimum Data Set (MDS) assessment dated 10/11/23 indicated Resident C was cognitively intact. A care plan dated 10/6/23 indicated Resident C had diabetes. The staff was to administer insulin as ordered. A physician order dated 10/4/23 indicated the resident was to receive 10 units of Glargine (lantus) insulin at bed time. The order was discontinued on 10/20/23. An Endocrinologist visit note dated 10/13/23 indicated Resident C's insulin was going to be changed to 6 units of lantus twice a day. A physician order dated 10/13/23 indicated the resident was to receive 6 units of lantus at bedtime. The order was discontinued on 10/20/23. A physcian order dated 10/14/23 indicated the resident was to receive 6 units of lantus in the morning. The order was discontinued on 10/20/23. A physician order 10/20/23 indicated the resident's 10 units of glargine at bedtime was to be discontinued. A physician order dated 10/21/23 indicated the resident was to receive 6 units of lantus in the morning and 6 units of lantus at bedtime. The October 2023 Medication Administration			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	Record (MAR) indicated the following days Resident C received 16 units of glargine/lantus insulin at bedtime: 10/14/23, 10/17/23 and 10/18/23 An interview was conducted with Resident C on 10/26/23 at 1:59 p.m. She indicated the staff have not been giving her insulin correctly. An interview was conducted with Endocrinologist Nurse Practitioner (NP) 35 on 10/31/23 at 3:00 p.m. She indicated on 10/13/23, she had changed Resident C's insulin orders due to her chronic kidney disease. The long acting insulin would be more effective if it was split up. The resident would received some insulin in the mornings and some insulin at night. On 10/20/23, she had noticed the resident was receiving 16 units of lantus at bedtime instead of 6 units. NP 35 had spoken with the nursing staff to claify the orders. The 10 units of glargine insulin was to be discontinued on 10/13/23. 3b. An at risk for altered skin integrity care plan with an initial date of 10/6/23 and a revision date of 10/18/23, indicated Resident C had impaired skin integrity. Weekly skin assessments dated 10/11/23 and 10/18/23 indicated the resident had no skin areas. A wound specialist visit note dated 10/17/23 indicated Resident C had an arterial ulcer to right lateral leg. The wound status assessment indicated the wound was full thickness measuring 10 centimeters in length and 2.5 centimeters in width. The periwound was intact, fragile and dry. The treatment plan was for staff to apply skin prep to the wound base daily; leave open to air. The staff was to monitor the wound and notify provider with changes to the skin.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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

A physician order dated 10/18/23 indicated the staff was to apply skin prep to right lateral ankle once a day.

The resident's clinical record did not include any additional weekly wound measurements completed for the resident's aterial ulcer on her right leg after 10/17/23.

An observation was made of Resident C on 10/26/23 at 1:59 p.m. Resident C's right outer leg was observed with a round area that was white, flakey and dry the size of a half dollar. An interview was conducted at that time with Resident C. She indicated the wound doctor came in and looked at her wound on her leg. He then took photos and ordered a treatment a few weeks ago. The staff nor the wound doctor has observed the wound since.

An interview was conducted with the Wound Nurse 36 on 10/31/23 at 9:20 a.m. She indicated the wound doctor comes in weekly to do the wound assessments. The wound doctor sees all residents on admission and weekly with wounds. Resident C's initial visit with the wound doctor was on 10/17/23. He had observed an aterial ulcer on the resident's right leg at that time. It was difficult for the wound doctor to see her due to the resident goes to dialysis and leaves LOA (leave of absence) a lot. The resident's wound was not assessed with measurements last week.

A skin care and wound management policy was provided by the Director of Nursing on 10/31/23 at 12:14 p.m. It indicated "...Policy: The facility staff strives to prevent resident/patient skin impairment and to promote the healing of existing wounds. The interdisciplinary team works with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	resident/patient and/or family/responsible party to identify and implement interventions to prevent and treat potential skin integrity issues. The interdisciplinary team evaluates and documents identified skin impairments and pre-existing signs to determine the type of impairment, underlying condition(s) contributing to it and description of impairment to determine appropriate treatment. Each resident/patient is evaluated upon admission and weekly thereafter for changes in skin condition...Treatment 6. monitor and document progress..." 4. The clinical record for Resident 11 was reviewed on 10/26/23 at 2:30 p.m. His diagnoses included, but were not limited to: right hand contracture, left hand contracture, convulsions, and hypertension. The impaired skin integrity/at risk for altered skin integrity care plan, revised 12/18/22, indicated the goal was for him to be without impaired skin integrity through the next review date. An intervention was to administer treatments as ordered by medical provider. The ADL (activities of daily living) care plan, revised 12/18/22, indicated he required total assistance with ADLs related to limited physical mobility and impaired functional range of motion to extremities. The goal was for him to remain free of complications related to immobility, including contractures, thrombus formation, skin breakdown and fall related injury through the next review date. The physician's orders read, "1) Staff to use: bilateral leg rest with foot buddy to support BLE [bilateral lower extremities,] when up in the wheelchair. 2)Staff to flip foot rest parts of both elevating leg rest away to prevent foot injury			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	when up in wheelchair. 3) staff to put provolone [sic] boots [boots with a cushioned bottom that float the heel off the surface, helping to reduce pressure] on BLE to protect both feet when up in wheelchair. every shift for positioning," starting 4/22/21 and "Geri-Sleeves [stocking sleeves to protect the arms from friction and shearing] for protection. every shift for protection," starting 4/22/21. An observation of Resident 11 was made in the common area of the Brookshire Unit on 10/26/23 at 2:46 p.m. He was sitting in his chair in front of the television with his eyes closed. He was not wearing Prevalon boots or Geri-sleeves. The October, 2023 MAR (medication administration record) indicated Resident 11's Prevalon boots were on every shift on 10/26/23. An observation of Resident 11 was made with UM (Unit Manager) 24 in the common area of the Brookshire Unit on 11/1/23 at 3:24 p.m. He was not wearing Prevalon boots or Geri-sleeves. An interview was conducted with UM 24 on 11/1/23 at 3:24 p.m. during the above observation. She indicated, if the order said Geri-sleeves, he should have them. An interview was conducted with the Wound Nurse on 11/2/23 at 11:15 p.m. She indicated Prevalon boots were a preventative measure and he should be wearing them. An observation of Resident 11 was made with the Wound Nurse in the common area of the Brookshire Unit on 11/2/23 at 11:17 p.m. He was sitting in his chair. He was not wearing Prevalon boots.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	An interview was conducted with the Wound Nurse on 11/2/23 at 11:25 a.m. She indicated she went ahead and applied Resident 11's Prevalon boots. The Skin Care and Wound Management policy was provided by the DON (Director of Nursing) on 10/31/23 at 12:14 p.m. It read, "Procedure: Prevention...4. Develop a care plan with individualized interventions to address risk factors. 5. Communicate risk factors and interventions to the care giving team. 6. Evaluate for consistent implementation of interventions and effectiveness at clinical meeting." 5. The clinical record for Resident 26 was reviewed on 10/26/23 at 3:35 p.m. His diagnoses included, but were not limited to: hypotension, mild vascular dementia, alcoholic cirrhosis the of liver, and end stage renal disease. The orthostaatic hypotension care plan, revised 4/24/21, indicated interventions were vital signs as ordered/per facility protocol and to follow up as indicated. The Vitals section of the electronic health record indicated the following blood pressures on the following dates and times, taken by LPN (Licensed Practical Nurse) 37: 10/27/23 at 10:43 p.m. -64/45 mmHg taken while standing in his right arm and 10/27/23 at 10:40 p.m. - 64/45 mmHg taken while sitting in his right arm. There was no information in the clinical record, including the progress notes or assessments, to indicate how the above blood pressures were addressed on 10/27/23.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	There were no blood pressures in the clinical record after the 10/27/23, 10:43 a.m. blood pressure of 64/45 until 11/1/23 at 11:25 a.m. It was a reading of 102/58. The 11/1/23, 1:08 p.m. nurse's note read, "Res. [Resident's] Nephrologist Called Stated Res HGB [hemoglobin] 6.5 Gave Order For Res To Go To [name of local hospital emergency room] for Blood Transfusion, Staes [sic] He Had Notified Someone Via Text Last Evening, Res. Stated He Received A Text Last Evening, But Didn't See Text Until This Am [morning,] Res Denies SOB [shortness of breath,] No CP [complaints,] No Dizziness, Sister [name of sister] Notified, 911 Called, Report Given, Res. Transferred To [name of hospital emergency room] NP Notified." An interview was conducted with NP (Nurse Practitioner) 21 on 11/1/23 at 1:57 p.m. She indicated she did not recall being notified of the 10/27/23 low blood pressures. Since it was after hours, another service provider would have received notification. This was her first time hearing about these blood pressures. She thought with blood pressures that low, he would have been lethargic and nursing would have seen a change in condition. She stated, "That's really low." If the blood pressures were legit, she would like to know. Her treatment would depend on how symptomatic he was. An interview was conducted with the RVPRM (Regional Vice President of Risk Management) on 11/2/23 at 10:07 a.m. She indicated she couldn't' find any verification Resident 11's 10/27/23 low blood pressures were addressed. An interview was conduted with LPN 37 on 11/3/23 at 12:00 p.m. She indicated she did not			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	notify anyone of Resident 11's blood pressure of 64/45. She took his blood pressure again later and it was 110/62, she thought. She used another blood pressure cuff machine to recheck it. She should have crossed out the low blood pressure. She retook his blood pressure beccause the reading was strange. She did not document the new blood pressure reading in the clinical record. 6. The clinical record for Resident 24 was reviewed on 10/27/23 at 11:45 a.m. Her diagnoses included, but were not limited to, pelvic and perineal pain, morbid obesity, hypertension, pain in right hip, and pain in left hip. The complaints of chronic pain care plan, revised 9/5/23, indicated interventions were to provide mediation per orders; observe for signs and symptoms of side effects; and to evaluate effect iveness of medication. The physician's orders indicated to apply a Lidocaine External Patch 5% to her right hip and left knee topically one time a day for pain and remove per schedule, starting 8/30/23.An interview was conducted with Resident 24 on 10/27/23 at 11:56 a.m. She indicated she was not getting her pain patches changed daily.The October, 2023 MAR (medication administration record) indicated the Lidocaine External Patch 5% was applied at 8:00 a.m. and removed at 9:59 p.m. daily to her right hip and left knee, as ordered, every day in October, 2023.An interview was conducted with Resident 24 on 11/2/23 at 2:24 p.m. She indicated she had Lidocaine patches on currently, but they had been on			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	for over 3 days. An observation and interview was conducted with UM (Unit Manager) 24 and Resident 24 in Resident 24's room on 11/2/23 at 2:40 p.m. Resident 24 was lying in bed. UM 24 lifted Resident 24's blanket. There was a Lidocaine patch on the front of her right thigh, not over her right hip. Resident 24 indicated, while rubbing her hand up and down her right hip, that she liked for the patch to be applied higher up, because it made the whole area feel better. There was a Lidocaine patch on her left knee.An interview was conducted with LPN (Licensed Practical Nurse) 36 on 11/2/23 at 2:58 p.m. She indicated she changed Resident 24's Lidocaine patches yesterday, 11/1/23. She did not change the patch to her right knee, because the right knee didn't show up for her on the MAR. She did apply the right hip patch yesterday.An observation of the medication cart was made with UM 24 on 11/2/23 at 3:22 p.m. There was one 30 count box of Lidocaine patches in the cart for Resident 24, dated 8/30/23, with 23 patches remaining in the box.The Lidocaine patch pharmacy requisitions from 8/2/23 to present were provided by the DON (Director of Nursing) on 11/3/23 at 9:38 a.m. They indicated a 30 count box (15 day supply) was delivered to the facility on 8/2/23; a 30 count box (15 day supply) was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	delivered to the facility on 8/30/23; and a 30 count box (15 day supply) was delivered to the facility on 10/21/23.The Pain Management and Assessment policy was provided by the DON on 11/3/23 at 9:38 a.m. It read, "...the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan and the resident's choices related to pain management."The Immediate Jeopardy that began on 10/17/23 was removed on 11/3/23 when the facility completed an audit of all residents with Diabetes Mellitus to ensure the appropriate and accurate orders were in place and the physician/ nurse practicioner signed off that the orders were accurate and administered as ordered. Audits were completed on all new admissions orders for residents admitted 14 days prior to 10/17/23 to ensure an accurate medication reconciliation had been completed and that all physician orders on the discharge summary were transcribed appropriately and accurately. Audits were completed for all residents in the facility for change in condition in the 14 days prior to 10/17/23 to ensure appropriate follow-up and physician/ nurse practitioner notification was completed. Education was provided to all licensed nurses on the facility's policy identified as, "Admission Evaluation" policy			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	with an emphasis on order verification, transcription, medication reconciliation, confirmation, order clarification and admission order entry process. Education on the admission order entry process included but was not limited to monitoring of communication for clarification of orders via fax, email, and secured conversation. All licensed nurses were educated on the facility's policy, "Notification of Change in Condition" and change in condition with emphasis on identification of change in condition, physician/ nurse practitioner notification of change in condition, and follow-up with change in condition, and completely and accuratately documenting the change in condition. All licensed nurses were educated on the facility's policy identified as, "Physician Order" with emphasis on following physician orders as written. All licensed nurses were educated on care of the Diabetic resident with emphasis on monitoring blood glucose as orders and signs and symptoms of hyper/hypoglycemia. Nurse managers were educated on the facility's morning meeting process with emphasis on medication reconciliation for all new admissions. The weekend nursing supervisor was educated on medication reconciliation for all new admissions on Saturday and Sunday. A systematic process changes include the exact			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155272	A. BUILDING 00 B. WING	11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALLISON POINTE HEALTHCARE CENTER	5226 E 82ND STREET INDIANAPOLIS, IN 46250

(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
	medication that requires clarification will be sent via fax, email, and now secured conversation. Secured Conversation can be immediately accessed by the licensed nurse. An additional audit will be completed the following morning for all orders received the previous day by the Admissions Order Entry Department Manager to assure all insulin related orders have been transcribed appropriately and accurately. An alert email will be sent to the facility and regional team for any errors or omissions identified that may require further follow-up. The DON/Unit Managers are completing medication reconciliation audit the following morning Monday through Friday for all new admissions. The weekend supervisor are complete medication reconciliation audit on Saturday and Sunday. The DON/Unit Manager are completing audits via facility reports for changes in condition Monday through Friday and the weekend supervisor on Saturday and Sunday to ensure appropriate follow-up, physician/ nurse practitioner notification, and documentation have occurred. The noncompliance remained at the lower scope and severity level of no actual harm with the potential for more than minimal harm that is not immediate jeopardy.This citation relates to Complaints IN00420188, IN00420302, and IN00420629. 3.1-37			