

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

PRINTED: 11/13/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155786		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/28/2024	
NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 10312 ALLISONVILLE RD FISHERS, IN 46038			
(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 Investigation of Complaints IN00442004 and IN00444621.</p> <p>Complaint IN00442004 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00444621 - Federal/state deficiencies related to the allegations are cited at F755.</p> <p>Survey dates: October 28, 2024</p> <p>Facility number: 012466 Provider number: 155786 AIM number: 201014060</p> <p>Census Bed Type: SNF/NF: 125 SNF: 16 Total: 141</p> <p>Census Payor Type: Medicare: 7 Medicaid: 79 Other: 55 Total: 141</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 29, 2024.</p>			F 0000			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on interview and record review, the facility			F 0755	Preparation or execution of this plan of correction does not		11/10/2024

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

TITLE

(X6) DATE

Justin Sims

Executive Director

11/11/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>failed to ensure an accurate system of records for controlled medications for 1 of 3 residents reviewed for hospice services. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 10/28/24 at 2:30 p.m. The diagnoses included, but were not limited to, hypertension, congestive heart failure, and respiratory failure.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 9/19/24, indicated the utilization of an antianxiety medication.</p> <p>A care plan for hospice, dated 7/13/24, indicated the approach for hospice to provide medication to nursing facility related to hospice diagnosis per physician orders.</p> <p>A physician order, dated 9/24/24 and discontinued on 9/27/24, was noted for lorazepam (antianxiety medication) two milligrams (mg) per milliliter (mL); administer one mL every three hours scheduled.</p> <p>A physician order, dated 9/27/24 and discontinued on 9/30/24, was noted for lorazepam two mg per mL; administer one mL every two hours scheduled.</p> <p>A controlled substances record for Resident C's lorazepam, dated September 24 through September 27, 2024, indicated the following administrations:</p> <ul style="list-style-type: none"> - 9/26/24 at 3:00 a.m. of 0.1 mL, - 9/26/24 at 6:00 a.m. of 0.1 mL, - 9/26/24 at 9:00 a.m. of 0.1 mL, - 9/26/24 at 12:00 p.m. of 0.1 mL, - 9/27/24 at 12:00 a.m. of 0.1 mL, & 				<p>constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident C no longer lives at the facility</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by this practice; however, no residents were affected by this deficiency as demonstrated by a full audit of records for residents receiving controlled medications.</p> <p>All nursing staff will be educated on the Policies and Procedures of Medication Administration, to include documentation of the medication administration. They will also be educated on the policy that</p>		

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	<p>- 9/27/24 at 3:00 a.m. of 0.1 mL.</p> <p>An interview conducted with the Director of Nursing (DON), on 10/28/24 at 3:37 p.m., indicated it appeared the lorazepam bottle for Resident C would have been empty on 9/26/24. A new bottle of lorazepam was received, on 9/26/24, but the controlled substances record indicated the new bottle was never utilized. The documentation on the controlled substances record was inaccurate for the administration of lorazepam regarding the nursing staff indicating they administered 0.1 mL instead of the scheduled one mL for Resident C.</p> <p>This citation relates to Complaint IN00444621.</p> <p>3.1-25(e)(2) 3.1-25(e)(3)</p>				<p>narcotics are signed out in the narcotics book as well as the Medication Administration Record when given.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>The DON or designee will be responsible to audit medication pass on different shifts, with different nurses, on scheduled days of work 1x/day for 3 months, then 2x/week for 3 months, to ensure documentation of medication administration and narcotic administration is done timely and accurately, per policy. Observations will be documented on an audit tool. Any noted documentation concerns will be addressed through employee education and counseling.</p> <p>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director.</p> <p>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p>		