

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

PRINTED: 11/01/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155148		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/12/2023	
NAME OF PROVIDER OR SUPPLIER NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 650 FAIRWAY DR EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 Complaint IN00416094, IN00418489, IN00417966.</p> <p>Complaint IN00416094-Federal/state deficiencies related to the allegations are cited at F842.</p> <p>Complaint IN00418489- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417966- No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 10, 11, 12, 2023.</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Census Bed Type: SNF: 6 SNF/NF: 82 Total: 88</p> <p>Census Payor Type: Medicare: 2 Medicaid: 66 Other: 20 Total: 88</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 19, 2023.</p>			F 0000	<p><u>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</u></p> <p>- <u>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Compliant Survey Revisit on or after 11/2/23.</u></p>		
F 0842 SS=E	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information						

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

TITLE

(X6) DATE

Sandra Heidorn-kofler

Executive Director

10/30/2023

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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Bldg. 00	<p>§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 itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <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> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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</p>						

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	<p>compliance with 45 CFR 164.512.</p> <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> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(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;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on observation, interview, and record review, the facility failed to ensure accurate and complete documentation was recorded on the EMAR (Electronic Medication Administration Record) for 5 of 7 residents reviewed for medications. Medications were not documented as given. (Resident D, Resident E, Resident F, Resident H, Resident J)</p> <p>Finding includes:</p> <p>On 10/13/23 at 9:30 a.m., the clinical record was</p>	F 0842	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents D, E, F, H, J have been reviewed and have been receiving their medication as ordered. Medication administration is documented in Matrix- EMAR.</p> <p>How will you identify other residents having the potential</p>		11/02/2023		

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	<p>reviewed for resident's chosen for medication review. The following medications were not documented as given on the dates listed:</p> <p>Resident D: 8/23/23 - clonazepam 0.5 mg oral three times a day 6:00 a.m., 3:00 p.m., 11:00 p.m. The 11:00 p.m. dose was not documented as given.</p> <p>8/23/23- hydrocodone-acetaminophen 7.5 mg -325 mg oral three times a day 6:00 a.m., 3:00 p.m., 11:00 p.m. The 11:00 p.m. dose was not documented as given.</p> <p>Resident E: Rezvoglar KwickPen (insulin glargine-agir) insulin pen; 100 unit/ml(milliliter) (3 ml); amount to administer 10 units subcutaneous at bedtime. The following dates were not documented as given: 8/8/23, 8/13/23, 8/19/23, 8/28/23, 9/17/23, 9/29/23.</p> <p>9/8/23- hydralazine 25 mg amt; 75 mg oral three times a day 8:00 a.m., 2:00 p.m., 8:00 p.m. The 8:00 a.m. dose was not documented as given.</p> <p>9/29/23- metoprolol tartate 25 mg amt; 12.5 mg oral special instructions hold for HR less than 60 beats/hour twice a day 7:00 a.m.- 11:00 a.m., 7:00 p.m.- 10:00 p.m. The p.m. dose was not documented as given.</p> <p>9/29/23- sodium chloride 1,000 mg amt; 1 gram oral twice a day 7:00 a.m.-11:00 a.m., 7:00 p.m.- 10:00 p.m. The p.m. dose was not documented as given.</p> <p>Resident F: 10/8/23- senna 8.6 mg (milligram) amt; 17.2 mg oral twice a day 7:00 a.m.- 11: 00 a.m., 7:00 p.m.- 11:00 p.m. The p.m. dose was not documented as given.</p>			<p>to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents under the care of the facility have the potential to be affected by the alleged deficient practices.</p> <p>Observations were completed on all shifts by DNS/designee to ensure administration and documentation compliance.</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>Licensed nursing staff will be re-educated regarding the Matrix EMAR administration/documentation compliance.</p> <p>Observational rounds will be completed by DNS/designee daily to ensure completed EMAR compliance.</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>The DNS/designee will be responsible for the completion of a daily EMR compliance audit weekly times 4 weeks, monthly times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the</p>			

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	<p>10/8/23- tizanidine 2 mg oral twice a day 7:00 a.m.-11:00 a.m., 7:00 p.m.- 11:00 p.m. The p.m. dose was not documented as given.</p> <p>Resident H:</p> <p>10/8/23- Lantus Solostar U-100 insulin (insulin glargine) insulin pen; 100 unit/ml (3 ml)k; amt: 45 units subcutaneous special instructions : notify MD if blood glucose < 60 or > 400 at bedtime 9:00 p.m.</p> <p>10/8/23- lisinopril 20 mg oral twice a day 7:00 a.m.-11:00 a.m., 7:00 p.m.-11:00 p.m. The p.m. dose was not documented as given.</p> <p>10/8/23- medroxyprogesterone 2.5 mg amount to administer 5 mg oral three times a day 8:00 a.m., 2:00 p.m., 8:00 p.m. The 8:00 p.m. dose was not documented as given.</p> <p>10/8/23- melatonin 5 mg oral at bedtime.</p> <p>10/8/23- trazodone 50 mg oral at bedtime.</p> <p>10/8/23- zoloft (sertraline) 25 mg oral at bedtime.</p> <p>10/8/23- metoprolol succinate extended release 24 hr; 100 mg oral twice a day 7:00 a.m.- 11:00 a.m., 7:00 p.m.- 11:00 p.m. The p.m. dose was not documented as given.</p> <p>10/8/23- metformin 1,000 mg oral twice a day 7:00 a.m.-11:00 a.m., 7:00 p.m.- 11:00 p.m. The p.m. dose was not documented as given.</p> <p>Resident J:</p> <p>10/8/23- atorvastatin 20 mg oral at bedtime.</p> <p>10/8/23- budesonide suspension for nebulizer; 0.5 mg/ml ; amt: 1 vial; inhalation twice a day 7:00 a.m.</p>				QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.		

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	<p>- 11:00 a.m., 7:00 p.m.- 10:00 p.m. The p.m. dose was not documented as given.</p> <p>10/8/23- colace (docusate sodium) capsule 100 mg oral at bedtime.</p> <p>10/8/23- Eliquis (apixaban) 5 mg oral twice a day 7:00 a.m.- 11: 00 a.m., 7:00 p.m.- 10:00 p.m. The p.m. dose was not documented as given.</p> <p>10/8/23-formoterol fumarate solution for nebulization; 20 mcg (microgram /2 ml; amount to administer 1 vial; inhalation twice a day 7:00 a.m.- 11:00 a.m., 7:00 p.m.- 10:00 p.m. The p.m. dose was not documented as given.</p> <p>10/8/23- hydrocodone- acetaminophen 7.5- 325 mg; oral three times a day 8:00 a.m., 2:00 p.m., 8:00 p.m. The 8:00 p.m. dose was not documented as given.</p> <p>10/8/23- loratadine 10 mg oral at bedtime.</p> <p>10/8/23- metaprolol tartrate 25 mg oral three times a day 8:00 a.m., 2:00 p.m., 8:00 p.m. The p.m. dose was not documented as given.</p> <p>10/8/23- polyethylene glycol 3350 powder; 17 gram/dose oral at bedtime.</p> <p>10/8/23- tamsulosin 0.4 mg oral at bedtime.</p> <p>10/8/23- triamcinolone acetonide cream 0.025 % amount to administer : thin layer; topical twice a day 7:00 a.m.- 11:00 a.m., 7:00 p.m.- 11:00 p.m. The p.m. dose was not documented as done.</p> <p>On 10/11/23 at 10:19 a.m., the interim DON indicated the facility had been having an issue with medications being documented as given on</p>						

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	<p>the EMAR. The Administrator indicated nurses are supposed to be documenting on the EMAR when medications are given.</p> <p>On 10/11/23 at 10:38 a.m., LPN 1 indicated medications given are supposed to be signed off as given on the EMAR.</p> <p>On 10/10/23 the interim DON provided a document titled " Med Pass with CareAssit eMAR. The document included, but was not limited to: Administration compliance report- every nurse must run this report at the end of their shift. This report will show all orders/tasks that have been missed. If this report is blank than all orders/tasks have been administered/satisfied as scheduled.</p> <p>On 10/12/23 at 12:20 p.m., the Administrator provided the current policy dose preparation and medication administration with a revision date of 1/1/22. The policy included, but was not limited to: ...document necessary medication administration/treatment information (e.g.; when medications opened, when medications are given, injection site of a medication, if medications are refused, PRN medications, application sight) on appropriate forms...</p> <p>This Federal tag relates to Complaint IN00416094.</p> <p>3.1-50(a)(1)</p>						