

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155772		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2023	
NAME OF PROVIDER OR SUPPLIER  COBBLESTONE CROSSINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaint IN00398175. This visit included the Investigation of Residential Complaint IN00398087.</p> <p>Complaint IN00398175 - Substantiated. Federal/State deficiencies related to the allegation are cited at F697.</p> <p>Complaint IN00398087 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated Nursing Home deficiency is cited.</p> <p>Survey dates: January 03 and 04, 2023</p> <p>Facility number: 011906 Provider number: 155772 AIM number: 201114960</p> <p>Census Bed Type: SNF: 25 SNF/NF: 22 Residential: 23 Total: 70</p> <p>Census Payor Type: Medicare: 15 Medicaid: 21 Other: 11 Total: 47</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 12, 2023.</p>			F 0000			

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

TITLE

(X6) DATE

Nicole Griffith

Executive Director

01/20/2023

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 disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0684 SS=D Bldg. 00	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a newly admitted resident received bedside hydration and a timely breakfast for 1 of 1 randomly observed resident (Resident H).</p> <p>Findings include:</p> <p>Upon touring Resident H's unit, on January 04, 2023 at 9:10 a.m., no dietary cart was present. Residents who had meals served in their rooms were close to being finished eating their meals. Staff were observed to be answering call lights and assisting with morning activities of daily living care. Having passed Resident H's room a second time he waved his hand. Upon entering, Resident H was observed to be lying in bed. An untied hospital gown was positioned over the top of him. The head of his bed was elevated approximately 30 degrees. An empty, over the bed table was positioned nearby. No water or fluids were present in the room. Resident H's lips were dry and slightly sticking together as he spoke. He indicated he was "thirsty and hungry." He had not had breakfast and was wondering if he could have something to eat and drink.</p> <p>Resident H's nurse was interviewed on January</p>			F 0684	<p>The submission of this plan of correction does not indicate an admission by Cobblestone Crossings Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cobblestone Crossings Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the</p>		01/27/2023

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	<p>04, 2023 at 9:15 a.m. The nurse reviewed Resident H's dietary orders and indicated they were unaware Resident H had not been served breakfast. He probably did not have any fluids because he needed a Kennedy cup and staff had to obtain the cup from dietary. The unit nurse ordered and obtained a breakfast for Resident H.</p> <p>Resident H was observed to have independently eaten and drank 100% of the food and fluids served by 9:45 a.m. A Kennedy cup had been provided on the breakfast tray. During an interview, at 10:30 a.m., Resident H indicated he had still been hungry and was now eating an apple pastry. No fluids were present in his room and there was no Kennedy cup present.</p> <p>Resident H's nurse was interviewed on January 04, 2023 at 9:50 a.m. During the interview, she verified Resident H again had no fluids in his room. Staff must have removed the Kennedy cup when they returned his breakfast tray to the kitchen. The nurse was observed to obtain a cup and provided fluids at bedside.</p> <p>During an interview on January 04, 2023 at 9:40 a.m., the Dietary Manager indicated a breakfast tray had not been sent to the unit for Resident H because the kitchen had not received a dietary slip from nursing ordering the tray.</p> <p>Resident H's clinical records were reviewed on January 04, 2023 at 10:00 a.m. Current medical diagnoses were blank. The Face Sheet indicated Resident H was admitted on January 03, 2023 at 5:00 p.m.</p> <p>A Progress Note, dated January 03, 2023 at 5:28 p.m., indicated Resident H had arrived from an Indianapolis hospital. He had been assisted into</p>				<p>department a desk review for substantial compliance.</p> <p>1. Resident H suffered no ill effects from the alleged deficient practice. Resident H did receive a breakfast tray and drink as soon as he asked for it.</p> <p>2. All residents have the potential to be affected by the alleged deficient practice. Newly admitted residents have been reviewed to ensure diet orders were given to dietary department and hydration is provided.</p> <p>3. Nursing will be educated on process of giving diet orders to the dietary department. As a measure of ongoing compliance, director of health services (DHS) or designee will audit 5 residents weekly for 4 weeks, then every other week for 2 months, and then monthly for 3 months.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		

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F 0697 SS=D Bldg. 00	<p>bed, given a call light, and was resting in bed.</p> <p>Physician dietary orders, dated January 03, 2023, indicated Resident H had been prescribed a CCHO/controlled carbohydrate mechanical soft diet with thin liquids to be provided in a Kennedy Cup (large, handled spill proof cup).</p> <p>Physician orders, dated January 03, 2023, indicated prescribed medications that included, but were not limited to:</p> <ul style="list-style-type: none"> <li>-Januvia (antidiabetic medication) 50 milligram (mg) daily</li> <li>-GlucaGen HypoKit 1 mg as needed for low blood sugars</li> </ul> <p>Hospital Discharge Summary, dated January 03, 2023 at 3:12 p.m., indicated the reason for hospital course was due to a "surgical site infection."</p> <p>Discharge diagnoses (problems) of impaired gait and mobility and required assistance with activities of daily living.</p> <p>Nursing Home Admission Observation and Data Collection, dated January 03, 2023 at 5:40 p.m., indicated Resident H had dementia, was assessed to be a high risk for falls, was alert and oriented times one to person, was not oriented to time or place, had an indwelling urinary catheter due to urinary retention, and required staff to provide assistance as needed for bed mobility, eating, toileting, and transfers. Resident H had no swallowing problems and to provide diet as ordered.</p> <p>3.1-37(a)</p> <p>483.25(k) Pain Management §483.25(k) Pain Management.</p>						

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	<p>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on record review and interview, the facility failed to ensure a resident who experienced pain was administered physician prescribed pain medication as ordered for 1 of 3 residents reviewed for pain management (Resident B).</p> <p>Findings include:</p> <p>Resident B's closed clinical records were reviewed on January 03, 2023 at 1:40 p.m. Diagnoses included but were not limited to multiple myeloma.</p> <p>Taber's Cyclopedic Medical Dictionary 22 indicated multiple myeloma was a malignant disease characterized by infiltration of bone marrow by cancerous plasma cells. Tumors composed of malignant plasma cells grow within the skeleton making bones fragile and prone to fracture. Multiple myeloma can cause pain in affected bones, usually within the back, ribs, and/or hips. The pain was frequently persistent dull ache, which may be made worse by movement.</p> <p>The admission Minimum Data Set (MDS) assessment, dated November 28, 2022, indicated Resident B's speech was clear. When communicating, others had been able to clearly understood her and she had been able to understand others with clear comprehension. She had been cognitively intact and able to independently make daily decisions. An assessment of health conditions indicated the resident received pain management medication on</p>			F 0697	<p>1. Resident B suffered no ill effects from the alleged deficient practice. Resident did receive pain medications.</p> <p>2. All residents have the potential to be affected by the alleged deficient practice. Residents with pain medications have been reviewed for timely administration.</p> <p>3. Nursing will be educated on signing off medication after being administered. As a measure of ongoing compliance, director of health services (DHS) or designee will audit 5 residents weekly for 4 weeks, then every other week for 2 months, and then monthly for 3 months.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.</p>		01/27/2023

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	<p>a schedule regimen and on an as needed regimen. The resident's pain assessment indicated Resident B reported having frequent pain that affected her sleep and day-to-day activities. On a scale of 1 to 10, Resident B reported her pain felt as a "10."</p> <p>Resident B's care plan problem, dated November 29, 2022, indicated the resident was at risk for pain related to disease process. The goal, through March 01, 2023, was that pain would be managed at a tolerable level through implementation of intervention approaches that included, but were not limited to, "Administer medications as ordered."</p> <p>Resident B's care plan problem, dated December 01, 2022, indicated a potential for complications related to a diagnosis of cancer. The goal, through March 01, 2023 was that the potential for complications would be managed through intervention approaches that included, but were not limited to, "Provide medications/interventions as ordered."</p> <p>Physician ordered pain medications included, but were not limited to:</p> <p>-hydrocodone with acetaminophen 7.5-325 milligrams (mg) tablet every six hours. (medication start date was November 23, 2022 and discontinue date was November 30, 2022)</p> <p>-hydrocodone with acetaminophen 10-325 mg tablet four times a day. (medication start date was November 30, 2022 and discontinue date was December 01, 2022)</p> <p>-hydrocodone with acetaminophen 10-325 mg tablet every six hours. (medication start date was December 02, 2022/open ended)</p>						

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	<p>-methocarbamol 500 mg tablet four times a day. (medication start date was November 22, 2022/open ended)</p> <p>Medication administration records indicated the following pain medications were not administered timely as prescribed:</p> <p>a. hydrocodone with acetaminophen 7.5-325 mg ordered to be given every six hours: On 11/24/2022 the 6:00 p.m. dose was administered at 8:29 p.m. On 11/25/2022 the 6:00 a.m. dose was administered at 9:56 a.m. On 11/25/2022 the 12:00 p.m. dose was administered at 5:09 p.m. On 11/25/2022 the 6:00 p.m. dose was administered at 7:54 p.m. On 11/26/2022 the 12:00 a.m. dose was not administered due to drug not available On 11/26/2022 the 6:00 a.m. dose was administered at 8:23 a.m. On 11/26/2022 the 6:00 p.m. dose was administered at 7:49 p.m. On 11/28/2022 the 6:00 a.m. dose was administered at 7:33 p.m. On 11/30/2022 the 6:00 a.m. dose was administered at 8:20 a.m. On 11/30/2022 the 12:00 p.m. dose was administered at 3:06 p.m. On 11/30/2022 the 6:00 p.m. dose was administered at 8:17 p.m.</p> <p>b. hydrocodone with acetaminophen 10-325 mg ordered to be given four times per day: On 12/01/2022 the 4:30 a.m. dose was administered at 7:30 a.m.</p> <p>c. hydrocodone with acetaminophen 10-325 mg</p>						

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	<p>ordered to be given every six hours:</p> <p>On 12/02/2022 the 6:00 a.m. dose was administered at 7:40 a.m.</p> <p>On 12/02/2022 the 12:00 p.m. dose was administered at 11:11 a.m.</p> <p>On 12/03/2022 the 8:00 a.m. dose was administered at 9:24 a.m.</p> <p>On 12/04/2022 the 8:00 a.m. dose was administered at 9:37 a.m.</p> <p>On 12/05/2022 the 4:00 a.m. dose was administered at 8:03 a.m.</p> <p>On 12/05/2022 the 12:00 p.m. dose was administered at 2:59 p.m.</p> <p>On 12/05/2022 the 8:00 p.m. dose was administered at 9:10 p.m.</p> <p>On 12/06/2022 the 12:00 p.m. dose was administered at 1:12 p.m.</p> <p>On 12/06/2022 the 4:00 p.m. dose was administered at 7:54 p.m.</p> <p>On 12/07/2022 the 12:00 a.m. dose was administered at 2:45 a.m.</p> <p>On 12/07/2022 the 8:00 a.m. dose was administered at 10:57 a.m.</p> <p>d. methocarbamol 500 mg ordered to be given four times a day:</p> <p>On 11/22/2022 the 4:00 - 7:00 p.m. dose was not administered due to drug not available</p> <p>On 11/22/2022 the 8:00 - 11:30 p.m. dose was not administered due to drug not available</p> <p>On 11/24/2022 the 4:00 - 7:00 p.m. dose was administered at 8:29 p.m.</p> <p>On 11/25/2022 the 11:00 a.m. - 1:30 p.m. dose was administered at 5:09 p.m.</p> <p>On 11/25/2022 the 4:00 - 7:00 p.m. dose was administered at 7:54 p.m.</p> <p>On 11/26/2022 the 4:00 - 7:00 p.m. dose was administered at 7:49 p.m.</p> <p>On 11/30/2022 the 11:00 a.m. - 1:30 p.m. dose was administered at 2:23 p.m.</p>						



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	<p>On 11/30/2022 the 4:00 - 7:00 p.m. dose was administered at 8:17 p.m.</p> <p>On 12/01/2022 the 6:00 - 10:00 a.m. dose was administered at 10:13 a.m.</p> <p>On 12/01/2022 the 4:00 - 7:00 p.m. dose was administered at 7:02 p.m.</p> <p>On 12/02/2022 the 11:00 a.m. - 1:30 p.m. dose was administered at 1:35 p.m.</p> <p>On 12/05/2022 the 11:00 a.m. - 1:30 p.m. dose was administered at 2:59 p.m.</p> <p>On 12/06/2022 the 4:00 - 7:00 p.m. dose was administered at 8:09 p.m.</p> <p>On January 04, 2023 at 12:50 p.m.; the Director of Nursing (DON) was interviewed. During the interview, the Director of Nursing verified Resident B's pain medications had been signed off by nursing staff as given outside the prescribed time frames. The DON indicated medications can be administered within a window of 1 hour before and 1 hour after the prescribed time, as indicated by their facility's policy(s), and some medications could have been signed off late. When asked why other daily medications were timely signed off and pain medications had not been, no comment was provided. Documentation of "not available" were for medications ordered or re-ordered from pharmacy and not yet received and not available in the facility emergency medication kit.</p> <p>On January 03, 2023 at 1:30 p.m. Resident B's family was interviewed. During the interview, the family indicated concerns that Resident B had been very uncomfortable from pain. She had reported concerns of not having received her medications timely, every six hours as prescribed. This information had been communicated to staff during care plan meetings and nothing changed. Resident B needed to have her pain medication</p>						

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	<p>given "at specific intervals to control the pain."</p> <p>On January 04, 2023 at 11:15 a.m. the Social Service Director was interviewed. During the interview, the Social Service Director verified she had implemented Resident B's care plan meetings with the family and resident present. She believed they had 3 meetings due to the family and resident being unhappy that pain medications had not been given on time and the resident being in pain, "so much so she was tearful." Notes for those meetings were not available. Staff had tried to explain that medications could be administered within a one-hour window time frame. "They just wanted the medications right on time."</p> <p>On January 04, 2023 at 1:15 p.m.; the Administrator provided the facility's current Medication Administration Times Policy dated December 01, 2021. A review of the policy indicated, "Policy: To provide guidelines for the times of medication administration. Purpose: To ensure medication is administered in resident centered fashion and documented in medical record ...." The policy lacked a procedure that indicated a window time frame for medication administration.</p> <p>On January 04, 2023 at 1:15 p.m., the Administrator provided the facility's current, "Pain Observation and Management Policy," dated May 11, 2016 and revised on May 23, 2017. A review of the policy indicated, "Policy: Guidelines for Pain Observation and Management. Purpose: To ensure resident's pain including its origin, location, severity, alleviating and exacerbating factors, current treatment and response to treatment will be observed and documented according to the needs of each individual. Procedures: ... 6. Implement the care plan</p>						

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R 0000  Bldg. 00	<p>approaches to assist with pain management..."</p> <p>Review of the Nursing 2014 Drug Handbook indicated, "...The eight 'rights' of medication administration ...4. The right time: Ensure that the drug is administered at the correct time and frequency ... Time-critical scheduled medications are those for which an early or late administration of greater than thirty minutes might cause harm or have significant, negative impact on the intended therapeutic or pharmacological effect... Examples of time-critical scheduled medications/medication types may include, but are not limited to: ... Pain medication..."</p> <p>This Federal tag relates to Complaint IN00398175.</p> <p>3.1-37(a)</p> <p>This visit was for the Investigation of Residential Complaint IN00398087. This visit included the Investigation of Nursing Home Complaint IN00398175.</p> <p>Complaint IN00398087 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00398175 - Substantiated. Federal/State deficiencies related to the allegation are cited at F697.</p> <p>Unrelated Nursing Home deficiency is cited.</p> <p>Survey dates: January 03 and 04, 2023</p> <p>Facility number: 011906</p>			R 0000			

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155772		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2023	
NAME OF PROVIDER OR SUPPLIER  COBBLESTONE CROSSINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802			
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	Residential Census: 23  Cobblestone Crossings Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Residential Complaint IN00398087.  Quality review completed on January 12, 2023.						