

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a Recertification and State Licensure Survey.</p> <p>Survey dates: August 24, 25, 28, 29, and 30, 2023</p> <p>Facility number: 000277 Provider number: 155611 AIM number: 100290530</p> <p>Census Bed Type: SNF: 5 SNF/NF: 85 Total: 90</p> <p>Census Payor Type: Medicare: 2 Medicaid: 70 Other: 18 Total: 90</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 6, 2023.</p>			F 0000	<p>Please consider this plan of correction as Hoosier Christian Village's credible plan of correction. This plan of correction constitutes a written allegation of substantial compliance under Federal and Medicare requirements. Submission of this plan of correction is not an admission that a deficiency exists or that the community agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents solely as a requirement of the provision of the Federal and State Law. Please accept this evidence in lieu of an onsite post survey re-visit for recertification and state licensure survey event ID: YX1711</p>		
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's</p>						

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

TITLE

(X6) DATE

Krista Garrison

Administrator

09/22/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, interview, and record review, the facility failed to follow appropriate infection control guidelines related to indwelling urinary catheter care and to administer antibiotics in a timely manner for 2 of 4 residents reviewed for Urinary Catheters and Urinary Tract Infections. (Residents 32 and 88)</p> <p>Findings include:</p> <p>1. Resident 32 was observed on 08/25/23 at 10:49 A.M. He was in his room sitting in a recliner with his feet propped up. He indicated he was getting an antibiotic for a UTI (urinary tract infection) thru his PICC (Peripherally Inserted Central Catheter)</p>			F 0690	<p>Hoosier Christian Village does ensure that appropriate infection control guidelines related to indwelling urinary catheter care are followed and antibiotics are administered in a timely manner.</p> <p>During an interview on 8/30/23 with RN Infection Preventionist and RN MDS Coordinator, both RNs indicated that during routine morning rounds at approximately 1030 resident #32 was observed sitting in his recliner with his feet propped up with his indwelling</p>		09/19/2023

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			
(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
	<p>line. He had just gotten the PICC line the day before. A plastic ball was attached to his PICC line, and he indicated it contained his antibiotic. His indwelling urinary catheter bag was hanging from the metal that suspended his footrest on his recliner. Over an inch of the bag was laying flat against the floor.</p> <p>During an interview on 08/29/23 at 2:35 P.M., RN 5 indicated the resident was unable to move himself except from the neck up. He required total assistance from staff members with everything including transfers, eating, and toileting.</p> <p>During an interview on 08/30/23 at 2:42 P.M., CNA (Certified Nurse Aide) 4 indicated the urinary catheter drainage bag should not be touching the floor, if it was, they were to make sure there was a bath basin underneath the catheter bag.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 07/07/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to Multiple Sclerosis, neurogenic bladder, and depression.</p> <p>The Progress Note, dated 08/22/23 at 8:55 A.M., indicated the resident's POA (Power of Attorney) informed the nurse the resident was not acting right, was slightly lethargic, slow to answer questions, and more sleepy than usual. The resident's vital signs were assessed. The resident's temperature was 97.3 degrees, the pulse 103 beats per minute, and the blood pressure was 141/101. The POA requested the resident be sent to the ER (Emergency Room).</p> <p>The Physician's order, dated 02/28/23, indicated the resident was prescribed Cefuroxime Axetil, 500 mg (milligrams) by mouth, two times a day.</p>				<p>catheter bag hanging to his left side off of the floor. The Infection Preventionist and MDS Coordinator reiterated that the bag was not lying on the floor or touching the floor. Resident #32 received last dose of Zosyn IV per orders on 9/02/23. On 9/05/23, Resident #32 denies signs, symptoms of UTI temperature, WNL. On 9/01/23 Director of Nursing observed resident #88 resting in bed without complaints. Temperature 98.2 degrees. Resident without complaints of signs or symptoms of UTI. On 9/05/23 the Director of Nursing discussed resident #88 Urine C/S obtained 7/17/23 and antibiotic ordered 7/24/23 with Medical Director. Medical Director had no new orders for resident #88.</p> <p>Residents who have indwelling catheters have the potential to be affected by this alleged deficient practice. During the week of 9/01/23 the Director of Nursing and Infection Preventionist identified residents with indwelling catheters and initiated an audit to ensure catheter bags are not touching the floor. No other residents were found to be affected by this alleged deficient practice. During the week of 9/04/23 the Infection Preventionist completed an audit to identify residents who received orders for Urinalysis with or without Culture and Sensitivities</p>		

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>(antibiotic for a UTI)</p> <p>The Physician's order, dated 03/22/23, indicated the resident was prescribed Levofloxacin, 250 mg by mouth, one time a day for 10 days. (antibiotic for a UTI)</p> <p>The Physician's order, dated 08/22/23, Zosyn, 3.375 grams intravenously, four times a day for 10 days. (antibiotic for a UTI)</p> <p>The current "Incontinence and Catheter Management" policy, with a revised date of 09/27/21, was provided by the Administrator on 08/30/23 at 3:33 P.M. The policy indicated, "...ensure/provide...catheter care...to prevent urinary tract infections..."</p> <p>2. Resident 88's clinical record was reviewed on 08/28/23 at 11:45 A.M. A Quarterly MDS assessment, dated 07/11/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, stroke, hemiplegia following stroke, hypertension, obstructive uropathy, and non-Alzheimer's dementia. The resident had an indwelling urinary catheter.</p> <p>A progress note, dated 07/17/23 at 5:56 A.M., indicated the resident had a change in condition. The resident had experienced increased restlessness and yelling out. The resident's urine had a foul odor and was amber in color.</p> <p>A progress note, dated 07/17/23 at 2:28 P.M., indicated the resident's urine had been obtained and the sample was available for the courier to pick up.</p> <p>A progress note, dated 07/19/23 at 4:46 A.M., indicated the initial urinalysis results were</p>				<p>for the past thirty days. Residents who had Urinalysis ordered had the potential to be affected by this alleged deficient practice. No other residents were identified of being affected by this alleged deficient practice.</p> <p>During the weeks of 9/04/23, and 9/11/23, and 9/18/23, Nurse Managers re-educated Nursing staff on Catheter care that included ensuring that the catheter bag does not touch the floor and reviewed the Incontinence and Cath Management Policy. During the weeks of 9/04/23 and 9/12/23 the Nurse Manager and Infection Preventionist completed Skills Assessment Checklist for Catheter care reminding staff to ensure catheter bags are not touching the floor after care.</p> <p>During the weeks of 9/04/23, 9/11/23, and 9/18/23, nurse managers completed audits that ensured all residents with catheters had catheter bags positioned not touching the floor. The Infection Preventionist will continue daily audits, ongoing, that include identifying residents who have an order for Urinalysis and or Urinalysis with culture and sensitivity, the date of the order, the date results received, and the date Provider notified of results. The Infection Preventionist will contact the Director of Lab and the Provider of any delays in receiving</p>		

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>received. The C&S (Culture and Sensitivity results that determine the appropriate antibiotic to use for the infection) were not available yet.</p> <p>A progress note, dated 07/24/23 at 9:35 A.M., indicated the MD responded to the final C&S results with an order for Ciprofloxacin (an antibiotic) 250 mg by mouth twice a day for five days and an order for a probiotic by mouth three times a day for 10 days.</p> <p>The resident's July EMAR (Electronic Medication Administration Record) indicated the resident received the first dose of the antibiotic on 07/24/23 at 8:00 P.M.</p> <p>The ADON (Assistant Director of Nursing) provided the laboratory report for the resident's urinalysis and C&S on 08/30/23 at 10:56 A.M. The report indicated the urine sample was received by the lab on Monday, July 17, at 6:45 P.M. The final urine culture and sensitivity was verified on Thursday, July 20, at 11:32 A.M.</p> <p>During an interview on 08/28/23 at 3:01 P.M., LPN (Licensed Practical Nurse) 2 indicated nursing staff would obtain a urine sample and a courier would pick it up and take it to the lab. If a C&S of the sample was indicated, the lab would fax the results to the facility once it was completed. A C&S usually took three days. The nurses could contact the lab if they were waiting on the results. Once the nurse received the results, they would notify the MD. The MD would order an antibiotic if one was indicated. Nursing staff would usually receive a reply from the MD the same day, especially if they notified the MD of the results during normal business hours. If they received an order to start an antibiotic during the day, the resident could usually begin the antibiotic that</p>				<p>results. The Infection Preventionist will communicate with the charge nurse to ensure Provider is updated timely of UA C&S results. Results should be received, and Provider updated within 72 hours of when Urine sample was obtained. The Infection Preventionist will bring the daily audits to monthly QAPI for review and any further recommendations.</p> <p>During the week of 9/01/23 the Director of Nursing and Infection Preventionist initiated an audit to ensure residents with catheter bags are not touching the floor. This audit will be completed daily, every shift, for thirty days, then weekly for four weeks, then monthly, on-going, by Nurse Managers or designated nurse. Any finding will be addressed with one on one coaching and immediate action for correction by placing catheter bag so it does not touch the floor. Any finding will be reported to the Infection Preventionist. The Infection Preventionist will bring any findings to monthly QAPI, on-going, for review and any further recommendations.</p>		

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			
(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 0757 SS=D Bldg. 00	<p>same evening, if that was what the MD wanted. If it was a common antibiotic, they could pull it from the EDK (Emergency Drug Kit). If it wasn't available in the facility, the pharmacy could send it with that evening's pharmacy delivery.</p> <p>During an interview on 08/30/23 at 10:12 A.M., the local hospital lab technician indicated they received the resident's urine sample on 07/17/23. The sample met criteria for a C&S. The C&S results were complete on 07/20/23 and faxed to two different numbers at the facility on 07/20/23 at 12:02 P.M. The results were faxed again on 07/23/23, likely at the facility's request.</p> <p>During an interview on 08/30/23 at 11:08 A.M., The DON indicated they did not have a facility policy related to urinalysis and C&S timeframes.</p> <p>The current facility policy, titled "Laboratory Services and Reporting Policy", with a revision date of 12/12/17, was provided by the ADON on 08/30/23 at 10:56 A.M. The policy indicated, "...The facility is responsible for the timeliness of services...promptly notify...of laboratory results that fall outside the clinical reference range..."</p> <p>3.1-41(a)(2)</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p>						

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on observation, record review, and interview, the facility failed to follow a physician's order related to blood pressure medication parameters for 1 of 6 residents reviewed for unnecessary medications. (Resident 37)</p> <p>Findings include:</p> <p>During and observation and interview on 08/28/23 at 9:17 A.M., Resident 37 was sitting in a wheelchair outside of his room. The resident was awake.</p> <p>The clinical record for the resident was reviewed on 08/29/23 at 2:38 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 08/03/23, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, unspecified convulsions, hypertension, and depression.</p> <p>A current physician order, with a start date of 06/01/21, indicated the resident was to receive Clonidine 0.3 mg (milligrams), twice a day. The medication was to be held if the systolic (top</p>			F 0757	<p>Hoosier Christian does ensure physicians' orders are followed related to blood pressure parameters.</p> <p>On 9/05/23 the Director of Nursing reviewed resident #37's Blood Pressures and Medication Administration Records with the Provider. The Provider had no new orders.</p> <p>Residents who receive medications that have parameters could have the potential to be affected by this alleged deficient practice. During the week of 9/01/23 the Director of Nursing and Pharmacist reviewed all residents' orders to identify residents who have medications ordered with parameters. During the week of 9/01/23 the Director of Nursing initiated an audit to ensure all residents who have order for medications with</p>		09/19/2023

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>number) blood pressure was less than 120.</p> <p>The January through August 2023 EMAR (Electronic Medication Administration Record) indicated the resident had received the medication on the following dates and times when the systolic blood pressure was less than 120:</p> <ul style="list-style-type: none"> - 01/01/23 at 4:00 P.M., the blood pressure was 116/53, - 01/03/23 at 4:00 P.M., the blood pressure was 107/70, - 01/06/23 at 8:00 A.M., the blood pressure was 100/64, - 01/09/23 at 4:00 P.M., the blood pressure was 118/64, - 01/13/23 at 4:00 P.M., the blood pressure was 118/74, - 01/14/23 at 4:00 P.M., the blood pressure was 108/58, - 01/24/23 at 4:00 P.M., the blood pressure was 104/64, - 01/26/23 at 8:00 A.M., the blood pressure was 93/61, - 01/27/23 at 8:00 A.M., the blood pressure was 114/62, - 01/30/23 at 8:00 A.M., the blood pressure was 115/68, - 01/31/23 at 8:00 A.M., the blood pressure was 114/78, - 02/01/23 at 8:00 A.M., the blood pressure was 104/58, - 02/02/23 at 4:00 P.M., the blood pressure was 118/58, - 02/05/23 at 8:00 A.M., the blood pressure was 109/64, - 02/09/23 at 8:00 A.M., the blood pressure was 111/70, - 02/14/23 at 8:00 A.M., the blood pressure was 100/64, 				<p>parameters received medications per Provider's orders.</p> <p>During the weeks of 9/04/23 and 9/12/23 Nurse Managers and/or Designee completed med pass skills check offs and reviewed the Medication Administration Policy with medication passers that included monitoring vital signs and administering medication per Providers' orders which have parameters with Medications. The Residents with Medications with Parameters Audit will be completed by the Director of Nursing, Nurse Manager or Designated Nurse daily for thirty days then weekly for four weeks, then monthly on-going. Any findings will be addressed with the Qualified Medication Passers with Provider updates as needed. The audits will be brought to the monthly QAPI meetings for review and any further recommendations. The Residents with Medications with Parameters Audit will be completed by the Director of Nursing, Nurse Manager or Designated Nurse daily for thirty days then weekly for four weeks, then monthly, ongoing. Any findings will be addressed with Medication Passers with Provider updates as needed. The audits will be brought to the monthly QAPI meetings for review and any further recommendations.</p>		

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			
(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
	<p>- 02/20/23 at 8:00 A.M., the blood pressure was 104/67,</p> <p>- 02/24/23 at 8:00 A.M., the blood pressure was 110/73,</p> <p>- 02/24/23 at 4:00 P.M., the blood pressure was 118/64,</p> <p>- 03/01/23 at 4:00 P.M., the blood pressure was 79/49,</p> <p>- 03/25/23 at 4:00 P.M., the blood pressure was 118/60,</p> <p>- 03/26/23 at 4:00 P.M., the blood pressure was 118/63,</p> <p>- 04/04/23 at 4:00 P.M., the blood pressure was 118/60,</p> <p>- 04/08/23 at 4:00 P.M., the blood pressure was 118/60,</p> <p>- 04/15/23 at 8:00 A.M., the blood pressure was 108/60,</p> <p>- 04/17/23 at 4:00 P.M., the blood pressure was 93/63,</p> <p>- 05/10/23 at 4:00 P.M., the blood pressure was 116/76,</p> <p>- 05/22/23 at 8:00 A.M., the blood pressure was 98/56,</p> <p>- 06/02/23 at 4:00 P.M., the blood pressure was 118/64,</p> <p>- 06/08/23 at 4:00 P.M., the blood pressure was 108/74,</p> <p>- 07/26/23 at 4:00 P.M., the blood pressure was 106/66,</p> <p>- 07/29/23 at 4:00 P.M., the blood pressure was 118/64,</p> <p>- 08/10/23 at 4:00 P.M., the blood pressure was 105/58,</p> <p>- 08/25/23 at 8:00 A.M., the blood pressure was 114/70, and</p> <p>- 08/29/23 at 4:00 P.M., the blood pressure was 113/61.</p> <p>During an interview on 08/30/23 at 10:36 A.M., RN</p>						

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			
(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 0770 SS=D Bldg. 00	<p>3 indicated the resident had hold parameters for his clonidine medication. She would obtain the blood pressure before administering the medication. If the blood pressure was out of the parameter she would not give the medication and document in the EMAR that the medication was held. The EMAR would give them a number to input if the medication was to be held. If the medication was given it would have a check on the EMAR.</p> <p>The current facility policy titled, "Medication Administration-General Guidelines", dated 12/01/14, was provided by the DON (Director of Nursing) on 08/30/23 at 2:14 P.M. The policy indicated, "...Medications are administered in accordance with written orders of the prescriber..."</p> <p>3.1-48(a)(3)</p> <p>483.50(a)(1)(i) Laboratory Services §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. Based on interview and record review, the facility failed to follow the physician's orders to obtain blood tests for 1 of 11 residents reviewed for laboratory services. (Resident 83)</p> <p>Findings include:</p> <p>Resident 83's clinical record was reviewed on</p>			F 0770	<p>On 9/05/23 the Director of Nursing reviewed Resident #83 labs, ordered 3/22/23, and obtained 3/31/23 that included CBC, BMP, A1C, Vitamin D and BNP. Chest x-ray for Resident #83 obtained 3/23/23, showed no acute cardiopulmonary process. Medical</p>		09/19/2023

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

PRINTED: 09/27/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 621 S SUGAR ST BROWNSTOWN, IN 47220			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>08/28/23 at 1:30 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 06/01/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, CAD (coronary artery disease), hypertension, non-Alzheimer's dementia, and diabetes.</p> <p>A General Communication Form, dated 03/21/23, indicated the resident had experienced an 11 pound weight gain in one week. The resident's lungs sounded clear, but their bilateral lower extremities were moderately swollen. A provider response, dated 03/22/23, indicated nursing staff were to obtain a chest x-ray, increase the resident's Lasix (a diuretic medication), and obtain the following blood tests on the next lab day:</p> <ul style="list-style-type: none"> - A CBC (Complete Blood Count), - A BMP (Basic Metabolic Panel), - An A1C (Glycated Hemoglobin Test), - A Vitamin D level, and - A BNP (B-Type Natriuretic Peptide level). <p>Another BMP was to be drawn in one week.</p> <p>A progress note, dated 3/22/2023 at 2:17 P.M., indicated the NP (Nurse Practitioner) was in the facility and added new orders. The resident's family was updated, and the lab requisition was faxed.</p> <p>The resident's clinical record lacked documentation of blood tests obtained until 9 days later on 03/31/23.</p> <p>During an interview on 08/28/23 at 3:01 P.M., LPN (Licensed Practical Nurse) 2 indicated nursing staff would send a fax to the local hospital when there was an MD order to obtain labs. The hospital would send lab technicians to draw labs</p>				<p>Director reviewed with no new orders.</p> <p>Residents who have orders for labs could have the potential to be affected by this alleged deficient practice. During the week of 9/01/23 the Director of Nursing reviewed residents for lab orders and initiated an audit of when labs were to be collected. No other residents were found to be affected by this alleged deficient practice.</p> <p>During the week of 9/04/23 the Director of Nursing, Nurse Manager and Medical Records Clerk added all labs to the Point Click Care Calendar. During the week of 9/04/23, the Medical Records Clerk printed the calendar, place it on each unit and notified Schneck Lab of residents' names and dates of labs to be drawn. The Schneck Medical Center lab technician will update the Lab tracking log with residents' names, dates, and labs drawn. The Medical Records Clerk will ensure labs are drawn, results received, and providers updated in a timely manner, ongoing. The charge nurses will update the Medical Records Clerk when a new order for a lab is received. A wall calendar has been added in a central location, for staff and the lab technician to review, to identify labs to be drawn</p>		

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

PRINTED: 09/27/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2023	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			
(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
	<p>on Mondays, Wednesdays, and Fridays. If a lab needed to be obtained on a day when the lab techs weren't coming, the nurses in the facility would obtain the labs themselves. The hospital also had couriers that came in the facility every day to pick up any samples that needed to go to the lab.</p> <p>During an interview on 08/28/23 at 2:36 P.M., the ADON (Assistant Director of Nursing) indicated the labs were drawn on 03/31/23. They should have been drawn the next lab day after they were ordered on 03/22/23 and they were not.</p> <p>The current facility policy, titled "Laboratory Services and Reporting Policy", with a revision date of 12/12/17, was provided by the ADON on 08/30/23 at 10:56 A.M. The policy indicated, "...The facility is responsible for the timeliness of services..."</p> <p>3.1-49(a)</p>				<p>every day.</p> <p>The Medical Records Clerk will ensure that lab orders are reviewed daily and updated on the PCC calendar, the calendar is printed with updates and placed on each unit, Schneck Medical Center lab is notified of lab orders that includes dates to be drawn, the Schneck Medical Center lab technician completes the lab tracking log, and the wall calendar is updated daily, ongoing. The Medical Records Clerk will ensure all labs are obtained and providers are updated in a timely manner with daily completion of the Laboratory Audit Sheet, ongoing.</p> <p>Any findings will be brought to the Director of Nursing to be discussed with the Schneck Medical Center Director of Laboratory services and the Provider updated as needed. Any findings will be brought to the monthly QAPI meeting, ongoing, for review and any further recommendations.</p>		