

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

PRINTED: 09/06/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155005		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/17/2022	
NAME OF PROVIDER OR SUPPLIER  BEAUMONT REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N MADISON AVE ANDERSON, IN 46011			
(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 the Investigation of Complaints IN00387808, IN00387721, IN00387327 and IN00387338.</p> <p>Complaint IN00387808 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00387721 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00387327 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00387338- Substantiated. No deficiencies related to the allegations were cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: August 16 and 17, 2022</p> <p>Facility number: 000005 Provider number: 155005 AIM number: 100270840</p> <p>Census Bed Type: SNF/NF: 99 SNF: 14 Total: 113</p> <p>Census Payor Type: Medicare: 13 Medicaid: 91 Other: 9 Total: 113</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>8-28-2022</p> <p>IDOH</p> <p>ATT: Brenda Buroker</p> <p>Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>CCN/PROVIDER NUMBER :1555005</p> <p>AIM NUMBER :100270840</p> <p>FACILITY ID: 000005</p> <p>Re: Complaint Survey IN00387237, IN00387721 and IN00387808.</p> <p>Beaumont Rehabilitation and Healthcare Center</p> <p>1345 N Madison Ave</p> <p>Anderson, IN 46011</p> <p>Survey Event ID Z46611</p>		

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

TITLE

(X6) DATE

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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	Quality review completed on August 19, 2022.		<p>Dear Ms. Buroker:</p> <p>On August 17, 2022, a Complaint Survey (IN00387327, IN00387721 and IN00387808) was conducted by the Division of Long-Term Care, Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. We respectfully request a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of 9-1-2022</p> <p>Please feel free to call me with any further questions at 1-765-644-2888</p> <p>Respectfully submitted,</p> <p>Timothy J Cooper, Temp Permit</p>		

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F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were stored securely during a random observation of medication storage (200, 300, 400 and 500 Hall).</p> <p>Findings include:</p> <p>During a random observation, on 8/17/22 at 12:45 p.m., a medication overflow cart was observed unlocked and unattended in the common area, near the nurses station. One resident was</p>			F 0761	<p><b>F 761 D Label/Store Drugs and Biologicals</b></p> <p><b>This facility requests paper compliance for this citation.</b></p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not</i></p>		09/01/2022

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	<p>observed sitting in the same area. The Director of Nursing (DON) was informed and indicated the cart should have not been left unlocked and unattended.</p> <p>During an interview on 8/17/2022 at 4:14 p.m., the Infection Control Perventionist indicated the medication overflow cart should not have been left unlocked and unattended.</p> <p>During an interview on 8/17/2022 at 4:41 p.m., LPN 9 indicated the medication cart should not have been left unlocked and unattended.</p> <p>Review of a current facility policy, titled "Medication Storage," revised 2/5/18 and provided by the DON on 8/17/22 at 3:41 p.m., indicated the following: " ...Guidelines: 1. Facility should ensure that only authorized Facility staff, as defined by Facility, should have possession of the keys, access cards, electronic codes, or combinations which open medication storage areas. Authorized staff may include nursing supervisors, charge nurses, licensed nurses, and other personnel authorized to administer medication in compliance with Applicable Law. ... 3. General Storage Procedures: ... 3.2 Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. ..."</p> <p>3.1-25(m)</p>				<p><i>constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p><b>1.) Corrective actions accomplished for those residents found to be affected by the alleged practice:</b></p> <ul style="list-style-type: none"> <li>No resident identified to have been affected. Overflow medication cart was locked.</li> </ul> <p><b>2.) Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</b></p> <ul style="list-style-type: none"> <li>Any current resident had the potential to be affected, however no resident was identified.</li> </ul> <p><b>3.) Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>DON/ designee educated the Licensed Nurses / QMAs on the following policy: Labeling and Storage of Medications.</li> <li>Audits per Director of Nursing/Designee will be conducted 2 times weekly to include all shifts to observe locked medication carts. Any issue</li> </ul>		

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			<p>identified will result in immediate re-education.</p> <p>4.) <b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>Responsible party for this plan of correction is the Director of Nursing/designee with Executive Director oversight.</li> <li>Audit results will be reviewed for compliance thru the monthly Quality Assurance Committee Meetings for a minimum of 6 months and or until compliance is met at 100% for consecutive three months, at which time QA committee may determine/recommend revision of plan of correction.</li> </ul> <p>5.) <b>Date of compliance:</b></p> <ul style="list-style-type: none"> <li>9-1-2022</li> </ul>		