

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

PRINTED: 06/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155295		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/06/2023	
NAME OF PROVIDER OR SUPPLIER CLINTON HOUSE REHABILITATION AND HEALTHCARE CENTE				STREET ADDRESS, CITY, STATE, ZIP CODE 809 W FREEMAN ST FRANKFORT, IN 46041			
(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 IN00404299, IN00409207 and IN00409597.</p> <p>Complaint IN00404299 - Federal/state deficiencies related to the allegations are cited at F755.</p> <p>Complaint IN00409207 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409597 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 5 and 6, 2023</p> <p>Facility number: 000192 Provider number: 155295 AIM number: 100291120</p> <p>Census Bed Type: SNF/NF: 81 Total: 81</p> <p>Census Payor Type: Medicaid: 65 Other: 16 Total: 81</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on June 15, 2023.</p>			F 0000	<p>6-20-2023</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Complaint Survey Clinton House Rehabilitation and Healthcare Center 809 West Freeman St Frankfort, IN 46041-2994</p> <p>Dear Ms. Buroker:</p> <p>On June 6, 2023 a Complaint Survey(IN00404299, IN00409207, and IN00409597) was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiencies. 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 June 20, 2023.</p> <p>Please feel free to call me with any further questions at 765-654-8783. Respectfully</p>		

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

TITLE

(X6) DATE

Tracy Wells

Executive Director

06/20/2023

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 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 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and</p>			submitted, Tracey Wells Executive Director			

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	<p>periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure a resident's medications were transcribed and administered as ordered on the hospital discharge record for 1 of 3 residents reviewed for admission medications. (Resident H)</p> <p>Finding includes:</p> <p>The record for Resident H was reviewed on 6/5/2023 at 4:45 p.m. Diagnoses included, but were not limited to, non-displaced fracture of the upper end of the left humerus, lack of coordination, hypothyroidism, depression, hypertension, congestive heart failure, and type 2 diabetes mellitus with diabetic chronic kidney disease stage 4.</p> <p>A discharge medication record from the hospital, dated 2/28/2023, indicated the resident was to receive Insulin NPH-insulin regular (Novolin 70/30) subcutaneous injection 35 units (U) twice a day, use up to 70 U daily.</p> <p>The Medication Administration Record (MAR) indicated Resident H did not receive the insulin medication on 2/28/2023 in the evening, and on 3/1/2023 in the morning.</p> <p>A discharge medication record from the hospital, dated 2/28/2023, indicated the resident was to receive atorvastatin (used to treat high cholesterol) 80 mg (milligrams) tablet by mouth every day at bedtime.</p> <p>The MAR indicated Resident H did not receive the atorvastatin medication on 2/28/2023 at bedtime.</p> <p>A discharge medication record from the hospital,</p>		F 0755	<p>F755 D Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>The facility respectfully requests a desk review for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not 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.</p> <p>1)Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> • Information was taken from a closed record review. • Resident no longer resides at facility. <p>2)How the facility identified other residents:</p> <ul style="list-style-type: none"> • Review of new admission orders over the past 30 days was conducted to determine residents have received ordered medications. • Any issues identified were immediately addressed. <p>3)Measures put into place/ System changes:</p> <ul style="list-style-type: none"> • Licensed facility staff were educated on the facility process regarding pharmacy delivery times 		06/20/2023	

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	<p>dated 2/28/2023, indicated the resident was to receive gabapentin (used to treat seizures or nerve pain) 100 mg by mouth every day at bedtime.</p> <p>The MAR indicated Resident H did not receive the gabapentin medication on 2/28/2023 and 3/1/2023.</p> <p>During an interview, on 6/6/2023 at 5:55 p.m., the Infection Preventionist indicated the medication orders were not transcribed on 2/28/2023 and the medications were not given according to the physician's orders received from the hospital.</p> <p>During an interview, on 6/6/2023 at 5:58 p.m., the Director of Nursing (DON) indicated the medication orders from the hospital discharge for Resident H were not transcribed to the MAR and the medications were not given according to the physician's orders.</p> <p>A current policy, titled "Admission of Resident," dated as revised 11/2022 and received from the DON on 6/6/2023 at 5:15 p.m., indicated "...Notify the physician of the admission and verify admitting orders. 11. Enter the physician orders into the Electronic Medical Record...."</p> <p>This Federal tag relates to Complaint IN00404299.</p> <p>3.1-25(a)</p>				<p>and notification of pharmacy for stat deliveries.</p> <ul style="list-style-type: none"> • Audits of new admission orders will be reviewed/reconciled in clinical morning meeting to validate residents have received medications timely and process was followed. <p>4)How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> • The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. • The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. <p>5) Date of compliance: 6-20-2023</p>		