STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155471	A. BUILDING 00 B. WING	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FOUR SEASONS RETIREMENT CENTER	1901 TAYLOR RD COLUMBUS, IN 47203

(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 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. Survey dates: April 1, 2, 3, 4, and 5, 2024 Facility number: 000543 Provider number: 155471 Census Bed Type: SNF: 14 NCC: 39 Residential: 114 Total: 167 Census Payor Type: Medicare: 13 Other: 40 Total: 53 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on April 15, 2024.	F 0000	Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiency cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the alleged deficiencies made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values, interest, and independence while encouraging personal and spiritual development. Four Seasons requests that compliance with Federal and State rules be determined through paper review.	
F 0711 SS=B Bldg. 00	483.30(b)(1)-(3) Physician Visits - Review Care/Notes/Order §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Rebecca Stenner | Executive Director | 04/25/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	§483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. Based on interview and record review, the facility failed to ensure physicians' notes were provided by the physician in a timely manner for 4 of 14 residents reviewed for regulatory visits. (Residents 13, 18, 5, and 2) Findings include: 1. The clinical record for Resident 13 was reviewed on 04/03/24 at 2:56 P.M. An Admission MDS (Minimum Data Set) assessment, dated 01/25/24, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, atrial fibrillation, hypertension, and renal disease. The resident's physician conducted a regulatory nursing home visit on 01/23/24. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff and NP (Nurse Practitioner) documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 02/06/24 at 7:39 A.M. 2. The clinical record for Resident 18 was reviewed on 04/05/24 at 10:28 A.M. An Admission MDS assessment, dated 01/20/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, a stroke, and hemiplegia.	F 0711	Four Seasons requests that compliance with Federal and State rules be determined through paper review. It is the policy of Four Seasons Retirement Center to adhere to the regulatory language of the rules and regulations and the policies of the facility. This includes written progress notes that are signed at each visit. Dictated notes should be filed in the clinical record within 72 hours of the visit and signed within 7 days of the time the transcription is completed. Notes shall become part of the permanent record within 72 hours unless an emergency situation warrants immediate documentation. Plan of Correction: What corrective action (s) will be accomplished for the resident found to have been affected by the deficient practice? Residents 2, 5, 13, and 18 all had completed Physician's progress notes of in their clinical records, and no negative outcomes	04/30/2024

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	The resident's physician conducted a regulatory nursing home visit on 01/16/24. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff and NP documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 02/04/24 at 6:07 P.M. 3. The clinical record for Resident 5 was reviewed on 04/03/24 at 10:28 A.M. An Admission MDS assessment, dated 01/25/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, hypertension, cancer, left humerus fracture, and a seizure disorder. The resident's physician conducted a regulatory nursing home visit on 01/23/24. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff, NP documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 02/06/24 at 7:34 A.M. The resident's physician conducted a routine regulatory nursing home visit on 02/20/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff, NP documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 03/09/24 at 3:07 P.M. 4. The clinical record for Resident 2 was reviewed on 04/03/24 at 9:56 A.M. A Quarterly MDS		occurred. Each of the listed residents have had subsequent timely visits since the original admission visit. Re-education among physician(s) and staff regarding regulations and facility policies, procedures, and requirements pertaining to “Physician Visits” will be conducted. (Attachment D) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions (s) will be taken? All residents have the potential to be affected by this deficient practice. The Medical Records Nurse or designee will audit compliance with the requirement that a note is written, dated, and signed for every regulatory visit, in a timely manner. Audits will begin April 30, 2024 Measures put into place, what systemic changes will be made to reduce the risk of future occurrence include? Medical Records or designees will perform monitoring audits of all regulatory visits completed by physicians – weekly for the first quarter, monthly for the next quarter, and then quarterly for the next two quarters – to ensure that facility policy and procedure are followed. If at any time it is deemed necessary, frequency of	

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	assessment, dated 03/18/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, fractures, hypertension, anxiety, and depression. The resident's physician conducted an admission assessment on 12/19/23. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff documentation, NP documentation, and the resident's plan of care was reviewed. The physician's admission visit documentation was electronically signed and provided by the physician to the facility on 01/03/24 at 9:24 P.M. The resident's physician conducted a regulatory visit on 01/16/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff documentation, NP documentation, and the resident's plan of care were reviewed. The physician's visit documentation was electronically signed and provided by the physician to the facility on 02/06/24 at 6:34 A.M. The resident's physician conducted a regulatory nursing home visit on 02/13/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff documentation, NP documentation, and the resident's plan of care were reviewed. The physician's visit documentation was electronically signed and provided to the facility on 02/22/24 at 9:34 A.M. The resident's physician conducted a regulatory nursing home visit on 03/12/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff		monitoring audits will be increased. How the corrective action(s) will be monitored to ensure the practice will not recur? Results of monitoring performed by the Medical Records Nurse or designees will be incorporated into reports that will be discussed at the Quarterly QAPI meetings for up to one full year, if needed. Result reporting will be based on how long the audits are needed. By what date will the systemic changes for each deficiency will be completed? Completion date: April 30, 2024.	

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	documentation, NP documentation, and the resident's plan of care were reviewed. The physician's visit documentation was electronically signed and provided to the facility on 03/25/24 at 6:28 A.M. During an interview on 04/04/24 at 10:24 A.M., Medical Records indicated when the physician or NP came to the facility to see a resident, they would give the facility written orders at the time of the visit. She would try to review their visit assessment progress note, but she didn't always receive them back from the physician in a timely manner. It was at least a week before she would get them. During an interview on 04/04/24 at 2:48 P.M., the DON (Director of Nursing) indicated after the physician assessed a resident in the facility, the staff would not get his notes until one to two weeks later. Medical Records would review his notes. The physician was in the facility at least once a week. During an interview on 04/05/24 at 9:52 A.M., Medical Records indicated she uploaded the physician's visits progress notes into the residents' clinical records the day she received them from the physician. The upload date was the received date in the clinical record. The current facility policy titled, "Physician Visits" was revised on February 11, 2004, and provided by the DON on 04/04/24 at 2:40 P.M. The policy indicated, "...Orders, recertifications, telephone orders and any other pertinent documents will be signed at the time of the physician's visit, or per facility standards..." 3.1-22(c)(2)			

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F 0770 SS=D Bldg. 00	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 record review and interview, the facility failed to obtain STAT (immediate) labs for 1 of 2 residents reviewed for laboratory services. (Resident 22) Findings include: The clinical record for Resident 22 was reviewed on 04/02/24. The resident's diagnoses included, but were not limited to, fracture of the right femur, anemia, kidney disease, and hypertension. A Progress Note, dated 03/28/24 at 12:08 P.M., indicated the resident completed and antibiotic for a UTI (Urinary Tract Infection) the day before, on 03/27/24. The resident had slightly bloody urine. The Nurse Practitioner was notified. A Progress Note, dated 03/29/24 at 11:51 A.M., indicated the resident continued with blood in her urine. A new order was received for a STAT CBC (Complete Blood Count) and UA (Urinalysis). The resident's Eliquis (a blood thinning medication) was put on hold for 48 hours. A Progress Note, dated 03/29/24 at 2:09 P.M., indicated the resident's urine specimen was obtained for the UA. They were waiting for the lab to come and draw the CBC and pick up the urine.	F 0770	Four Seasons requests that compliance with Federal and State rules be determined through paper review. Plan of Correction: What corrective action (s) will be accomplished for the resident found to have been affected by the deficient practice? Resident #22 had all STAT lab work (the CBC and the urinalysis) completed on 3/31/2024. These results were within normal limits for the resident with no negative outcome. Facility policy was updated to provide clear direction for procedures regarding STAT lab work. (Attachment A) A mandatory education/in-service occurred on 4/25/2024 for Licensed Nursing Staff Members. (Attachments B) How other residents having the potential to be affected by the same deficient practice will be identified and what corrective	04/25/2024

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	A Progress Note, dated 03/29/24 at 6:29 P.M., indicated the STAT CBC had not been drawn. A phone call was made to the laboratory (lab) company to inquire about when the blood would be drawn. The nurse was told that the phlebotomist had acknowledged the order and could not be reached at the time. They were unable to say when the blood would be drawn but the phlebotomist was aware of the STAT order. A Progress Note, dated 03/30/24 at 3:03 A.M., indicated the lab had not been to the facility to pick up the urine or draw the lab. A Progress Note, dated 03/31/24 at 3:39 A.M., indicated the resident had no signs or symptoms of blood in the urine. The CBC was drawn by the lab and the urine was picked up per the physician's order. A physician's order, dated 03/29/24 at 7:00 A.M. through 03/31/24 at 5:41 P.M., indicated the staff were to obtain a STAT CBC and UA every shift. The order was to be discontinued when the blood was drawn. The March EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the blood draw was not completed on the following dates and times: - 03/29/24 on day shift, - 03/29/24 on nightshift, and - 03/30/24 on day shift. During an interview on 04/04/24 at 10:18 A.M., RN 2 indicated the lab came to the facility everyday Monday through Friday to obtain labs. If a		actions (s) will be taken? All residents have the potential to be affected by this deficient practice. Although this was an isolated incident, a mandatory education/in-service was conducted on 4/25/2024 for Licensed Nursing Staff Members. (Attachments B) On-going education will occur at monthly staff meetings/in-services. Measures put into place, what systemic changes will be made to reduce the risk of future occurrence include? Medical Records Nurse or designees will complete daily audits on all orders to review if any laboratory orders were included. If orders for any laboratory services are present, then Medical Records Nurse or designee will ensure that the orders were also entered into the Med Lab System and place on the individual residents Treatment Administration Record for the date that the laboratory service is to occur. If at any time it is deemed necessary, monitoring will be increased. All STAT lab work orders will be audited to ensure that they were completed timely within the 4-hour window or there will be documentation that the physician or designee was notified. (Audit sheet attached as Attachment C) How the corrective action(s) will be	

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	resident had a STAT lab, it should be done by the next morning. She wasn't sure if they would come the same day as the order or the next day. If they didn't make it to the facility within 24 hours, then she would immediately go to her supervisor and call the physician. The nurses at the facility did not complete blood draws. The residents UA should have been followed up on. During an interview on 04/04/24 at 10:10 A.M., the Nurse Practitioner indicated if a resident had orders for STAT labs she would be done the same day they were ordered. The facility should notify her if the labs were not able to be done the same day. During an interview on 04/04/24 at 10:24 A.M., Medical Records indicated lab orders were transcribed to the lab company to be scheduled. The lab came Monday through Friday and would complete STAT labs on the weekends as needed. STAT labs should be obtained within 3 to 4 hours. If the lab couldn't come in that time frame, then they would obtain them in the facility and take them to the hospital or they could call the physician and see if they wanted to wait to obtain them. If a resident had a STAT lab the lab company should come the same day. The current facility policy titled, "Scheduling and Tracking Labs" with a revised date of May 15, 2013, was provided by Medical Records on 04/04/24 at 2:40 P.M. The policy indicated, "...We will track results of labs from the printed lab requisitions when labs are scheduled into the computer..." 3.1-49(a)		monitored to ensure the practice will not recur? Results of completed audits performed by Medical Records Nurse or designee will be incorporated into a report and will be reported out as a Performance Improvement Project (PIP) at the Quarterly QAPI meetings for up to one year if needed, unless there are no additional discrepancies after 6 months. By what date will the systemic changes for each deficiency will be completed? Completion date: 4/25/24.	

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. Survey dates: April 1, 2, 3, 4, and 5, 2024 Facility number: 000543 Residential Census: 114 Four Seasons Retirement Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on April 15, 2024.	R 0000	Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiency cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the alleged deficiencies made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values, interest, and independence while encouraging personal and spiritual development. Four Seasons requests that compliance with Federal and State rules be determined through paper review.	