STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155620	A. BUILDING 00 B. WING	04/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ZIONSVILLE MEADOWS	675 S FORD RD ZIONSVILLE, IN 46077

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00257169 and IN00258136. Complaint IN00257169 - Substantiated. Federal/state deficiencies related to the allegations are cited at F921. Complaint IN00258136 - Substantiated. Federal/state deficiencies related to the allegations are cited at F760. Survey dates: April 10, 11, and 12, 2018 Facility number: 000538 Provider number: 155620 AIM number: 100267290 Census Bed Type: SNF/NF: 111 Residential: 28 Total: 139 Census Payor Type: Medicare: 8 Medicaid: 82 Other: 49 Total: 139 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed on April 20, 2018.	F 0000	May 1, 2018 Mr. Matthew Foster Indiana State Department of Health 2 North Meridian St. Indianapolis, IN 46204 Dear Mr. Foster Please accept this 2567 Plan of Correction for the Complaint Survey ending April 12, 2018 as our Letter of Credible Allegation for the post survey revisit on or after May 2, 2018. Respectfully we are asking for this to be completed as soon as possible due to our Mandatory Denial of Payment for new admissions effective May 6, 2018 Thank you for your time in reviewing our plan of correction and please call with any questions. Respectfully, Cathy S. Greene Executive Director Zionsville Meadows Enclosure	
F 0760 SS=G Bldg. 00	483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any			

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

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	significant medication errors. Based on observation, record review, and interview, the facility failed to prevent a medication error resulting in the hospitalization for 1 of 5 residents reviewed for medication errors (Residents C). Findings include: A record review for Resident C was completed on 4/10/18 at 11:25 a.m. The record indicated, the resident was admitted with diagnoses to include but not limited to: chronic systolic congestive heart failure, other symptoms and signs involving cognitive functions following other cerebrovascular disease, and vascular dementia. A review of the quarterly Minimum Data Set (MDS) assessment, dated 2/7/18, indicated, Resident C had a Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment, required extensive assistance of 2 staff for bed mobility and transfers, did not walk, and required supervision for eating. Resident Progress notes for Resident C, dated 3/25/18 at 11:30 p.m., indicated, "This late entry is in relation to medications [meds] administered to resident. The medications were intended for roommate that included medications for pain and blood pressure [BP]. Writer [Licensed Practical Nurse 13] had the meds for roommate, then stepped out to computer to record a vital of roommate while staff completed care. When writer returned to room she noted that resident had ingested meds ...The Nurse Practitioner [NP] from Optum said to monitor the BP and encourage fluids she stated that the meds took a while to absorb in the body so she should be fine ..."	F 0760	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible allegation for the post survey revisit on or after May 2, 2018. Respectfully, we are asking for this to be completed as soon as possible due to our Mandatory Denial of Payment for new admissions effective May 6, 2018. **F760** It is the practice of this provider to ensure residents are free of medication errors. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** ·Resident C was assessed immediately, Physician notified, and orders obtained. ·Licensed Practical Nurse (LPN)#13 was re-educated on Medication Pass on 3-26-18 by Clinical Education Coordinator (CEC)/Director of Nursing Services (DNS). And again on 4-18-18 through 5-1-18 by CEC/DNS.	05/02/2018

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	Resident Progress notes for Resident C, dated 3/26/18 at 1:27 p.m., indicated, "This writer placed a follow up call to next of kin [name of relative]. Made aware of the following medications received on 3/25/18 on evening shift: Amantadine [antiviral], Abilify [antipsychotic], Baclofen [muscle relaxant], Clonidine [sedative and antihypertensive drug], Fenofibrate [lowers cholesterol and triglycerides], Senna [laxative], Tacfidera [treatment for multiple sclerosis], and Vitamin C [supplement]. Aware of orders from physician to monitor blood pressure and encourage fluids ..." Resident Progress notes for Resident C, dated 3/26/18 at 1:40 p.m., indicated, "Resident C was brought back from dining room unconscious/unresponsive, taken to room and put back to bed, vital signs taken, mouth clear, diaphoretic [sweating], blood pressure check 138mg, oxygen saturation 88% initiated oxygen at 3L [liters]/minute, still not responding, call 911 and taken to the emergency room (ER) for evaluation. Called granddaughter and informed incident." On 4/12/18 at 11:32 a.m., the MDS nurse provided document, titled, "Documentation Administration History: 3/25/18 - 3/25/18". The administration record indicated, Licensed Practical Nurse [LPN] 13 administered medications to Resident C on 3/25/18 between the hours of 5:00 p.m. - 10:00 p.m. Resident C was administered medications to include: Carvedilol (anti-hypertensive), Furosemide (diuretic), Gabapentin (nerve pain and anticonvulsant), Latanoprost Eye Drops (treats glaucoma), Metformin (anti-diabetic), Namzaric (treats moderate to severe Alzheimer's Disease), Norco (narcotic pain medication), Ranitidine (treats gastro-esophageal reflux), and Simvastatin (lowers cholesterol and triglycerides).		**How will you identify other residents having the potential to be affected a by the same deficient practice and what corrective action will be taken.** ·Residents that require medication administration have the potential to be affected by the alleged deficient practice. ·Nursing staff was re-educated on Medication Administration and the Med Pass Skills Validation was completed on Nurses 4-18-18 through 5-1-18 by CEC. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.** ·Nursing staff was re-educated on Medication Administration and the Med Pass Skills Validation was completed on Nurses 4-18-18 through 5-1-18 by CEC. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.** ·The Unit rounding tool "Unattended Medication Observations" will be utilized by the Interdisciplinary Team weekly	

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	On 4/12/18 at 2:20 p.m., the ADM provided a document titled, Optum Nurse Practitioner Call Log", dated 3/25/18 - 3/26/18. The log indicated LPN 13 notified the NP of the following: on 3/25/18 at 23:07, the patient took roommates meds by mistake. Patient already took her own medication at 8pm and in addition she also took roommates meds, patient has cognitive problems and took meds by mistake. Patient took Texadera 240mg (milligrams), Amantadine, Fenobifrate, Simethacone, Lyrica, Baclofen, Clonidine, Senna, and Vitamin C. NP response indicated, monitor neurological checks and blood pressure x 72 hours, encourage fluids, and call if any decreased blood pressure or difficulty in arousal. On 4/12/18 at 10:20am, the ADM provided a report titled, "Indiana State Department of Health Survey Report System", dated 3/27/18. The report indicated, " ...3/27/18 during evening medication administration on 3/25/18, resident ingested roommates room medications. Nurse notified MD with order received to obtain blood pressure x 72 hours and encourage PO (by mouth) fluids. Prior to lunch meal service, VS [vital signs] WNL [within normal limits] with BP 130/74, resident alert per her usual. In the afternoon of 3/26/18 approximately 1:30PM, after having consumed lunch nurse noted resident unresponsive in dining room. Resident brought back to her room for assessment. Upon transferring her to bed could visualize food in oral cavity which was cleared. Resident responding with fluctuating level of alertness. Activated call to 911 and resident sent to ER (emergency room) for evaluation. Admitted to hospital with UTI (urinary tract infection) and in stable condition ...Type of preventative measures added-3/27/18 blood pressure monitored and fluids encouraged		for four weeks, monthly for three months and quarterly thereafter. ·The DNS and/or Designee is responsible to monitor for compliance, any areas found with noncompliance are addressed immediately with written education to nurse. ·The QA tool “Medication Errors” will be incorporated with the next QAPI meeting and ongoing for 3 months and quarterly thereafter. ·The QAPI Team reviews the audits monthly and action plans are developed as needed if threshold of 90% is not met to ensure continual compliance. **Compliant Date: May 2, 2018**	

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	...Follow up added-3/30/18 resident remains in hospital and is doing well. Discharge plans unknown at this time ...Reeducation with skills validation with nurses/QMA's [Qualified Medication Aides] on medication administration." Roommate's name was not indicated in the report. Administrator provided name of roommate for review. On 4/12/18 at 11:32 a.m., the ADM provided document titled, "Medication/Treatment Error Report", dated 3/28/18. The report indicated, LPN 13 had prepared medications for [roommates name] and set the medication on the bedside table while she went to retrieve something in the hallway, and when she returned to the room, the bedside table was on Resident C's side of the room, and she had taken the following medications: Amantadine 100mg, Abilify 2mg, Baclofen 10mg, Clonidine 0.1mg, Fenofibrate 54mg, Lyrica 400mg, Senna 8.6/50mg, Tafideria 420mg, Vitamin C." On 4/12/18 at 1:15 p.m., the ADM provided a document for Resident C titled, "History and Physical (H&P)", dated 3/26/18. The ADM indicated, this was the H&P completed at the hospital. The document indicated, " ...Chief Complaint: Accidental Overdose ...Presenting Symptoms Details: ...presented to the ED (emergency department) this afternoon after accidentally ingesting another resident's medications. Per documentation and report from family, the patient ingested 5-6 different medications which may have included clonidine and a beta blocker [used to reduce high blood pressure]. She was paced transcutaneously [through the skin] and given 0.5mg atropine [treated heart rhythm problems] for HR's [heart rates] in the 50's with systolic BP's in the 80's and			

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	90's ...The EKG [electrocardiography used for recording electrical activity of the heart over a period of time] showed sinus bradycardia [slow heart rate] ...admitted to our care for care for her resolving accidental overdose ...I will put her on telemetry. We will hold her beta-blocker ..." On 4/12/18 at 10:48 a.m., the MDS nurse provided binders titled, "Plan of Correction for State" and an untitled binder she indicated contained staff competency forms. Document for education of LPN 13 was not observed. Review of In-Service binder for 2018 was completed on 4/12/18 at 9:35 a.m. In-service education dated 3/6/18 included to following training: a. Remember the 5 Rights? They've grown up! They're now 7!!! Rights of medication administration. Right patient, right medication, right dose, right route, right time, right documentation, and right to refuse. b. Nebulizer Treatment (Small Volume Nebulizer-SVN-Medicated Aerosol Therapy) ...Post Test c. Glucose Meter Cleaning & Testing d. Dressing Change e. Medication Pass Procedure f. Mechanical Lift g. Gait Belt-Application h. Perineal Care i. Feeding a Resident j. Enteral Tube-Medication Administration k. Enteral Nutrition-Gastrostomy or Jejunostomy Tube l. Hand Hygiene m. Good Documentation: Electronic Protection A review of "Relias [electronic in-service program] Monthly In-Services 2018", was completed on			

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	4/12/18 at 9:50 a.m. The report indicated, there were no nursing in-services scheduled for nursing skills, and there had been no documentation indicating LPN 13 completed any on-line in-service training in March or April 2018. A review of State Reportable incidents dated October and November 2017, and January 12-April 8, 2018 was completed on 4/12/18 at 9:40 a.m. The review indicated, there was 1 medication error reported during the time frame. On 4/12/18 at 1:28 p.m., the ADM indicated, LPN 13 went to give Resident Q her pills mixed in pudding, she sat them on what she thought was Resident Q's over the bed table as the resident was being put to bed by hoyer lift. The bedside table had been moved out of the way. LPN 13 stepped out of the room to document something and when she returned to the room, the aides had moved the over bed table next to Resident C as it was her over the bed table. Resident C had taken the medication that had been sitting on the over the bed table, belonging to Resident Q, and indicated she thought they were her pills. LPN 13 notified the NP, received orders to check VS and report any out of line, and to give plenty of fluids which was done throughout the night. The next morning Resident C was up eating breakfast and her VS were good. She then ate most of her lunch. The Director of Nursing Services (DNS) received a call telling her Resident C was unresponsive in dining room, she was taken to her room, and put into bed. The ADM walking into the resident's room and observed her responding to sternal rubs, and had been told before she arrived kale had been removed from Resident C's mouth. Oxygen had been applied and Resident C was responding slowly. Staff notified the physician and Resident C was sent to the ER. Staff reported			

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	to Emergency Medical Technicians (EMT's) and the hospital regarding the kale, and that the resident had been responding after the kale was removed from the mouth. On 4/12/18 at 11:32 a.m., the ADM provided a policy titled, "Medication Pass Procedure", dated 12/06. The policy indicated, "...6. Perform the 5 rights of medication, Right Resident, Right Medication, Right Dose, Right Route, Right Time. 7. Observed taking medications-not left at bedside ..." On 4/12/18 at 11:32 a.m., the ADM provided a policy titled, "Medication Errors", dated 2/2015. The policy indicated, "Policy: It is the policy of this provider to ensure residents residing in the facility are free of medication errors and the facility maintains a medication error rate of less than 5%. Procedure: When a suspected medication error is identified, the nurse will immediately assess the condition of the affected resident and notify the physician of the event. The responsible party/family will be notified of the error. The DNS will be notified of the error, resident condition ...Documentation in the medical record will include physicians/family notification, type of error, and assessment of resident ..." This federal finding relates to Complaint IN00258136. 3.1-4(c)(2)			
F 0921 SS=D Bldg. 00	483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.			

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	Based on observation, interview, and record review, the facility failed to provide a sanitary, odor free, and comfortable environment for 3 of 3 days of environmental observations (Resident rooms 142, 144, 148, 151 207, 205, 105, 116, and 122). Findings include: 1. On 4/10/18 at 3:00 p.m., during a random environmental observation, resident rooms 142, 144, 148, and 151 were observed to have dark brown substances on the toilet bowl, toilet rim, and/or on the floor of the bathrooms, and a strong urine smell was observed in room 151. In an interview with the Housekeeping Supervisor on 4/10/18 at 3:10 p.m., as he observed rooms 142, 144, 148, and 151, he indicated the substances on the toilets and floors in rooms were feces. He indicated, the rooms on Sycamore (100 hallway) had not been cleaned the day before or on this date due to no housekeeper available for the assignment. On this date, all but 2 housekeeping/laundry employees had called off or were no-call no-show for their shift for the entire building to include Assisted Living. This was not enough staff to provide cleaning and laundry services for the entire facility. In an interview with the Administrator on 4/10/18 at 10:35 a.m., she indicated it was the responsibility of the nursing staff to straighten up, and housekeeping's responsibility to clean daily. In an interview with the Housekeeping Supervisor on 4/10/18 at 11:00 a.m., he indicated, the shower rooms were to be cleaned daily which would have	F 0921	**F921** It is the practice of this provider to ensure the facility provides a safe, functional, sanitary, and comfortable environment for residents, staff and the public. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** ·Resident rooms and bathrooms 142,144, 148, 151, 207, 205, 105, 116, and 122 as well as all shower rooms and public bathrooms were thoroughly deep cleaned. ·Faucet was replaced in bathroom tub of room 122. ·Housekeeping and Nursing Staff were re-educated on proper cleaning of rooms, bathrooms and shower areas by CEC/Housekeeping Supervisor 4-18-18 through 5-1-18. **How will you identify other residents having the potential to be affected aby the same deficient practice and what corrective action will be taken.** ·All residents have the potential to be affected by the alleged deficient practice. ·Housekeeping and Nursing Staff were re-educated on proper cleaning of rooms, bathrooms and shower areas by CEC/Housekeeping Supervisor 4-18-18 through 5-1-18. ·All other resident rooms were	05/02/2018

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	included sweeping and mopping, high and low dusting, emptying the trash, cleaning the equipment, toilet and sinks and mirrors. He indicated a weekly deep-clean would have included the same duties only more thorough. He indicated the housekeeping and nursing staff worked together to keep shower rooms clean, but the shower rooms had not been cleaned in the past few days due to lack of housekeeping staff. On 4/11/18 at 1:45 p.m., the front lobby visitor/staff restroom was observed unclean. A roll of toilet paper was on the floor, debris of a dark grainy substance was over the entire floor, and the trash bin was overflowing with used paper towels. Hair was observed in the drain of the sink. 2. On 4/11/18 from 11:15 a.m., to 12:15 p.m., during a random environmental tour, the following was observed: Resident bathroom in room 207 was observed to have a strong smell of urine. A soaking wet, soiled towel with yellowish stains was observed on the floor of the shower. A black wheelchair pad was observed on the shower floor. Resident bedroom in room 205 was observed to have food debris on the floor. Dust, and dirt were also observed on the floor, beside and under the resident beds. A white, granulated, powdery substance was observed on the floor of an empty resident room 105. On 4/12/18 at 10:58 a.m. the Assisted Dining Room floor was observed to have been littered with food crumbs. The tables have dried liquid stains, and		checked and thoroughly deep cleaned by Housekeeping/Nursing **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.** ·Housekeeping and Nursing Staff were re-educated on proper cleaning of rooms, bathrooms and shower areas by CEC/Housekeeping Supervisor 4-18-18 through 5-1-18. ·All other resident rooms were checked and thoroughly deep cleaned by Housekeeping/Nursing. ·Daily checks by Housekeeping Supervisor and Customer Care Representatives will be completed utilizing Unit Rounds tool "Environment" to ensure sanitary, odor free, and comfortable environment. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.** ·The QA tool "Environmental" will be utilized by the Interdisciplinary Team weekly for four weeks, monthly for three months and quarterly thereafter. ·Housekeeping Supervisor	

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	outside the dining room on a bistro table, there was a left over breakfast tray with a fly observed sitting on the plate. On 4/12/18 at 11:00 a.m. a feeding tube stand was observed in room 116. The legs of the stand were observed to be filthy, spilled feeding tube formula was observed dried and cracked on the legs of the stand. The floor of the bedroom was covered with a grainy debris. Two sopping wet towels were observed left draped over the tub, dripping water onto the floor. A soiled brief was observed in the bathroom trash can and there was an odor of urine. On 4/12/18 at 11:15 a.m. the bathroom in room 207 was observed for a second time. The toilet bowel water was observed to be dark yellow, a crumpled towel remained on the shower floor, and a black wheelchair pad remained on the floor of the shower. There was a pungent and overwhelming odor of urine. On 4/12/18 at 11:37 a.m. the bathroom in room 122 was observed. There was a smell of urine, and there were 4 un-bagged, un-labeled plastic bedpans stacked together and sitting on the floor inside the bathtub. The faucet spout of the bathtub was covered with a corroded white substance, and there was yellow and green staining on the side of the tub and around the drain. On 4/12/18 at 11:51 a.m., The Housekeeping Supervisor observed the bathroom tub in room 122 and indicated, he could not identify the substance on the faucet, and had been unsuccessful in removing the lime stains. he indicated the faucet needed to be replaced and he would submit a request to maintenance. The		and/or Designee is responsible to monitor for compliance. ·The QAPI Team reviews the audits monthly and action plans are developed as needed if threshold of 90% is not met to ensure continual compliance. **Compliant Date: May 2, 2018**	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ZIONSVILLE MEADOWS	675 S FORD RD ZIONSVILLE, IN 46077

(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
	Housekeeping supervisor indicated, the housekeeping department had been struggling to fill open positions, and currently there were only 3 housekeepers. On 4/10/18 at 3:20 p.m., Housekeeping Supervisor provided a current policy, titled, "Restroom Cleaning", dated 2006. He indicated the form was the policy used for daily and deep cleaning of the shower rooms and resident restrooms. The policy indicated, "...1. Put on new gloves. 2. Check and/or refill all dispensers. 3. Empty trash and clean container with disinfectant. 4. Sweep the floor. 5. Apply recommended product to toilet. 6. Apply recommended product to the sink and countertops. 7. Disinfect frequently touched surfaces. 8. Wipe sink and countertops. 9. Clean mirror. 10. Clean interior of toilet. 11. Wipe exterior of toilet. 12. Spot clean walls. 13. Clean the shower and tub. 14. Post Wet Floor sign. 15. Clean the floor. 16. Conduct final inspection. 17. Remove sign once floor is dry...." On 4/12/18 at 1:00 p.m., the Administrator provided a current facility policy title, "Housekeeping" dated 2012. The policy indicated, "...the housekeeping department shall maintain a clean, orderly, and sanitary environment within the facility...." This federal finding relates to Complaint IN00257169. 3.1-19(e)			