STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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 Investigation of Complaints IN00419557, IN00419943, IN00420014, IN00420528, IN00421053 and IN00421982 Complaint IN00419557-No deficiencies related to the allegations are cited. Complaint IN00419943-No deficiencies related to the allegations are cited. Complaint IN00420014-No deficiencies related to the allegations are cited. Complaint IN00420528-No deficiencies related to the allegations are cited. Complaint IN00421053-Federal/State deficiencies related to the allegations are cited at F760. Complaint IN00421982-No deficiencies related to the allegations are cited. Survey dates: November 13, 14, 15 and 16, 2023 Facility number: 000074 Provider number: 155154 AIM number: 100290050 Census bed type: SNF: 8 SNF/NF: 76 Total: 84 Census payor type: Medicare: 15 Medicaid: 48 Other: 21	F 0000	Please accept State Form 2567, Plan of Correction, for the Complaint survey that was conducted on November 13 - 16, 2023. The facility requests that the 2567 serve as the letter of credible allegation of compliance. The facility also respectfully requests a desk review in lieu of a post survey revisit on or after November 17, 2023. Thank you for your consideration of these requests.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cynthia Marker-Kump	Executive Director	12/14/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	Total: 84 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on November 28, 2023.			
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 significant medication errors. Based on interview and record review, the facility failed to administer medications to ensure a resident was free from significant medication errors for 1 of 3 residents reviewed regarding medication errors. (Resident G) Resident G required a hospital admission of five days. Finding includes: A document, titled "Intake Information," dated 11/2/23, indicated an anonymous complainant had concerns with Resident G having a critically low potassium level and not being treated with the potassium replacement ordered by the Nurse Practitioner (NP). During an interview, on 11/14/23 at 2:45 p.m., the Director of Nursing (DON) indicated Resident G did miss her dose of Potassium liquid, on 10/24/23, after the NP ordered it to be given that day. Agency Nurse 4 went to get the potassium liquid out of the Emergency Drug Kit, and it was not in there. Instead of calling the NP back, as she should have done to obtain further orders, she asked the other nurse on the unit what she should do. They decided to reschedule the medication for the following day after the pharmacy delivered it.	F 0760	**F760** It is the policy of this facility to ensure residents are free of significant medication errors. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident discharged successfully home from the facility. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents who receive stat orders/or are on potassium have the potential to be affected by this deficient practice. DNS/designee completed a full house audit of all residents on potassium/stat medication orders to ensure medication is available and no errors observed.	11/17/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	The potassium liquid was rescheduled for 10/25/23. The resident's potassium level had dropped even lower, and the NP ordered for her to be sent to the hospital. The record for Resident G was reviewed on 11/15/23 at 10:45 a.m. Diagnoses included, but were not limited to, Enterocolitis due to Clostridium Difficile-recurrent, type 2 diabetes mellitus, arteriosclerosis of coronary artery bypass graft, hypertension, hypokalemia (low potassium levels), and dehydration. A document, titled "Medication/Treatment Error Report," dated 10/25/23, indicated Agency Nurse 4 did not give Resident G's potassium liquid "now" as ordered by the NP. The effect of the error on the resident was her potassium level was low and she was sent to the ER for evaluation. A handwritten statement, dated 10/25/23, by Agency Nurse 4 indicated while she was placing orders in the computer, on 10/24/23, she came across the potassium orders for Resident G. She asked LPN 5 why Resident G could not have potassium tablets, since she could not find the potassium liquid the NP had ordered for her. LPN 5 indicated if there was no potassium liquid, she could move the order until the following day (10/25/23). LPN 5 changed the date and time of the potassium liquid until 10/25/23, after pharmacy delivered the medication to the facility. She asked about changing the potassium lab order for the following day, since it was ordered for the next morning following the potassium liquid doses. LPN 5 indicated she would also change the lab date and time for her. Resident G's potassium levels were reviewed:		**What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** The DNS/designee will review the physician orders daily to identify residents who have changes to current potassium orders or new potassium orders/any new stat orders. Licensed Nursing staff were educated on stat order protocol by the DNS/designee on 11-17-23. Physician and NP inserviced on order clarity **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?** Weekly nursing QA tool will be utilized daily x 4 weeks, weekly x 4 weeks, monthly thereafter for 6 months with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. **Date of correction**: 11-17-2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	On 10/13/23 at 6:40 p.m., the level was 3.0 mEq/L. Normal levels were 3.5 to 5.5 mEq/L (liter). On 10/24/23 at 1:10 p.m., the level was 2.7 mEq/L. On 10/25/23 at 1:57 p.m., the level was 2.5 mEq/L. The Electronic Medication Administration Record (EMAR), dated 10/5/23 through 10/31/23, for Resident G included, but were not limited to, the following orders and documentation: 1. An order, dated 10/10/23 thru 10/12/23, indicated to give Fidaxomicin (an antibiotic used to treat C-Diff) 200 mg (milligrams) by mouth twice a day. a. On 10/10/23 at 8:32 p.m., the medication was documented as not administered as the medication was unavailable due to the pharmacy called indicating the medication was not covered. b. On 10/11/23 at 12:28 p.m., the medication was documented as not administered as the medication was unavailable. c. On 10/11/23 at 9:20 p.m., the medication was documented as not administered and the pharmacy was aware. d. On 10/12/23 at 10:10 a.m., the medication was documented as unavailable and will call the pharmacy. 2. An order, dated 10/24/23 at 3:00 p.m., indicated to give potassium chloride liquid by mouth 20 mEq/15 ml, 20 mEq one time now. a. On 10/24/23 at 3:00 p.m., the documentation box was left blank. The medication was rescheduled by a nurse to be given 10/25/23 at 10:00 a.m. 3. An order, dated 10/24/23, indicated to give potassium chloride liquid 20 mEq/15 ml, 20 mEq every two hours for three doses (80 mEq total). a. This medication was scheduled to be given on 10/24/23 at 6:00 p.m. and 8:00 p.m. (There was no			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	third dose scheduled for 10/24/23). The medication was rescheduled by a nurse to be given on 10/25/23 at 12:00 p.m., 2:00 p.m. and 4:00 p.m. 4. An order, dated 10/25/23, indicated to transport the resident to the Emergency Room (ER) stat (immediately) for a critical potassium level. Resident G's progress notes included, but were not limited to, the following notes: a. 10/12/23 at 10:51 a.m., the NP note indicated the resident was on isolation for C-Diff. She was still reporting diarrhea. The resident indicated she was not receiving her Fidaxomicin due to insurance not covering it. The NP had documented in her notes the resident was receiving her Fidaxomicin until 10/19/23. b. 10/12/23 at 4:45 p.m., Fidaxomicin was a high-cost antibiotic, and the facility was not able to cover it being $10,000 and over. The antibiotic was changed by the physician. c. 10/12/23 at 5:01 p.m., new orders received to start an Intravenous solution of 1/2 Normal Saline at 150 ml/hr. Potassium chloride 20 mEq by mouth twice a day for 5 days. d. 10/13/23 at 10:56 a.m., the NP progress note indicated the resident was experiencing diarrhea and some dizziness with positional changes. e. 10/13/23 at 12:31 p.m., an order was given for the resident to be sent to the ER for an evaluation and treatment of C-Diff due to "the fact that she is not able to receive PO [oral] ATB [antibiotic] therapy that is needed to treat c-diff." The medication needed to treat her C-Diff was very expensive and could not be given at the facility,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	but the hospital was able to administer it. The recent ordered antibiotic therapy (Flagyl and Vancomycin) had not worked for the resident in the past, so she was being sent to the ER. f. 10/21/23 at 11:33 p.m., the resident was readmitted back into the facility from the hospital. g. 10/22/23 at 4:10 p.m., the resident's antibiotic was not available at the facility. The pharmacy indicated the medication was expensive and sent a form to be faxed back to them indicating the facility would cover the cost of the medication prior to sending. h. 10/22/23 at 11:10 p.m., the facility received the resident's Fidaxomicin medication from the pharmacy. i. 10/24/23 at 4:32 p.m., the resident had a low potassium level of 2.7, which was reported to the NP on site and awaiting new orders. j. 10/25/23 at 3:00 p.m., a NP progress note indicated the resident had a Basic Metabolic Panel (BMP) lab drawn that morning, which revealed a critically low potassium level of 2.5. She was symptomatic with complaints her heart felt like it was racing, tingling, muscle spasms, and weakness. She had a potassium level of 2.7, on 10/24/23, and had orders written on that day to administer potassium chloride liquid 20 mEq one dose now, then administer potassium chloride liquid 20 mEq every two hours for three more doses for a total of 80 mEq of potassium chloride. The resident did not receive the potassium chloride liquid replacement and she was now symptomatic with a critically low potassium level of 2.5, which was drawn five hours ago. She had a history of coronary artery disease. It was in the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	best interest of the resident to be "emergently transferred" to the hospital for an electrocardiogram (EKG) heart monitoring and IV potassium chloride replacement. k. 10/30/23 at 5:05 p.m., the resident returned from the hospital to be readmitted to the facility. A document, titled "Patient Summary Report," dated 10/26/23 at 1:56 p.m., from the hospital indicated Resident G's number one problem was severe hypopotassemia (low potassium level)/hypomagnesemia (low magnesium level). She had ongoing electrolyte abnormalities most likely from chronic diarrhea. Her potassium level was 2.2. She received 40 mEq of oral potassium in the ER and 20 mEq IV. She was placed on telemetry (continuous heart monitoring) due to her "significant hypokalemia (low potassium levels). A document, titled "Patient Summary Report," dated 10/26/23 at 2:01 p.m., from the hospital indicated Resident G had multiple hospitalizations over the last couple of months related to a complex infection of her left lower extremity. It was treated with antibiotics, and she developed C. Diff which was initially treated with Vancomycin. She was switched to Fidaxomicin. She had trouble receiving the Fidaxomicin at the facility she resided at and was readmitted to the hospital earlier in the month. She was placed back on the medication with plans to finish it out through October 29, 2023, according to the Gastroenterologist. She had a significantly low potassium level, so she was sent to the ER where her potassium level was 2.2 and was started on medication and further evaluation was being completed.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	During an interview, on 11/15/23 at 12:05 p.m., the Regional Director of Clinical Support (RDCS) indicated there was no policy for following physician's orders. The nurses knew they were to follow physician orders which were given for the residents. During an interview, on 11/15/23 at 2:22 p.m., the NP indicated Resident G had a potassium level of 2.7, on 10/24/23. She was asymptomatic, so she knew she could treat the level in the facility. She ordered potassium liquid 20 mEq (milliequivalent) to be given as a one-time order stat, then 20 mEq to be given three more times two hours apart from each other. A new lab would be drawn the next morning, (10/25/23), to see where the resident was on her level. She indicated she was "shocked" to see her level had dropped to 2.5 when she got the potassium result back, on 10/25/23 at 3:00 p.m. She thought either the resident did not absorb the potassium and she was going to be dealing with a bigger issue or the potassium liquid was not given as ordered. The NP went to Agency Nurse 4 who had the resident the day and asked if she got the potassium as ordered, on 10/24/23. She was told no because it was unavailable until 10/25/25, so it was rescheduled to be given that day. She gave the order for her to be sent to the Emergency Room (ER) stat. She seen in the nursing documentation, on 10/25/23 at 10:00 a.m., the resident had complaints of heart fluttering and generally was not feeling good. She was not notified of these symptoms when the resident complained about them. With her cardiac history, she was concerned she would start having increased cardiac issues. When the resident arrived at the ER, her potassium level was 2.2. Her potassium level had been drawn in the morning at the facility, so it had dropped even lower since it as drawn.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	During an interview, on 11/15/23 at 2:20 p.m., the Director of Nursing (DON) indicated Resident G did not receive her Fidaxomicin (an antibiotic used to treat Clostridium Difficile) 200 mg twice a day because her insurance would not pay for it. The facility pharmacy did not fill the medication prescription as ordered by the physician because they did not carry the medication due to the cost of the medication. The antibiotic was changed to Flagyl (an antifungal used to treat a variety of fungal infections) and Vancomycin (an antibiotic), which she had previously been treated with these medications prior to being placed on the Fidaxomicin. A current policy, titled "Medication Administration," undated and provided by the Executive Director (ED) on 11/16/23 at 10:30 a.m., indicated "...Any orders that are ordered STAT must be completed within the 4-hour required time frame. Any orders not completed within that time frame the charge nurse must notify the MD/NP for further orders. 2. When receiving any orders in writing or by telephone, if unable to complete the order as prescribed, the charge nurse will notify the MD/NP for further orders. 3. Failure to complete MD/NP orders, failure to enter labs, failure to transcribe orders correctly are considered medication errors...6. If any concerns with MD/NP orders/care, ED/DNS [Director of Nursing Services] will be notified...." A current policy, titled "Medication Errors," dated 11/2018 and provided by the ED on 11/16/23 at 10:30 a.m., indicated "...It is the policy of this provider to ensure residents residing in the facility are free of medication errors...The charge nurse will complete a medication error report, including a brief summary of findings. Documentation in the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155154	A. BUILDING 00 B. WING	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRING MILL MEADOWS	2140 W 86TH ST INDIANAPOLIS, IN 46260

(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
	medical record will include physician/family notification, type of error, and assessment of resident. The licensed nurse/QMA responsible for the error will be required to meet with the DNS (Director of Nursing Services)/designee to review the medication error report...." This Federal tag relates to Complaint IN00421053. 3.1-48(c)(2)			