

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/13/2022
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NAME OF PROVIDER OR SUPPLIER HOMEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2494 N LEBANON ST LEBANON, IN 46052
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00387828, IN00381815, IN00387402 and IN00372283.</p> <p>Complaint IN00387828 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00381815 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387402 - Substantiated. Federal deficiencies related to the allegations are cited at F761 and F842.</p> <p>Complaint IN00372283 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 12 and 13, 2022</p> <p>Facility number: 002703 Provider number: 155680 AIM number: 200309250</p> <p>Census Bed Type: SNF/NF: 41 SNF: 10 Total: 51</p> <p>Census Payor Type: Medicare: 4 Medicaid: 27 Other: 20 Total: 51</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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 disclosed 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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F 0761 SS=D Bldg. 00	<p>Quality review was completed on September 19, 2022.</p> <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 label three bottles of morphine with open dates in 2 of 2 medication carts reviewed for medication storage. (100 hall and 300 hall)</p> <p>Findings include:</p>	F 0761	<ol style="list-style-type: none"> No residents were affected, three bottles of morphine without plastic seal missing opened date on the bottle. All residents have the potential to be affected by alleged deficient practice. Director of Health Services and/or Designee 	09/30/2022

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	<p>1. During an observation of medication storage of the 100 Hall medication cart, on 09/12/22 at 9:26 a.m., with RN 1 in attendance, two bottles of morphine sulfate solution 100 mg/5 ml (milligrams/milliliters) were found in the narcotic drawer. Both bottles were found without the plastic seal intact and without dates to show when the medication had been opened.</p> <p>2. During an observation of medication storage of the 300 Hall medication cart, on 09/12/22 at 9:37 a.m., with LPN 2 in attendance, one bottle of morphine sulfate solution 100 mg/5 ml was found in the narcotic drawer. The bottle was found without the plastic seal intact and without a date to show when the medication had been opened.</p> <p>During an interview, on 09/12/22 at 9:37 a.m., LPN 2 indicated there should have been a date on the bottle to indicated when it had been opened.</p> <p>During an interview, on 09/13/22 at 1:55 p.m., the Director of Nursing indicated open dates should have been put on medications to included eye drops, insulin and liquid morphine.</p> <p>A facility policy, titled "STORAGE OF MEDICATIONS," dated as revised in 11/2018 and provided by the Corporate Support Nurse on 09/13/22 at 2:44 p.m., indicated "...When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated...A "date opened" sticker shall be placed on the medication...."</p> <p>This Federal tag relates to Complaint IN00378402.</p> <p>3.1-25(j) 3.1-25(k)(6)</p>		<p>will complete Health Care Center audit to identify opened medications are dated appropriately at time of opening. The Director of Health Services and/or Designee will conduct an in-service with all nursing staff to ensure date labeled on opened liquid medications and to date liquid medications once unsealed.</p> <p>3. As a measure of quality assurance, The Director of Health Services and/or Designee will complete an audit to ensure opened bottles of dedications are dated appropriately. The audit will include 3 carts weekly for proper opened date of liquid medications.</p> <p>4. For quality assurance, the Director of Health Services or Designee will review any findings, and subsequent corrective actions. The plan will be revised, as warranted. The QA team will review audits at least quarterly and increase frequency of audits if increased concerns noted and will decrease the frequency of audits if no concerns are noted.</p>	

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F 0842 SS=E Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral</p>			

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	<p>directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to ensure records were complete and accurate for 7 of 7 records reviewed. (Residents B, C, D, E, F, G and H)</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 09/12/22 at 3:10 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, chronic</p>	F 0842	<p>1. Resident B, C, D, E, F, G and H were affected, ADL service documentation missing each shift, dates ranging from 08-09-22 to 09-10-22</p> <p>2. All residents have the potential to be affected by alleged deficient practice. Director of Health Services and/or Designee will complete Health Care Center</p>	09/30/2022

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	<p>obstructive pulmonary disease and psychotic disorder with hallucinations.</p> <p>A report, titled "Point of Care ADL Category Report," (POC) provided by the Corporate Support Nurse on 09/13/22 at 2:32 p.m., indicated missing documentation which included, but was not limited to, bathing, dressing, eating, toilet use and personal hygiene on 08/09/22, 08/13/22, 08/17/22, 08/23/22, 08/24/22, 08/25/22, 08/26/22, 08/27/22, 09/02/22, 09/06/22, 09/07/22, 09/08/22 and 09/10/22.</p> <p>2. The record for Resident C was reviewed on 09/12/22 at 10:38 a.m. Diagnoses included, but were not limited to, rheumatoid arthritis, fibromyalgia and cataracts.</p> <p>A report, titled "Point of Care ADL Category Report," provided by the Corporate Support Nurse on 09/13/22 at 2:32 p.m., indicated missing documentation which included, but was not limited to, bathing, dressing, eating, toilet use and personal hygiene on 08/12/22, 08/13/22, 08/17/22, 08/18/22, 08/22/22, 08/23/22, 08/25/22, 08/30/22, 08/31/22, 09/02/22, 09/04/22, 09/06/22, 09/08/22 and 09/10/22.</p> <p>3. The record for Resident D was reviewed on 09/13/22 at 1:31 p.m. Diagnoses included, but were not limited to, Parkinson's disease, dementia and malignant neoplasm of the colon.</p> <p>A report, titled "Point of Care ADL Category Report," provided by the Corporate Support Nurse on 09/13/22 at 2:32 p.m., indicated missing documentation which included, but was not limited to, bathing, dressing, eating, toilet use and personal hygiene on 08/17/22, 08/23/22, 08/24/22, 08/25/22, 08/26/22, 08/27/22, 09/02/22, 09/07/22,</p>		<p>audit to identify proper documentation per shift. The Director of Health Services and/or Designee will conduct an in-service with all nursing staff to ensure proper ADL documentation.</p> <p>3. As a measure of quality assurance, The Director of Health Services and/or Designee will complete an audit to ensure residents activities of daily living for transfers and ambulation are appropriately documented. The audit will include five residents weekly for 30 days, five resident every other week for 60 days and then five residents monthly x3 months, for proper ADL documentation Qshift.</p> <p>4. For quality assurance, the Director of Health Services or Designee will review any findings, and subsequent corrective actions. The plan will be revised, as warranted. The QA team will review audits at least quarterly and increase frequency of audits if increased concerns noted and will decrease the frequency of audits if no concerns are noted.</p>	

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	<p>09/08/22 and 09/10/22.</p> <p>4. The record for Resident E was reviewed on 09/13/22 at 12:27 p.m. Diagnoses included, but were not limited to, hypotension (low blood pressure), acute kidney failure and chronic kidney disease.</p> <p>A report, titled "Point of Care ADL Category Report," provided by the Corporate Support Nurse on 09/13/22 at 2:32 p.m., indicated missing documentation which included, but was not limited to, bathing, dressing, eating, toilet use and personal hygiene on 08/09/22, 08/13/22, 08/14/22, 08/16/22, 08/17/22, 08/18/22, 08/23/22, 08/24/22, 08/25/22, 08/26/22, 08/27/22, 09/02/22, 09/06/22, 09/07/22, 09/08/22 and 09/10/22.</p> <p>5. The record for Resident F was reviewed on 09/13/22 at 12:24 p.m. Diagnoses included, but were not limited to, dementia without behavioral disturbance, hypertension and depression.</p> <p>A report, titled "Point of Care ADL Category Report," provided by the Corporate Support Nurse on 09/13/22 at 2:32 p.m., indicated missing documentation which included, but was not limited to, bathing, dressing, eating, toilet use and personal hygiene on 08/09/22, 08/16/22, 08/17/22, 08/25/22, 09/02/22, 09/06/22, 09/07/22 and 09/08/22.</p> <p>6. The record for Resident G was reviewed on 09/13/22 at 2:15 p.m. Diagnoses included, but were not limited to, acute respiratory disease, Parkinson's disease and muscle weakness.</p> <p>A report, titled "Point of Care ADL Category Report," provided by the Corporate Support Nurse on 09/13/22 at 2:32 p.m., indicated missing documentation which included, but was not</p>			

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	<p>limited to, bathing, dressing, eating, toilet use and personal hygiene on 08/09/22, 08/13/22, 08/14/22, 08/16/22, 08/23/22, 08/24/22, 08/25/22, 08/26/22, 08/27/22, 09/02/22, 09/06/22, 09/07/22, 09/08/22 and 09/10/22.</p> <p>7. The record for Resident H was reviewed on 09/13/22 at 1:23 p.m. Diagnoses included, but were not limited to, acute respiratory failure with hypoxia (not enough oxygen in the blood), congestive heart failure and acute kidney failure.</p> <p>A report, titled "Point of Care ADL Category Report," provided by the Corporate Support Nurse on 09/13/22 at 2:32 p.m., indicated missing documentation which included, but was not limited to, bathing, dressing, eating, toilet use and personal hygiene on 08/13/22, 08/17/22, 08/18/22, 08/23/22, 08/24/22, 08/25/22, 08/26/22, 08/27/22, 09/02/22, 09/06/22, 09/07/22, 09/08/22 and 09/10/22.</p> <p>During an interview, on 09/13/22 at 2:37 p.m., the Corporate Support Nurse indicated Activity of Daily Living care (ADL) should have been documented in POC, (where the CNAs document care provided) and the facility was aware of incomplete documentation.</p> <p>A facility policy, titled "Nursing ADL Documentation Guidelines," dated as revised on 05/10/16 and provided by the Corporate Support Nurse on 09/13/22, indicated "...ADL services will be conducted and documented by the CNA each shift..."</p> <p>This Federal tag relates to Complaint IN00378402.</p> <p>3.1-50(a)(1)</p>			