

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2023
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NAME OF PROVIDER OR SUPPLIER HOMEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 2494 N LEBANON ST LEBANON, IN 46052
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00402985 and IN00401634. This visit also included a State Residential Licensure Survey.</p> <p>Complaint IN00402985 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00401634 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 1, 2, 3, 6, and 7, 2023</p> <p>Facility number: 002703 Provider number: 155680 AIM number: 200309250</p> <p>Census Bed Type: SNF/NF: 15 SNF: 41 Residential: 29 Total: 85</p> <p>Census Payor Type: Medicare: 5 Medicaid: 30 Other: 21 Total: 56</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on March 16, 2023.</p>	F 0000	The submission of this plan of correction does not indicate an admission by Homewood Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Homewood Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
F 0552 SS=D	483.10(c)(1)(4)(5) Right to be Informed/Make Treatment			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rebecca Garza	RN Clinical Support	03/30/2023

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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Bldg. 00	<p>Decisions §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>Based on interview and record review, the facility failed to ensure residents who received high risk antipsychotic medication had the risks and benefits reviewed with them and/or their representatives for 2 of 5 residents reviewed for unnecessary medications. (Resident 40 and 29)</p> <p>Findings include:</p> <p>1. The record for Resident 40 was reviewed on 03/02/23 at 4:02 p.m. Diagnoses included, but were not limited to, unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>A physician's order, initiated on 01/27/23, indicated to give Seroquel (an antipsychotic) 25</p>	F 0552	<p>F552: Right to be Informed/Make Treatment Decisions 1) Immediate actions taken for those residents identified:</p> <p>No Residents were affected. No adverse effects noted. Residents 40 and 29 medications, indications of use, and side effects were reviewed with Resident/POA by DHS/Designee.</p> <p>2) How the facility identified other residents:</p>	03/30/2023
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	<p>mg times two tablets every bedtime for Alzheimer's delusions. This order was a dosage change.</p> <p>A care plan, initiated on 07/28/22, indicated Resident 40 was at risk for adverse consequences related to the use of an antipsychotic medication.</p> <p>A facility document, titled "Observation Detail List Report," with a completed date of 06/09/22 and provided by the Corporate Support Nurse on 03/07/23 at 1:32 p.m., indicated the resident was using an antipsychotic medication. The name of the medication was not listed. There were no side effects for the medication listed.</p> <p>During an interview, on 03/06/23 at 1:50 p.m., the Corporate Support Nurse indicated prior to the start of psychoactive medications, or a change in psychoactive medications, the facility needed to have the resident or responsible party fill out a consent which indicated they had been informed of the risks and the benefits of using the medications. Each medication used should have its own consent form.</p> <p>During a telephone interview, on 03/07/23 at 1:18 p.m., the responsible party for Resident 40 indicated the facility did call on some medications to tell him what they were for, but they did not inform him of the risk versus the benefits of the medications nor did they inform him of the side effects of the medications, especially of the black box warning for Seroquel (an antipsychotic), which has a black box warning indicating elderly patients with dementia-related psychosis treated with an antipsychotic drugs are at an increased risk of death.</p> <p>During an interview, on 03/07/23 at 1:42 p.m., the</p>		<p>All Residents in house on antipsychotic medication were reviewed and ensured the Resident/POA were notified of medications, indications of use, and side effects by DHS/Designee.</p> <p>3) Measures put into place/ System changes:</p> <p>Nurse Management and IDT Team were re-educated Resident First Meeting Guidelines DHS/designee ensured that Dr and POA were made aware, care plan was updated, and during resident first meetings resident's medications, indications of use, and side effects were reviewed with the resident/POA. DHS/Designee to complete Resident First Meeting QAPI Audit Tool.</p> <p>4) How the corrective actions will be monitored:</p> <p>As a measure of ongoing compliance, the DHS/Designee, will complete audits of 3 residents to ensure that medications, indications of use, and side effects were reviewed with Resident/POA 2x weekly x4 weeks, then weekly x 4 weeks, then every other week x 4 weeks, then monthly x3 months. The results of the audit observations will be reported,</p>	

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	<p>Corporate Support Nurse indicated Resident 40's first meeting had documentation indicating he was on psychotropic medications and the family was aware.</p> <p>A recent publication of "PDR.net" indicated "...Seroquel was used in adults for the treatment of schizophrenia, mania associated with bipolar 1 disorder, bipolar depression, maintenance of bipolar one disorder...antipsychotics were not approved for treatment of dementia-related psychosis in geriatric patients and the use of Seroquel in this population should be avoided if possible due to an increase in morbidity and mortality in geriatric patients with dementia receiving atypical antipsychotics...."2. The record for Resident 29 was reviewed. Diagnoses included, but were not limited to, unspecified dementia with other behavioral disturbance.</p> <p>A physician's order, with a start date of 2/23/23, indicated to give Risperidone (an antipsychotic medication). There was no documented diagnosis. The physician's order indicated a "Safety Alert" which indicated a "Drug-to-Condition Interaction Alert" for "Risperidone...should be used with extreme caution when senile dementia, a condition related to...Unspecified dementia, unspecified severity, with other behavioral disturbance exists."</p> <p>A review of the "Prescription Fax Request" for Resident 29, received on 3/6/23 at 2:38 p.m., indicated Resident 29 had a "new prescriptions (sic)" of "Risperidone" with a start date of "2/22/23" with diagnosis of "Unspecified dementia, unspecified severity, with other behavioral disturbance (Primary, Admission), Influenza due to identified novel influenza A virus with other respiratory manifestations" and</p>		<p>reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained. Ongoing monitoring will continue past 6 months if warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p>	

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	<p>"...Acute bronchitis due to respirator...(sic)."</p> <p>During an interview, on 03/06/23 at 3:03 p.m., the Clinical Support Nurse (CSN) indicated an antipsychotic medication used with a dementia diagnosis had side effects which could include "...up to death" with the use of the antipsychotics and dementia. The CSN reviewed Resident 29's medical record for documentation the risk versus benefit for antipsychotic use were discussed and documented and indicated the risk versus benefit was "...not spelled out in that (medical record)."</p> <p>During an interview, on 03/07/23 at 1:39 p.m., Resident 29's family member indicated "no they (facility) had not" discussed the risk versus the benefits and the potential side effects of the antipsychotic medication Risperidone.</p> <p>The Nursing Drug Handbook 2023 indicated Risperidone had a black box alert which included there was an increased risk of mortality in elderly patients with dementia-related psychosis, mainly due to pneumonia and heart failure. The side effects included, but were not limited to, agitation, anxiety, insomnia, headache, aggressive behavior, and orthostatic hypotension. The adverse effects included, but were not limited to, tardive dyskinesia [characterized by tongue protruding, puffing of the cheeks, chewing, or puckering of mouth], muscle rigidity, altered mental status, irregular pulse or blood pressure, cardiac arrhythmias, acute renal failure, hyperglycemia, and death.</p> <p>A facility policy, titled "Resident's First Meeting Guidelines" dated as last reviewed 12/31/22 and provided by the Corporate Support Nurse on 03/15/23 at 11:10 a.m., indicated " ...To facilitate communication and participation regarding the</p>			

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F 0554 SS=D Bldg. 00	<p>resident's plan of care, medical condition and care needs between the resident, family, resident representative and care givers ...The Resident First Meeting is a time to communicate information related to care needs and medical condition and seek input from the resident or representative</p> <p>3.1-3(n)(2)</p> <p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview and record review, the facility failed to ensure the IDT (Interdisciplinary Team) determined which medications may be self-administered and failed to ensure a physician's order to use and keep medications at the bedside was obtained for 1 of 1 resident reviewed for self-administration. (Resident 20)</p> <p>Finding includes:</p> <p>During an observation, on 03/07/23 at 8:46 a.m., Resident 20 had on his bedside table a bottle of dorzol/timol solution (eye drops) 2 percent, a bottle of dorzolamide (eye drops) 2 percent, a bottle of brimonidine solution (eye drops) 0.2 percent and a bottle of ipratropium (a nasal spray) spray 0.6 percent. Resident 20 indicated he administered the medications himself and then nursing picks them up.</p> <p>The record for Resident 20 was reviewed on 03/07/23 at 1:43 p.m. Diagnosis included, but were not limited to, age related debility, syncope and</p>	F 0554	<p>F554 Resident Self-Admin Meds- Clinically Approp</p> <p>1) Immediate actions taken for those residents identified:</p> <p>No residents were affected. No adverse effects noted. Resident 20 medications were assessed and reviewed with the physician. Dr reviewed and Resident is able to keep eye drops and nasal sprays at bedside. Resident medication that can be kept at bedside have them stored per policy, physician review, order for self-administration, and observation for self-administration of meds completed.</p> <p>2) How the facility identified other residents:</p> <p>All like residents have the</p>	03/30/2023

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	<p>collapse, and acute respiratory distress.</p> <p>There was no self-administer of medication assessment in the record at the time of the review.</p> <p>There were no orders to self-administer any medications in the record at the time of the review.</p> <p>During an interview, on 03/07/23 at 10:15 a.m., RN 1 indicated she had asked "tons of times" for Resident 20 to have an order to self-administer the medications, as he liked to do it. At the time, she reviewed his chart and indicated he did not have an order or a self-administration assessment for the medications.</p> <p>A facility policy, titled "Guidelines for Self-Administration of Medication," dated as last reviewed on 12/31/22 and provided by the Corporate Support Nurse on 03/07/23 at 1:32 p.m., indicated "...PURPOSE...To ensure the safe administration of medications for residents who request to self-medicate...Residents requested to self-medicate...shall be assessed using the observation...Self Administration of Medications...Results of the assessment will be presented to the physician for evaluation and an order for self-medication...."</p> <p>3.1-11(a)</p>		<p>potential to be affected. DHS/Designee will complete visual observations to ensure all residents with medication at bedside have them stored per policy, physician review, order for self-administration, and observation for self-administration of meds completed.</p> <p>3) Measures put into place/ System changes:</p> <p>All nursing staff educated by DHS/Designee on medication storage policy for residents whom self-administer medications. As a measure of ongoing compliance, the DHS/designee, will complete self-administer medications QAPI audit.</p> <p>4) How the corrective actions will be monitored:</p> <p>As a measure of ongoing compliance, the DHS/Designee, will complete audits of 2 residents to ensure residents are self-administering medication per policy 2x weekly x4 weeks, then weekly x 4 weeks, then every other week x 4 weeks, then monthly x3 months. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for</p>		

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F 0659 SS=D Bldg. 00	<p>483.21(b)(3)(ii) Qualified Persons §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure a licensed staff member assessed a resident prior to an as needed medication (PRN) was administered by a QMA for 1 of 1 randomly observed resident receiving a PRN medication. (Resident 31)</p> <p>Finding includes:</p> <p>During an observation, on 03/03/23 at 3:33 p.m., the spouse of Resident 31 approached QMA 7 and asked if Resident 31 was given his Mucinex (a medication for cough and congestion). She indicated he was congested.</p> <p>The QMA removed the Mucinex and prepped the medication for administration.</p> <p>The QMA then briefly spoke with LPN 5 in the hall, and then went into the room. The QMA was observed to administer the medication to the resident. The nurse was not observed to assess</p>	F 0659	<p>a minimum of 6 months to ensure substantial compliance is maintained. Ongoing monitoring will continue past 6 months if warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p> <p>F659 Qualified Persons 1) Immediate actions taken for those residents identified:</p> <p>Resident 31 was immediately assessed by DHS, and assessment showed that resident required PRN medication. No adverse reactions were noted. Dr made aware.</p> <p>2) How the facility identified other residents:</p> <p>All Residents in house that have PRN medication orders were reviewed and ensured that an nurse assessment will be completed prior to QMA administration.</p>	03/30/2023

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	<p>the resident prior to the administration of the medication.</p> <p>The record for Resident 31 was reviewed on 03/07/23 at 10:27 a.m. Diagnoses included, but were not limited to, hypertensive heart disease with heart failure (heart problems which occur because of high blood pressure), chronic congestive heart failure (the heart has trouble pumping blood to the body) and vascular dementia.</p> <p>A physician's order, initiated on 02/24/23, indicated to give Mucinex 12 hour extended-release tablet two times a day as needed for cough.</p> <p>There was no assessment charted at the time of the record review.</p> <p>During an interview, on 03/03/23 at 3:37 p.m., QMA 7 indicated she did administer the medication without the approval of a licensed staff member. She did not consult the nurse prior to administering the medication and it was not in her scope of practice to administer a PRN (as needed) medication without a licensed staff member's approval.</p> <p>During an interview, on 03/03/34 at 3:41 p.m., the Director of Nursing was notified and indicated she had sent the nurse to assess the resident.</p> <p>During an interview, on 03/07/23 at 9:29 a.m., the Corporate Support Nurse indicated the approval to administer the medication was completed "after the fact". The resident was assessed and the approval to administer the medication was after the medication was administered. The QMA did not get approval prior to administering the</p>		<p>3) Measures put into place/ System changes:</p> <p>All nursing staff educated by DHS/Designee on administration of PRN Medication. As a measure of ongoing compliance, the DHS/designee, will complete Medication Pass Competency with all CRMA's.</p> <p>4) How the corrective actions will be monitored:</p> <p>As a measure of ongoing compliance, the DHS/Designee, will complete audits of 2 CRMA/Nurses to ensure that PRN Medication are administered per SOP 2x weekly x4 weeks, then weekly x 4 weeks, then every other week x 4 weeks, then monthly x3 months. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained. Ongoing monitoring will continue past 6 months if warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p>	

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F 0689 SS=D Bldg. 00	<p>medication.</p> <p>A facility document, titled "...Job Descriptions...Certified Resident Medication Associate," (QMA) provided by the Corporate Support Nurse on 03/07/23 at 10:27 a.m., indicated, "...The Certified Resident Medication Associate is primarily responsible to assist in the administering of medications as ordered by the attending physician, under the direction of the...nurse...."</p> <p>A facility policy, titled "General Guidelines for Administration of Medication," undated and provided by the Corporate Support Nurse on 03/07/23 at 10:27 a.m., indicated "...The nurse must know the nature of the drug...before the drug is administered...."</p> <p>3.1-35(g)(2)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure fall interventions were being followed to prevent further falls for 3 of 3 residents reviewed for accidents. (Resident 39, 16, and 30)</p> <p>Findings include:</p>	F 0689	<p>F689 Free of Accident Hazards/Supervision/Devices</p> <p>1) Immediate actions taken for those residents identified:</p> <p>Residents 16, 30, and 39 were assessed by DHS/Designee and ensured all current fall</p>	03/30/2023

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	<p>1. During an interview, on 03/02/2023 at 1:28 p.m., a concerned family member of Resident 39 indicated she had received a call from the facility approximately 3 weeks prior to inform her the resident had fallen while being transferred in the bathroom. She was concerned a gait belt was not used at the time of the transfer. Resident 39 had a stroke and required a gait belt during transfers.</p> <p>The record for Resident 39 was reviewed on 03/02/2023 at 3:40 p.m. Diagnoses included, but were not limited to, history of significant fracture of the shaft of the right fibula, history of falls, hemiplegia and hemiparesis following a cerebral infarction (stroke) affecting the right dominant side, hypertension, anxiety disorder, tremors, and generalized muscle weakness.</p> <p>A progress noted, dated 10/29/22 at 12:46 p.m., indicated the resident was assisted to the floor by a CNA (Certified Nursing Assistant) when transferring in the restroom. Interventions to prevent new falls were for a gait belt to be used when transferring, and to ensure the resident had proper footwear when transferring.</p> <p>A progress noted, dated 02/03/23 at 1:02 p.m., indicated the resident was being reviewed for falls. The resident was assisted to the floor in the bathroom by the CNA. The root cause was the resident needed to toilet and the resident's legs became weak. The new intervention was a gait belt should be used for transfers.</p> <p>A care plan, initiated 11/09/2022, identified a problem the resident was at risk for falling. Interventions were revised on 02/02/2023 to include a gait belt was to be used for transfers.</p> <p>A fall event, dated 02/09/2023 at 10:40 a.m.,</p>		<p>interventions were in place. No adverse reactions were noted.</p> <p>2) How the facility identified other residents:</p> <p>All Residents that have fallen have the potential to be affected and have been assessed by DHS/Designee to ensure all current fall interventions are in place and effective at this time.</p> <p>3) Measures put into place/ System changes:</p> <p>All nursing staff educated by DHS/Designee on Fall Management Program Guidelines. As a measure of ongoing compliance, the DHS/designee, will complete a Fall Management QAPI Audit.</p> <p>4) How the corrective actions will be monitored:</p> <p>As a measure of ongoing compliance, the DHS/Designee, will complete audits of 5 resident to ensure that all fall interventions are in place 3x weekly x4 weeks, then weekly x 4 weeks, then every other week x 4 weeks, then monthly x3 months. The results of the audit observations will be reported, reviewed, and trended for</p>	

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	<p>indicated the resident was assisted to the ground by a CNA. The location of the event was in the resident's bathroom while transferring with a CNA. The event indicated the resident was assisted to the floor and no adaptive equipment was used during the transfer.</p> <p>During an interview, on 03/03/2023 at 9:46 a.m., Resident 39 indicated she recalled the incident, although she could not remember the CNA's name. She remembered the aide did not utilize a gait belt at the time of this event.</p> <p>During an interview, on 03/06/2023 at 1:50 p.m., the Corporate Support Nurse (CSN) indicated it was the expectation of the facility a gait belt would be used during the transfer of a dependent resident. A gait belt was not in use during the fall event of Resident 39.2. During an observation, on 03/02/23 at 9:22 a.m., Resident 16 was observed up, in her wheelchair, self-propelling herself in the hall. The resident was wearing white socks without a nonskid bottom.</p> <p>The record for Resident 16 was reviewed on 03/02/23 at 2:27 p.m. Diagnoses included, but were not limited to, senile degeneration of the brain, dementia, and psychotic disturbance.</p> <p>A care plan, with a problem start date of 10/10/22, indicated Resident 16 was a risk for falling related to impaired mobility, senile degeneration of the brain, and incontinence. One intervention put in place to help prevent a fall was to provide nonskid footwear.</p> <p>During an interview, on 03/02/23 at 11:15 a.m., RN 2 indicated, as she observed Resident 16 wearing regular socks, the resident was to have some rubber bottom to her footwear.</p>		<p>compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained. Ongoing monitoring will continue past 6 months if warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p>	

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	<p>3. During an observation, on 03/01/23 at 3:06 p.m., Resident 30 was observed up, in his wheelchair, and had self-propelled himself into the hall. The resident was wearing white athletic/tube socks without a nonskid bottom.</p> <p>During an observation, on 03/02/23 at 9:18 a.m., Resident 30 was observed up in his wheelchair in his room. The resident was wearing white athletic/tube socks without a nonskid bottom.</p> <p>During an observation, on 03/02/23 at 11:22 a.m., Resident 30 was observed wearing white athletic/tube socks without a nonskid bottom. At the time, RN 4 had responded to the resident's call light for assistance while in the restroom.</p> <p>During an interview, on 03/02/23 at 11:26 a.m., RN 4 indicated Resident 30 was supposed to have nonskid footwear because he had a history of falls.</p> <p>The record for Resident 30 was reviewed on 03/02/23 at 11:23 a.m. Diagnoses included, but were not limited to, muscle weakness, dementia without behavioral disturbances, and other reduced mobility.</p> <p>A care plan, with a problem start date of 06/30/22, indicated Resident 30 was a risk for falling related to impaired mobility and a history of falls. One intervention put in place to help prevent a fall was to provide nonskid footwear.</p> <p>During an interview, on 03/03/23 at 10:20 a.m., the Corporate Support Nurse indicated care planned interventions were to be in place per the care plan. Nursing and the management teams were responsible to ensure the interventions were in</p>			

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F 0757 SS=D Bldg. 00	<p>place.</p> <p>A facility policy, titled "Fall Management Program Guidelines," dated as reviewed on 03/16/22 and provided by the Corporate Support Nurse on 03/03/23 at 8:37 a.m., indicated "...Care plan interventions should be implemented that address the resident's risk factors...."</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p> <p>483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. Based on interview and record review, the facility failed to ensure medication orders contained the</p>	F 0757	F757 Drug Regimen is Free from Unnecessary Drugs	03/30/2023

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	<p>appropriate indication for the administration of the medications for 1 of 5 residents reviewed for medications. (Resident 40)</p> <p>Finding includes:</p> <p>The record for Resident 40 was reviewed on 03/02/23 at 4:02 p.m. Diagnoses included, but were not limited to, unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>A physician's order, initiated on 05/23/22, indicated to give finasteride (a medication for an enlarged prostate) 5 milligrams (mg) once a day. The indication for use was Alzheimer's disease, contact with and (suspected) exposure to COVID-19, dementia with behavioral disturbance, and vomiting.</p> <p>A physician's order, initiated on 05/23/22, indicated to give folic acid (vitamin B-9) 1 mg once a day. The indication for use was Alzheimer's disease, contact with and (suspected) exposure to COVID-19, dementia with behavioral disturbance, and vomiting.</p> <p>A physician's order, initiated on 05/23/22, indicated to give a multivitamin tablet once a day. The indication for use was Alzheimer's disease, contact with and (suspected) exposure to COVID-19, dementia with behavioral disturbance, and vomiting.</p> <p>A physician's order, initiated on 05/23/22, indicated to give Tamsulosin (a medication used for an enlarged prostate) 0.4 mg once a day. The indication for use was Alzheimer's disease, contact with and (suspected) exposure to COVID-19, dementia with behavioral disturbance,</p>		<p>1) Immediate actions taken for those residents identified:</p> <p>No residents were affected. No adverse effects noted. Resident 40 medications were assessed and reviewed with the physician and proper diagnosis for medication obtained from the physician.</p> <p>2) How the facility identified other residents:</p> <p>All Residents in house receiving medications were reviewed and ensured proper diagnosis for all medication by DHS/Designee.</p> <p>3) Measures put into place/ System changes:</p> <p>All nursing staff educated by DHS/Designee on Guidelines for Medication Orders. As a measure of ongoing compliance, the DHS/designee, will complete a Physician Orders Review QAPI Audit.</p> <p>4) How the corrective actions will be monitored:</p> <p>As a measure of ongoing compliance, the DHS/Designee, will complete audits of 5 resident to ensure that Physician Orders are transcribed to EMAR system accurately with proper diagnosis</p>	

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F 0758 SS=D Bldg. 00	<p>and vomiting.</p> <p>A physician's order, initiated on 05/23/22, indicated to give Xarelto (a medication to help prevent clotting in the blood) 20 mg once a day. The indication for use was Alzheimer's disease, contact with and (suspected) exposure to COVID-19, dementia with behavioral disturbance, and vomiting.</p> <p>During an interview, on 03/06/23 at 10:50 a.m., the Corporate Support Nurse indicated the correct diagnoses were not on the orders.</p> <p>A facility policy, titled "Guidelines for Telephone Orders," dated as last reviewed on 12/31/22 and provided by the Corporate Support Nurse on 03/06/23 at 10:50 a.m., indicated " ...Both paper and electronic medication orders shall contain the name of the medication...diagnosis for use...."</p> <p>3.1-48(a)(4)</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p>		2x weekly x4 weeks, then weekly x 4 weeks, then every other week x 4 weeks, then monthly x3 months. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained. Ongoing monitoring will continue past 6 months if warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.		

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	<p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on interview and record review, the facility failed to provide appropriate diagnosis for use of psychotropic medications (antipsychotic medication) for 2 of 5 residents reviewed for psychotropic medications. (Resident 29 and 40)</p> <p>Findings include:</p>	F 0758	<p>F758: Free for Unnec Psychotropic Meds/PRN use</p> <p>1) Immediate actions taken for those residents identified:</p> <p>No residents were affected. No adverse effects noted. Resident 40</p>	03/30/2023

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	<p>1. The record for Resident 29 was reviewed. Diagnoses included, but were not limited to, unspecified dementia with other behavioral disturbance.</p> <p>During an interview, on 03/03/23 at 8:48 a.m., Resident 29's family member indicated Resident 29 was aggressive in the hospital. He was having delusions in the hospital, thinking he was in other places.</p> <p>A physician's order, with a start date of 2/23/23, indicated to give Risperidone (an antipsychotic medication). There was no documented diagnosis. The physician's order indicated a "Safety Alert" which indicated a "Drug-to-Condition Interaction Alert" for "Risperidone...should be used with extreme caution when senile dementia, a condition related to...Unspecified dementia, unspecified severity, with other behavioral disturbance exists."</p> <p>A review of the "Prescription Fax Request" for Resident 29, received on 3/6/23 at 2:38 p.m., indicated Resident 29 had a "new prescriptions (sic)" of "Risperidone" with a start date of "2/22/23" with diagnosis of "Unspecified dementia, unspecified severity, with other behavioral disturbance (Primary, Admission), Influenza due to identified novel influenza A virus with other respiratory manifestations" and "...Acute bronchitis due to respirator...(sic)."</p> <p>During an interview, on 03/03/23 at 10:58 a.m., the Director of Nursing (DON) indicated it was important for an appropriate diagnosis for use of antipsychotic medication because the facility did not want to prescribe antipsychotic for no apparent reason. The DON reviewed Resident 29's</p>		<p>and 29 medications were assessed and reviewed with the physician and proper diagnosis for Psychotropic Medication obtained from the physician.</p> <p>2) How the facility identified other residents:</p> <p>All Residents in house on antipsychotic medication were reviewed and ensured proper Diagnosis for each medication by DHS/Designee.</p> <p>3) Measures put into place/ System changes:</p> <p>All nursing staff educated by DHS/Designee on Psychotropic Medication Usage and Gradual Dose Reduction Policy. As a measure of ongoing compliance, the DHS/designee, will complete a Psychotropic Medication Review QAPI Audit.</p> <p>4) How the corrective actions will be monitored:</p> <p>1.As a measure of ongoing compliance, the DHS/Designee, will complete audits of 3 residents to ensure each psychotropic medication has a proper diagnosis 2x weekly x4 weeks, then weekly x 4 weeks, then every other week</p>	

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	<p>medical record for orders for antipsychotic medication and indicated the resident was on Risperidone. There was no diagnosis for treatment. The diagnosis for treatment was on the "escribed (prescription fax request)" order and influenza was not an appropriate diagnosis for an antipsychotic medication and dementia was not an appropriate diagnosis for treatment with Risperidone.</p> <p>During an interview, on 03/03/23 at 11:36 a.m., the Corporate Support Nurse (CSN) reviewed Resident 29's medical record and indicated the resident had not had behaviors while in the facility. Dementia was not an appropriate diagnosis for use of the antipsychotic medication.</p> <p>2. The record for Resident 40 was reviewed on 03/02/23 at 4:02 p.m. Diagnoses included, but were not limited to, unspecified dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>A physician's order, initiated on 05/23/22, indicated to give Buspirone (an anti-anxiety medication) tablet; 5 milligrams (mg) three times a day. The indication for use was Alzheimer's disease, contact with and (suspected) exposure to COVID-19, dementia with behavioral disturbance, and vomiting.</p> <p>A physician's order, initiated on 11/18/22, indicated to give escitalopram (an antidepressant) 5 mg once a day. The indication for use was Alzheimer's disease, contact with and (suspected) exposure to COVID-19, dementia with behavioral disturbance, and vomiting.</p> <p>During an interview, on 03/06/23 at 10:50 a.m., the Corporate Support Nurse indicated the correct diagnoses were not on the orders.</p>		x 4 weeks, then monthly x3 months. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained. Ongoing monitoring will continue past 6 months if warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.	

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F 0921 SS=D Bldg. 00	<p>A facility policy, titled "Guidelines for Telephone Orders," dated as last reviewed on 12/31/22 and provided by the Corporate Support Nurse on 03/06/23 at 10:50 a.m., indicated "...Both paper and electronic medication orders shall contain the name of the medication...diagnosis for use...."</p> <p>3.1-48(a)(4)</p> <p>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.</p> <p>Based on observation, interview and record review, the facility failed to remove a used brief from a room which caused the room to smell of urine (Resident 45), failed to ensure floors were not sticky (Room 113), failed to removed soiled linen and trash from a room (Resident 207), failed to ensure soiled linen was not left on furniture (Resident 207) and failed to make repairs to dry wall (Rooms 103, 111 and 112) observed for environment.</p> <p>Findings include:</p> <p>1. During an observation, on 03/01/23 at 10:31 a.m., Resident 45 was sitting up in his room. The room smelled of urine. A used brief was observed in the trash can.</p> <p>During an interview, on 03/01/23 at 10:47 a.m., RN 2 indicated the brief should have been removed.</p> <p>2. During an observation, on 03/01/23 at 11:26 a.m., the floor of Room 113 was found to be very sticky throughout the room as evidenced by</p>	F 0921	<p>F921 Safe/ Functional/ Sanitary/ Comfortable Environ</p> <p>1) Immediate actions taken for those residents identified:</p> <p>No residents were affected. No adverse effects noted. Residents 45 and 207 were assessed and ED/Designee completed a deep clean to ensure sanitary environment.</p> <p>2) How the facility identified other residents:</p> <p>All Residents in house rooms were assessed and ensured to have a sanitary environment by ED/Designee.</p> <p>3) Measures put into place/ System changes:</p>	03/30/2023

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	<p>shoes sticking to the floor with every step.</p> <p>3. During an observation, on 03/01/23 at 11:44 a.m., Resident 207's bed was observed to be stripped of all linen, a sheet was found on the bed crumpled and wet, a hospital gown and sheet were found in a clear plastic bag on the bed, and the items felt cool/wet, a clear bag containing items which appeared to be trash was found with a brown material on the items, the items in the bag were left on the bed and a white comforter and sheet were found crumpled in the chair.</p> <p>4. During an observation of wound care, on 03/03/23 at 11:53 a.m., the floor of Room 113 was found to be sticky.</p> <p>During an interview, on 03/03/23 at 11:57 a.m., the Wound Nurse indicated she was not sure if it was from the cleaner used on the floor or a protective seal on floor.</p> <p>5. During an observation, on 03/06/23 beginning at 2:20 p.m., with the Director of Plant Operations, gouges in the wall under the light of Room 111 were observed. Gouges in the dry wall of Room 112 were observed and gouges in the dry wall of Room 103 were observed.</p> <p>During an interview, on 03/06/23 at 2:20 p.m., the Director of Plant Operations indicated the gouges were from the beds.</p> <p>A facility job description, titled "Director of Plant Operations," dated effective 08/17/16 and provided by the Corporate Support Nurse on 03/07/23 at 9:30 a.m., indicated "...Performs repairs as needed..."</p> <p>A facility policy, titled "Guidelines for Handling</p>		<p>All Staff were re-educated on Room Cleaning and Linen Handling Policies. ED/Designee to complete Trilogy Environment Service Standard Audit Tool.</p> <p>4) How the corrective actions will be monitored:</p> <p>As a measure of ongoing compliance, the ED/Designee, will complete audits of 3 rooms to ensure they are a sanitary environment for the resident 2x weekly x4 weeks, then weekly x 4 weeks, then every other week x 4 weeks, then monthly x3 months. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained. Ongoing monitoring will continue past 6 months if warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p>	

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 03/07/2023
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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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R 0000 Bldg. 00	<p>Linen," dated as reviewed on 12/31/22 and provided by the Corporate Support Nurse on 03/07/23 at 9:30 a.m., indicated "...Do not place soiled linen on furniture...."</p> <p>A facility policy, titled "Resident Rights Guidelines," dated as reviewed on 12/31/22 and provided by the Corporate Support Nurse on 03/07/23 at 9:30 a.m., indicated "...Our residents have a right to...all...state specific resident rights...."</p> <p>3.1-19(f)(5) 3.1-19(g)(1)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey and the Investigation of Nursing Home Complaints IN00402985 and IN00401634.</p> <p>Complaint IN00402985 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00401634 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 1, 2, 3, 6, and 7, 2023</p> <p>Facility number: 002703</p> <p>Residential Census: 29</p> <p>Homewood Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 0000	The submission of this plan of correction does not indicate an admission by Homewood Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Homewood Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for	

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

PRINTED: 04/19/2023
FORM APPROVED
OMB NO. 0938-039

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NAME OF PROVIDER OR SUPPLIER HOMEWOOD HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 2494 N LEBANON ST LEBANON, IN 46052		
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	Quality review was completed on March 16, 2023.		substantial compliance.		