

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

PRINTED: 01/30/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155823	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/09/2024
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NAME OF PROVIDER OR SUPPLIER  SOUTHPOINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4904 WAR ADMIRAL DRIVE INDIANAPOLIS, IN 46237
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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 Complaint IN00424385.</p> <p>Complaint IN00424385 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 3, 4, 5, 8, &amp; 9, 2024</p> <p>Facility number: 013126 Provider number: 155823 AIM number: 300029591</p> <p>Census Bed Type: SNF/NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 13 Medicaid: 59 Other: 19 Total: 91</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 10, 2024.</p>	F 0000		
F 0694 SS=D Bldg. 00	<p>483.25(h) Parenteral/IV Fluids § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sara Kelley	Executive Director	01/29/2024

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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	<p>Based on observation, interview, and record review, the facility failed to ensure intravenous (IV) tubing was initialed or dated for 3 of 3 residents reviewed for IV therapy. (Resident 65, Resident 139, Resident 24)</p> <p>Findings include:</p> <p>1. During an observation on 1/4/24 at 11:30 a.m., observed an IV pole in Resident 65's room next to the residents bed. The resident's used tubing hanging on the IV pole was not dated or initialed.</p> <p>On 1/5/24 at 10:45 a.m., the same was observed.</p> <p>On 1/5/24 at 11:00 a.m., the clinical record for Resident 65 was reviewed. The diagnoses included, but were not limited to, sepsis, acute infections, and urinary tract infection.</p> <p>The physician orders, dated January 2024, included but were not limited to: - Change administration set (tubing) every 24 hours for intermittent infusions, one time a day for IV care, label with date/time/initials, initiated on 12/30/23.</p> <p>2. During an observation on 1/5/24 at 10:45 a.m., an IV pole was observed in Resident 139's room next to the residents bed. The resident's used tubing on the IV pole was not dated or initialed.</p> <p>On 1/5/24 at 1:40 p.m., the same was observed.</p> <p>On 1/8/24 at 9:07 a.m., the same was observed.</p> <p>On 1/8/24 at 10:00 a.m., the clinical record of Resident 139 was reviewed. The diagnoses included, but were not limited to, chronic kidney disease.</p>	F 0694	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth on this statement of deficiencies. The plan of correction is prepared and executed solely because it's required by the position of federal and state law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during a recertification survey on January 9,2024. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p><b>F-694 Parenteral Fluids</b> Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, 483.25(h) <b>Corrective action for the residents found to have been affected by the deficient practice:</b> 1 IV tubing was provided to residents #65, #139 and #24, dated and initialed.  2 All residents receiving IV fluids or medications are at risk to be affected. Residents receiving IV fluids/medications, IV tubing will</p>	01/24/2024

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	<p>The physician orders, dated January 2024, included but were not limited to:</p> <ul style="list-style-type: none"> <li>- Change administration set (tubing) every 24 hours for intermittent infusions, one time a day for IV care, label with date and time and initials, initiated 12/22/23.</li> </ul> <p>3. During an observation on 1/4/24 at 11:55 a.m., an IV pole was observed in Resident 24's room, next to the residents bed. The resident's used tubing on the IV pole was not dated or initialed.</p> <p>During an observation on 1/5/24 at 10:50 a.m., the same was observed.</p> <p>During an observation on 1/8/24 at 9:10 a.m., the same was observed.</p> <p>During an interview on 1/8/24 at 9:30 a.m., LPN 2 indicated the tubing for Resident 24, Resident 139, and Resident 65 should have been initialed and dated.</p> <p>During an interview on 1/8/24 at 9:50 a.m., the Director of Nursing indicated the tubing for Resident 24, Resident 139, and Resident 65 should have been initialed and dated.</p> <p>On 1/9/24 at 8:39 a.m., the Director of Nursing provided a policy titled: Changing IV Administration Tubing, dated February 2009, and indicated it was the current policy being used by the facility. A review of the policy indicated "...Labeling. Label IV tubing indicating the date and time started and nurse's initials."</p> <p>3.1-47(a)(2)</p>		<p>be observed to assure IV tubing has date and initials. Any discrepancies noted will be addressed.</p> <p>3 All licensed nurses In-serviced on the requirements for the administration of parenteral fluids consistent with professional standards of practice IAW physician orders, comprehensive person-centered care plan, and residents' goals and preferences and IV administration tubing policy and procedure.</p> <p><b>Corrective actions to be monitored to ensure the deficient practice will not recur:</b></p> <p>The DON and/or Designee will audit each active IV in the building 5 times a week for 8 weeks. There after the DON and/or Designee will audit each active IV 3 times a week for 8 weeks. There after the DON and/or Designee will audit each IV weekly for 8 weeks. The DON and/or Designee will present the results of these audits monthly to the QAPI committee for no less than 6 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p> <p>ED will monitor the ongoing audits and will ensure audit completion in absence of DON and /or designee.</p>	

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