

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

PRINTED: 05/14/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155821	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2025
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NAME OF PROVIDER OR SUPPLIER ASPEN TRACE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 3154 SOUTH STATE ROAD 135 GREENWOOD, IN 46143
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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 IN00456221 and a State Residential Licensure Survey.</p> <p>Complaint IN00456221- No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 21, 22, 23, 24, 25, and 28, 2025</p> <p>Facility number: 013185 Provider number: 155821 AIM number: 201221460</p> <p>Census bed type: SNF: 22 SNF/NF: 74 Residential: 63 Total: 159</p> <p>Census payor type: Medicare: 13 Medicaid: 53 Other: 30 Total: 96</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 2, 2025.</p>	F 0000	Aspen Trace Health and Living requests paper compliance for the following deficiency. This plan of correction serves as Aspen Trace Health and Living's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Aspen Trace Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.	
F 0558 SS=D Bldg. 00	<p>483.10(e)(3) Reasonable Accommodations Needs/Preferences</p> <p>Based on observation, interview, and record review, the facility failed to provide reasonable</p>	F 0558	b="" data-olk-copy-source="MailCompo se">	05/14/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Emily Carnes

Executive Director

05/12/2025

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>accommodation of needs for 1 of 22 residents reviewed for resident call light access. (Resident 12)</p> <p>Finding includes:</p> <p>On 4/22/25 at 9:18 a.m., Resident 12 was observed sitting up in bed. The over-the-bed table was in front of the resident. Resident 12's call light was observed hanging from the headboard behind the resident's left shoulder. The call light was out of sight and out of reach of Resident 12. During an interview at that time, Resident 12 indicated she did not know where her call light was. Resident 12 indicated the call light was not always accessible to her when she was in bed.</p> <p>During an interview on 4/22/25 at 9:25 a.m., Qualified Medication Aide (QMA) 3 indicated call lights were to be within the resident's reach.</p> <p>During an interview on 4/22/25 at 9:45 a.m., the Assistant Director of Nursing indicated call lights were to be kept within the resident's reach.</p> <p>On 4/22/25 at 9:55 a.m., Resident 12's clinical record was reviewed. The diagnoses included, but were not limited to, dementia, repeated falls, diabetes, and chronic kidney disease.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 3/25/25, indicated Resident 12 was moderately cognitively impaired, required substantial assistance with transfers, and had a history of falls.</p> <p>Resident 12's care plan, revised on 3/25/25, indicated the resident was at risk of falls. The interventions, included but was not limited to, "keep call light within reach."</p>		<p>I. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>-Upon notification of alleged deficient practice, the staff assured Resident 12 had call light placed within reach</p> <p>-Staff on the unit at the time the call light was allegedly out of reach were immediately educated</p> <p>-Resident 12 did not suffer any ill effects of the alleged deficient practice.</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>-All residents in the facility have the potential to be affected by the alleged deficient practice.</p> <p>-Other residents were reviewed to ensure call light was placed within reach. Any issues identified were corrected.</p> <p>III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>-Staff will be educated by 5/14/25 call light access.</p> <p>IV. How the corrective actions will be monitored to ensure the deficient practice will not recur.</p> <p>-The DON/Designee will audit 5</p>	

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F 0761 SS=D Bldg. 00	<p>On 4/24/25 at 9:45 a.m., the Director of Nursing provided a copy of the Resident Rights policy, dated June 2019, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...communities are committed to protecting and promoting the rights of the residents...equal access to quality care...receive care in accordance with personal preference..."</p> <p>3.1-3(v)(1)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were labeled with an open date for 1 of 4 medication carts observed. An insulin pen was not labeled with an open date. (Renaissance 2 Medication Cart)</p> <p>Finding includes:</p> <p>On 4/22/25 at 8:30 a.m., the Renaissance 2 Medication Cart was observed. An opened Insulin Flex Pen 100 units/ml (milliliter) lacked labeling indicating the date the insulin pen was opened or to whom it was prescribed. LPN 2 indicated there was no label on the insulin and confirmed at that time that the 300-unit flex pen had 100 units remaining.</p> <p>During an interview on 4/22/25 at 9:48 a.m., the Corporate Nurse indicated the open date should</p>	F 0761	<p>residents per day to ensure call lights are placed within reach. Any issues identified will be corrected. This auditing will occur daily for 4 weeks; then, monthly thereafter totaling 12 months of monitoring. -The audit results will be reviewed at the monthly quality assurance meeting. Based on the audit results, changes may be established to the auditing process.</p> <p>V. Plan of Correction completion date: 5/14/25</p> <p>I. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. -Renaissance 2 Medication Cart was audited to ensure all items were labeled and dated per policy -The Insulin Pen in question was appropriately disposed of and replaced by an accurately labeled Insulin Pen</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. -All residents on insulin have the potential to be affected by the alleged deficient practice.</p>	05/14/2025

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R 0000 Bldg. 00	<p>have been on the insulin pen.</p> <p>On 4/22/25 at 1:10 p.m., the Corporate Nurse provided a policy titled, Section D, Drug Storage from Life Span Policy and procedure Manuel, undated, and indicated it was the current policy being used by the facility. A review of the policy indicated "...Refrigerator Storage, 7, Insulin and PPD (TB) vaccine and other multi-dose vials requiring refrigeration need to be dated when opened. All vials should be discarded 28 days of the open date ..."</p> <p>3.1-25(j)</p>	R 0000	<p>-Other residents on insulin have been reviewed to ensure insulin medications were labeled appropriately. Any issues identified were corrected.</p> <p>III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>-Nurses will be educated by 5/14/25 on properly labeling drugs and biologics.</p> <p>IV. How the corrective actions will be monitored to ensure the deficient practice will not recur.</p> <p>-The DON/Designee will audit 5 residents per day with orders for insulin to determine labeling is present. Any issues identified will be corrected. This auditing will occur daily for 4 weeks; then, monthly thereafter totaling 12 months of monitoring.</p> <p>-The audit results will be reviewed at the monthly quality assurance meeting. Based on the audit results, changes may be established to the auditing process.</p> <p>V. Plan of Correction completion date: 5/14/25</p>	
	This visit was for a State Residential Licensure		Aspen Trace Health and Living requests paper compliance for the following deficiency. This plan of	

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R 0242 Bldg. 00	<p>Survey. This visit included a Recertification and State Licensure Survey and the Investigation of Complaint IN00456221.</p> <p>Complaint IN00456221 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 21, 22, 23, 24, 25, and 28, 2025</p> <p>Facility number: 013185</p> <p>Residential Census: 63</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-4(e)(2) Health Services - Offense</p> <p>Based on interview and record review, the facility failed to notify the physician when a resident's weight had increased greater than 3 pounds within a 24-hour period for 1 of 7 residents reviewed for physician's notification of resident's change in condition. (Resident 77)</p> <p>Findings include:</p> <p>On 4/25/25 at 8:40 a.m., Resident 77's clinical record was reviewed. The diagnoses included, but were not limited to, hypertension (HTN), congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD).</p> <p>The physician's orders included, but were not limited to, the following:</p> <p>- Daily weights related to CHF; contact physician for any weight gain of three pounds or greater in</p>	R 0242	<p>correction serves as Aspen Trace Health and Living's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Aspen Trace Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>I. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>-Resident 77's change in condition was reported to the provider upon discovery of alleged deficient practice</p> <p>-Resident 77 did not suffer any ill effects of the alleged deficient practice; no new orders or change in plan of care were implemented</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>-All residents in the facility have the potential to be affected by the</p>	05/14/2025

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	<p>24 hours or five pounds in seven days; start date 6/10/24 with no end date noted.</p> <p>A review of the March 2025 Medication and Treatment Administration Record (MAR/TAR) indicated the following:</p> <ul style="list-style-type: none"> - On 3/4/25 Resident 77's weight was recorded as 123.6 pounds. - On 3/5/25 Resident 77's weight was recorded as 127.0 pounds; a weight gain of 3.4 pounds in a 24-hour period. - On 3/9/25 Resident 77's weight was recorded as 123.0 pounds. - On 3/10/25 Resident 77's weight was recorded as 126.6 pounds; a weight gain of 3.6 pounds in a 24-hour period. <p>The clinical record lacked documentation that the physician was notified of Resident 77's weight gain.</p> <p>A review of the April 2025 MAR/TAR indicated the following:</p> <ul style="list-style-type: none"> - On 4/21/25 Resident 77's weight was recorded as 122.2 pounds. - On 4/22/25 Resident 77's weight was recorded as 125.6 pounds; a weight gain of 3.4 pounds in a 24-hour period. <p>The clinical record lacked documentation that the physician was notified of Resident 77's weight gain.</p> <p>During an interview on 4/25/25 at 1:50 p.m., Unit</p>		<p>alleged deficient practice.</p> <p>-Other residents have been reviewed to ensure weight variances were reported to provider. Any issues identified were corrected.</p> <p>III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <ul style="list-style-type: none"> -Nurses will be educated by 5/14/25 regarding notifying the provider as ordered for weight variances. <p>IV. How the corrective actions will be monitored to ensure the deficient practice will not recur.</p> <ul style="list-style-type: none"> -The DON or designee will review 5 random residents with order present to notify the provider of weight gain weekly for 8 weeks, 3 residents with order present to notify the provider of weight gain weekly for 8 weeks, then 2 residents with order present to notify the provider of weight gain week for 36 weeks. -The audit results will be reviewed at the monthly quality assurance meeting. Based on the audit results, changes may be established to the auditing process. <p>V. Plan of Correction completion date: 5/14/25</p>	

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	<p>Manager 4 indicated Resident 77's clinical record lacked documentation that the physician had been notified of the resident's weight gain. The physician should have been notified of the weight gain as indicated by the physician's order.</p> <p>On 4/28/25 at 8:30 a.m., Unit Manager 4 provided a copy of the Change in a Resident's Condition or Status policy, dated October 2010, and indicated it was the current policy in use by the facility. A review of the document indicated the facility was to notify the physician of the resident's change in condition or status. The document indicated, "...charge nurse will notify the resident's attending physician...when there has been...instructions to notify the physician of changes in the resident's condition..."</p>			