

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/17/2023
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NAME OF PROVIDER OR SUPPLIER CHALET REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4851 TINCHER RD INDIANAPOLIS, IN 46221
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00405625 and IN00405723.</p> <p>Complaint IN00405625 - Federal/State deficiencies related to the allegations are cited at F635 and F755.</p> <p>Complaint IN00405723 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 14 and 17, 2023</p> <p>Facility number: 000229 Provider number: 155336 AIM number: 100266850</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 5 Medicaid: 39 Other: 26 Total: 70</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 24, 2023.</p>	F 0000	<p>05-01-2023</p> <p>ISDH ATT: Brenda Buroker Director of Division Long Term Care 2 North Meridian Street Indianapolis, Indiana 46204</p> <p>Re: Complaint Survey, Request for Desk Review Chalet Rehabilitation and Healthcare Center 4851 Tinchler RD Indianapolis, IN 46221</p> <p>Dear Ms. Buroker:</p> <p>On April 14th a Complaint Survey, (IN00405625) (IN00405723) was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facility's Plan of Correction for the alleged deficiencies. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance.</p> <p>We respectfully request a desk review that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of May 09, 2023.</p> <p>Please feel free to call me with</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Edward Hughes	TITLE Administrator	(X6) DATE 05/04/2023
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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 disclosable 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 0635 SS=D Bldg. 00	<p>483.20(a) Admission Physician Orders for Immediate Care</p> <p>§483.20(a) Admission orders At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.</p> <p>Based on interview and record review, the facility failed to ensure physician orders for immediate care were obtained following a new admission for 1 of 3 residents reviewed for new admission orders. Orders for tracheostomy care were not obtained. (Resident B)</p> <p>Finding includes:</p> <p>During an interview on 4/14/23 at 10:44 a.m., LPN 1 (Licensed Practical Nurse) indicated Resident B had a tracheostomy. LPN 1 would have followed physician's orders for trach (tracheostomy) care and suctioning. Resident B should have had physician's orders for trach suctioning and trach care.</p> <p>During an interview on 4/14/23 at 11:05 a.m., the ADON (Assistant Director of Nursing) indicated she was at the facility working when Resident B admitted. He should have had orders for trach care and trach suctioning.</p> <p>The clinical record for Resident B was reviewed</p>	F 0635	<p>any further questions at 317-856-4851.</p> <p>Respectfully submitted, Edward Hughes Executive Director, Chalet Rehabilitation and Healthcare Center</p> <p>F635 D Admission Orders for Immediate Care The facility respectfully requests paper compliance for this citation.</p> <p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>1.) Immediate action taken for those residents identified: ·Resident no longer resides in facility.</p> <p>2.) How the facility identified other residents: ·An audit was completed to</p>	05/09/2023

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F 0755 SS=D	<p>on 4/14/23 at 11:54 a.m. The diagnoses included, but were not limited to, diabetes insipidus and traumatic subdural hemorrhage.</p> <p>A progress note, dated 3/31/23 at 7:18 p.m., indicated Resident B was admitted to the facility. Resident B on 3 L (liters) of oxygen per minute via tracheostomy.</p> <p>A progress note, dated 4/1/23 at 11:10 a.m., (15 hours after arrival) indicated Resident B was sent out to the hospital due to low oxygen saturation. The saturation were steady at 87% on 4 liters per minute of oxygen. They went up to 90% then back down to 87%. Also, Resident B's temperature climbed to 100.9 and back down to 99.1. On call and mother-in-law was notified.</p> <p>The clinical record lacked a physician's order for trach care and trach suctioning.</p> <p>On 4/17/23 at 10:30 a.m., the Regional Nurse provided a copy of an undated facility policy, titled Tracheostomy Care Suctioning, Cleaning, and Changing Type, and indicated this was the current policy used by the facility. A review of the policy indicated purpose was to maintain an unobstructed airway for the maintenance of ventilation.</p> <p>This Federal tag relates to Complaint IN00405625.</p> <p>3.1-30(a)</p>		<p>identify those residents' admission orders for previous 30 days to determine orders were present and reconciled</p> <ul style="list-style-type: none"> -No other resident was identified to have been affected. <p>3.) Measures put into place/ Systemic changes:</p> <ul style="list-style-type: none"> -Nursing staff were educated on new admission orders. -Admission orders will be reconciled by 2 nurses/QMA. -Physician/Nurse Practitioner will be notified to review orders at admission. -Identified issues will result in additional in-servicing and or disciplinary action. <p>4.) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> -Director of Nursing/designee will review new admission audits 2 times weekly to ensure order accuracy. -Concerns identified will be addressed and corrected with additional education provided. -The Director of Nursing will report the results of these audits in Quality Assurance Meeting Monthly for 6 months and or until 100% compliance has been achieved for 3 months. QA committee will then make recommendations to revise the plan of correction as indicated. <p>5.) D.O.C 5-9-2023</p>	
	483.45(a)(b)(1)-(3) Pharmacy			

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Bldg. 00	<p>Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure routine medications were delivered for 1 of 3 residents reviewed for new admissions. (Resident B)</p> <p>Finding includes:</p>	F 0755	<p>F755 D Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>The facility respectively requests a desk review for this</p>	05/09/2023
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	<p>During an interview on 4/14/23 at 10:44 a.m. LPN 1 indicated the nurse that admitted Resident B should have had the new admission medications delivered stat (right away) to ensure the medications were delivered timely.</p> <p>During an interview on 4/17/23 at 10:15 a.m., the Regional Nurse indicated Resident B's medication were not delivered from the pharmacy until he had been sent to the emergency department.</p> <p>The clinical record for Resident B was reviewed on 4/14/23 at 11:54 a.m. The diagnoses included, but were not limited to, diabetes insipidus and traumatic subdural hemorrhage.</p> <p>A progress note, dated 3/31/23 at 7:18 p.m., indicated Resident B arrived via ambulance on a stretcher. Resident B on 3 liters of oxygen per minute via trach (tracheostomy). Mother-in-law at bedside. Resident B appears comfortable and has no signs and symptoms of discomfort. Resident B and mother-in-law oriented to room, call light, television, and phone. No concerns voiced at this time.</p> <p>A progress note, dated 4/1/23 at 11:10 a.m., (15 hours after arrival) indicated Resident B was sent out to the hospital due to low oxygen saturation. The saturation were steady at 87% on 4 liters per minute of oxygen. They went up to 90% then back down to 87%. Also, Resident B's temperature climbed to 100.9 and back down to 99.1. On call and mother-in-law was notified.</p> <p>The hospital discharge orders, dated 3/31/23, included, but were not limited to:</p> <p>Lacosamide (a medication used to treat seizures)</p>		<p>citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>1)Immediate actions taken for those residents identified: Resident no longer resides at facility.</p> <p>2)How the facility identified other residents: Review of new admission orders over the past 30 days was conducted to determine residents have received ordered medications. Any issues identified were immediately addressed.</p> <p>3)Measures put into place/ System changes: Licensed facility staff were educated on the facility process regarding pharmacy delivery times and notification of pharmacy for stat deliveries. Audits of new admission orders will be reviewed/reconciled in clinical morning meeting to validate residents have received medications timely and process was followed.</p>	

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	<p>200 mg (milligrams) tablet, give 1 tablet by g-tube (tube inserted into the abdomen that extends to the stomach) every 12 hours. Last administered, on 3/31/23 at 5:57 a.m. Next dose due, on 3/31/23 in the evening.</p> <p>Levalbuterol (a medication used to treat bronchospasms) 1.25 mg/3ml (milliliter) inhalation solution, give 3 ml's inhaled every 6 hours. Last dose administered, on 3/31/23 at 12:20 p.m. Next dose due, on 3/31/23 in the evening.</p> <p>Levetiracetam (a medication used to treat seizures) 750 mg tablet, administer 2 tablets by g-tube 2 times daily. Last dose administered 3/31/23 at 9:07 a.m. Next dose due, on 3/31/23 in the evening.</p> <p>The physician's orders included, but were not limited to:</p> <p>Start 4/1/23, levalbuterol inhalation 1.25 mg/3ml, administer 3ml via trach every 6 hours.</p> <p>Start 4/1/23, levetiracetam 750 mg, administer 1500mg via g-tube two times daily for seizures.</p> <p>Start 4/1/23, Vimpat (lacosamide) 10mg/ml, administer 20 ml's via g-tube two times daily for seizures.</p> <p>The MAR (Medication Administration Record) for March 2023 indicated Resident B did not receive the evening dose of levalbuterol 1.25mg/3 ml inhalation, levetiracetam 1500 mg via g-tube, nor Vimpat 20 ml's.</p> <p>The MAR for April 2023 indicated Resident B did not receive levetiracetam 1500 mg via g-tube, on 4/1/23 at 9:00 a.m., did not receive Vimpat 20 ml's via g-tube, on 4/1/23 at 8:00 a.m., and did not</p>		<p>4)How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5) Date of compliance: 5-9-2023</p>	

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

PRINTED: 05/12/2023

FORM APPROVED

OMB NO. 0938-039

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	<p>receive levalbuterol 1.25 mg/3ml inhalation, on 4/1/23 at 12:00 a.m., and 6:00 a.m., as ordered by the physician.</p> <p>On 4/17/23 at 2:00 p.m., the Regional Nurse provided a copy of a facility policy, titled Standard Daily Delivery Cut-Off Times, dated 3/2021, and indicated this was the current policy used by the facility. A review of the policy indicated general process for admissions requires: all orders must be entered and confirmed in the electronic medical record for processing by 8:00 p.m., to make standard evening delivery. new orders entered and confirmed after the cut-off time of 8:00 p.m., may not be delivered until the following day's scheduled delivery unless immediate need is communicated to the pharmacy staff. Facility staff must call to request "stat" delivery.</p> <p>This Federal tag relates to Complaint IN00405625.</p> <p>3.1-25(a)</p>			