

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/01/2024
NAME OF PROVIDER OR SUPPLIER Carmel Health & Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Medical Dr Carmel, IN 46032	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>38872</p> <p>Based on observation, interview and record review, the facility failed to ensure the interdisciplinary team determined a resident was clinically appropriate to self-administer medications for 1 of 1 resident randomly observed for self-administration of medications. (Resident 2)</p> <p>Finding includes:</p> <p>During a random observation, on 2/29/24 at 10:34 a.m., LPN 1 was observed out in the hall, walking, when a staff member informed her Resident 2 was ready for treatment. Upon entering the room of Resident 2, the resident was found sitting in a chair. To her right on her bedside table, within the resident's reach, were two (2) clear medication cups with medications in both and one (1) nebulizer vial which had not been opened. There was no qualified staff with the resident in the room.</p> <p>The clinical record for Resident 2 was reviewed on 2/29/24 at 10:58 a.m. The diagnoses included, but were not limited to, syphilitic endocarditis, melena, and chronic heart failure.</p> <p>A Brief Interview for Mental Status (BIMS) assessment, dated 11/15/23, indicated the resident was cognitively intact at the time of the assessment.</p> <p>There was no self-administration of medication assessment found in the resident's record.</p> <p>There was no physician's order for the resident to self-administer medications found in the record.</p> <p>There was no care plan for the resident to self-administer medications found in the record.</p> <p>During an interview, on 2/29/24 at 10:35 a.m., LPN 1 indicated she had stepped out of the room to assist another resident.</p> <p>A current facility policy, titled BEDSIDE MEDICATIONS AND SELF-ADMINISTRATION OF MEDICATIONS, undated and received from the Executive Director on 2/29/24 at 3:34 p.m., indicated .Each resident who desires to self-administer medication will be permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility</p> <p>3.1-11(a)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>38872</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices were maintained when a staff member failed to remove medication from the packaging in a sanitary manner for 1 of 5 residents reviewed for medication administration. (Resident 3)</p> <p>Finding includes:</p> <p>During an observation of the medication pass, on 3/1/24 at 8:57 a.m., LPN 2 was observed to use her fingers to remove an Acidophilus/Pectin capsule (a probiotic) from the medication bottle and place it in a medication cup for administration to Resident 3.</p> <p>The clinical record for Resident 3 was reviewed on 3/1/24 at 10:01 a.m. The diagnoses included, but were not limited to, vascular dementia, chronic kidney disease, and insomnia.</p> <p>A physician's order, initiated on 2/26/24, indicated to give Acidophilus-Pectin 75 million cells 100 mg (milligram), two (2) capsules once a day.</p> <p>During an interview, on 3/1/24 at 9:11 a.m., LPN 2 indicated she was not to use her fingers to remove medications from the bottle, she did have a spoon on the cart which could be used to remove the medication from the container.</p> <p>A current facility procedure, titled Licensed Nurse Med Pass Clinical Skills Validation, undated and received from the Executive Director on 3/1/24 at 12:06 p.m., indicated .Tablets and capsules were handled so that fingers do not touch medication</p> <p>3.1-18(b)</p>		