

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 01/08/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>32842</p> <p>Based on interview and record review, the facility failed to ensure a staff member followed the policy and procedure when administering narcotics for 2 of 2 residents reviewed for pharmaceutical services. (Resident F and G)</p> <p>Finding includes:</p> <p>A document, titled Indiana State Department of Health Survey Report System, dated 12/18/24 at 9:01 a.m., indicated Qualified Medication Aide (QMA) 5 reported to the facility a concern with RN 1. RN 1 was potentially taking residents' narcotic medications due to her signing the narcotic medications out in the count book but not documenting the administration of those narcotic in the residents' medical records. An investigation was initiated, and all the residents' narcotic medications were accounted for, and no discrepancies were found. RN 1 was terminated due to failure to follow facility policy and procedure.</p> <p>The following residents' medical records were reviewed, and their Electronic Medication Administration Record (EMAR) did not have the narcotic medication documented for the dates and times the narcotic count sheet indicated the medication was administered.</p> <p>1. The clinical record for Resident F was reviewed on 1/8/25 at 3:16 p.m. The diagnoses included, but were not limited to, malignant neoplasm of the rectum, cerebral infarction due to embolism of right middle cerebral artery, mild protein-calorie malnutrition, and gastrostomy status.</p> <p>A physician's order indicated to give an Oxycodone 10 mg (milligrams) tablet every four hours as needed (PRN) for severe pain.</p> <p>The resident's EMAR, dated November 2024, had no documentation to indicate he had received any PRN doses of this medication during the month of November.</p> <p>A facility document, titled Controlled Drug Record, dated 11/9/24, indicated an Oxycodone 10 mg tablet was signed out on the narcotic sheet the following dates and times:</p> <p>11/09/24 at 12:00 p.m. (RN 1)</p> <p>11/09/24 at 4:00 p.m.</p> <p>(continued on next page)</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/10/24 at 12:00 a.m.</p> <p>11/10/24 at 1:00 p.m.</p> <p>11/10/24 at 2:00 p.m. (RN 1)</p> <p>11/11/24 at 8:00 a.m. (RN 1)</p> <p>11/11/24 at 12:00 p.m. (RN 1)</p> <p>11/11/24 at 4:00 p.m. (RN 1)</p> <p>11/11/24 at 9:00 p.m. (RN 1)</p> <p>11/13/24 at 7:30 p.m. (RN 1)</p> <p>11/13/24 at 1:00 p.m. (RN 1)</p> <p>11/15/24 at 6:30 p.m. (RN 1)</p> <p>11/15/24 at 8:00 a.m. (RN 1)</p> <p>11/15/24 at 2:00 p.m. (RN 1)</p> <p>11/16/24 at 8:00 a.m. (RN 1)</p> <p>11/16/24 at 2:00 p.m. (RN 1)</p> <p>11/17/24 at 9:00 p.m. (RN 1)</p> <p>11/17/24 at 11:00 a.m. (RN 1)</p> <p>11/17/24 at 2:00 p.m. (RN 1)</p> <p>11/18/24 at 7:30 a.m. (RN 1)</p> <p>11/18/24 at 11:00 a.m. (RN 1)</p> <p>11/20/24 at 8:00 a.m. (RN 1)</p> <p>11/20/24 at 1:00 p.m. (RN 1)</p> <p>11/20/24 at 5:00 p.m. (RN 1)</p> <p>11/20/24 at 10:30 p.m. (RN 1)</p> <p>11/22/24 at 8:00 a.m. (RN 1)</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/22/24 at 2:00 p.m. (RN 1)</p> <p>11/23/24 at 12:00 p.m.</p> <p>11/24/24 unable to determine time given</p> <p>11/24/24 at 8:00 a.m. (RN 1)</p> <p>A handwritten note on this record indicated Resident has not missed any dose, all meds accounted for. Resident had not complained of any pain.</p> <p>2. The clinical record for Resident G was reviewed on 1/8/25 at 3:30 p.m. The diagnoses included, but were not limited to, senile degeneration of the brain, severe vascular dementia, malignant neoplasm of the prostate, and depression.</p> <p>A physician's order indicated to give a Hydrocodone-acetaminophen 5-325 mg tablet Give by mouth three times a day PRN for pain</p> <p>The resident's EMAR, dated December 2024, had one (1) PRN dose documented to indicate the resident had received a PRN dose of this medication during the month of December.</p> <p>A facility document, titled Controlled Drug Record, dated 12/4/24, indicated a Hydrocodone-acetaminophen 5-325 mg tablet was signed out on the narcotic sheet the following dates and times:</p> <p>12/04/24 at 9:00 a.m. (RN 1)</p> <p>12/04/24 at 6:00 p.m. (RN 1)</p> <p>12/06/24 at 11:00 a.m. (RN 1)</p> <p>12/06/24 at 3:00 p.m. (RN 1)</p> <p>12/06/24 at 10:00 p.m. (RN 1)</p> <p>12/07/24 at 8:00 a.m. (RN 1)</p> <p>12/07/24 at 3:00 p.m. (RN 1)</p> <p>12/08/24 at 8:00 a.m. (RN 1)</p> <p>12/09/24 at 2:00 p.m. (RN 1)</p> <p>12/11/24 at 9:00 a.m. (RN 1)</p> <p>12/11/24 at 2:00 p.m. (RN 1)</p> <p>A handwritten note on this record indicated Resident unable to interview but had not complained of pain. All medication accounted for.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility document, titled Associate Discipline Form, dated 12/18/24 and provided by Clinical Support Nurse on 1/8/25 at 11:15 a.m., indicated RN 1 was suspended for failure to follow procedure and/or instructions. RN 1 was accused of not following company policy and procedure of signing out narcotics which had been given on both the narcotic count sheet and the EMAR.</p> <p>A facility document, titled Associate Discipline Form, dated 12/19/24 and provided by Clinical Support Nurse on 1/8/25 at 11:15 a.m., indicated RN 1 was terminated for failure to follow procedure and/or instructions. The investigation determined RN 1 did not sign all the narcotic medications she gave on both the narcotic count sheet and the EMAR. She was terminated for failure to follow policy and procedure.</p> <p>During an interview, on 1/8/25 at 4:15 p.m., the Clinical Support Nurse indicated RN 1 was terminated for not following policy and procedure for signing out and documenting the administration of a narcotic medication. The narcotic count sheets were correct, but the narcotic medications were not signed out on the EMAR.</p> <p>A current facility policy, titled Documentation of Medication Administration, dated November 2022 and provided by the Clinical Support Nurse on 1/7/25 at 2:15 p.m., indicated .A medication administration record is used to document all medications administered .A nurse or certified medication aide (where applicable) documents all medications administered to each resident on the resident's medication administration record (EMAR). 2. Administration of medication is documented immediately after it is given</p> <p>A current facility policy, titled Clinical-Policy and Procedure for Scheduled Drugs, dated March 2015 and provided by the Clinical Support Nurse on 1/7/24 at 2:15 p.m., indicated .Immediately after a dose of a scheduled drug is administered, the licensed nurse administering the scheduled drug is to enter all of the following information .Date and time of administration .Dose administered .Signature of nurse administering the dose .Remaining Doses</p> <p>3.1-25(b)(3)</p>		