

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Eagle Valley Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 3017 Valley Farms Rd Indianapolis, IN 46214	
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>37981</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication was not left at bedside without a self-medication assessment for 1 of 1 resident reviewed for medication self-administration (Resident B).</p> <p>Findings include:</p> <p>On 10/10/24 at 10:16 a.m., Ventolin (albuterol) and Symbicort inhalers were observed on Resident B's over the bed table.</p> <p>On 10/10/24 at 11:24 a.m., Resident B's self-administration assessment was reviewed. It indicated on 9/5/24, she was approved to self-administer bacitracin (topical antibiotic) to her nose. No other medications were listed to self-administer.</p> <p>A current policy, titled, General Dose Preparation and Medication Administration, dated 4/30/24, was provided by the DON, on 10/10/24 at 11:30 a.m., a review of the policy indicated, .Verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident</p> <p>This citation relates to Complaint IN00443579.</p> <p>3.1-11</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38768</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident, (Resident B) was comprehensively assessed for her nutritional status and person centered interventions were implemented for 1 of 3 residents reviewed for nutrition.</p> <p>Findings include:</p> <p>During an interview on 10/9/24 at 11:36 a.m., Resident B indicated, she did not like the food and was tired of only being able to receive hamburgers as food substitutes. She was supposed to be on a low sodium diet, but did not feel like she had been provided with a variety of options or healthier options. Resident B indicated when she asked for alternative food options, staff told her the alterative menu would also be a hamburger. Resident B indicated she had never been visited by the Registered Dietician (RD). She wanted the RD to see her, review her new low sodium diet, and give more options than just a hamburger.</p> <p>On 10/9/24 at 1:11 p.m., Resident B's lunch tray was observed, and the meal had been consumed. Resident B pointed to her ticket which indicated she received a hamburger again. She indicated she ate it because she was hungry and when she asked about an alternative the nurse said it might be a while before she could get anything else.</p> <p>On 10/9/24 at 11:40 a.m., Resident B's medical record was reviewed. She was a long-term care resident who had diagnoses which included but not limited to, acute on chronic congestive heart failure, type II diabetes mellitus and anxiety.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 8/18/24, indicated Resident B was cognitively intact. Her nutrition assessment, section K, was completed by the MDS Coordinator (MDSC) on 8/15/24. Section K indicated Resident B's height and weight, but weight gain and/or weight loss was listed as unknown.</p> <p>An admission Initial Nutrition Review, dated 8/12/24, was completed by the Culinary Dietary Manager (CDM). The Nutrition Review indicated, Resident B received a regular diet, and disliked pork and salty foods. Resident B's goal for nutritional health was, healthy heart diet.</p> <p>Resident B's record lacked documentation that a Nutrition Focused Physical Exam (NFPE) and/or a Estimated Nutrient Needs Assessment had been completed.</p> <p>A nursing progress note, dated 9/28/24 at 1:07 a.m., indicated, Resident B had complained of chest pain and was sent to the Emergency Department (ED).</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A corresponding hospital discharge summary, dated 10/1/24, indicated Resident B presented to the ED with complaints of chest pain and trouble breathing. diet is high salt as she cannot be on a heart healthy diet at her facility . patient was evaluated by medical nutrition and educated on a low salt diet and weight loss strategies. Patient's presentation was thought to be in part due to high sodium intake from diet . Barriers to care: availability of low salt diet . Active issues requiring follow-up: Acute on chronic heart failure . needs to be on a low salt diet to prevent exacerbation of heart failure</p> <p>Resident B's current physician's orders were reviewed, and she had a Regular Diet order dated 8/7/24 with no specifications of low-salt.</p> <p>Resident B's comprehensive care plans were reviewed.</p> <p>She had a care plan initiated 8/13/24 which indicated she was at risk for unintentional weight loss, but that weight loss would be warranted. Interventions included, but were not limited to monitor her weight, notify doctor of weight changes and provide diet per doctor's orders.</p> <p>Resident B's care plans lacked documentation of revisions to address what kind of weight loss may be warranted, goals for weight loss, preferences for a low salt diet and or interventions to address known behaviors related to her nutrition management.</p> <p>Resident B's weight was obtained upon admission on 8/7/24 but had not been taken since.</p> <p>During an interview on 10/9/24 at 1:57 p.m., the Regional Registered Dietician Consultant (RRDC) indicated, upon admission, a resident should be seen by the CDM within the first business day to obtain diet orders and preferences. After admission, but within 14 days, the resident should be assessed and evaluated by the RD. The RRDC reviewed Resident B's MDS and nutritional assessments and indicated, it appeared that the RD had not been to see Resident B since her admission. The MDS should trigger the comprehensive care plan, and additional revisions would have been made after the RD assessed the resident.</p> <p>On 10/9/24 at 2:40 p.m., the Director of Nursing Services (DNS) provided a copy of current facility policy title, Nutrition Review and Assessment, revised 9/2024. The policy indicated, .It is the policy of American Senior Communities that each resident and/or family will be interviewed to determine preferences surrounding meals as well as to assess nutrition status and factors that may pout the resident at risk for altered nutrition . A Nutritional Focused Physical Exam (NFPE) will be completed by the Registered Dietician upon admission and additionally at the RD's clinical discretion. The NFPE is used to assess the resident for fat and/or muscle wasting to determine nutritional status and to assist in developing an appropriate nutrition plan of care . The RD, or designee will complete the Estimated Nutrient Needs observation following admission and with each comprehensive assessment but, no less than annually . Information from the Initial Nutrition Review, Malnutrition Screening Tool, Estimated Nutrient Needs, Nutritional Focused Physical Exam, interviews with the resident . will all be used to complete the . Resident centered care plan and to update the tray ticket system</p> <p>This citation relates to Complaint IN00443579.</p> <p>3.1-46</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>37981</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff were competent with medication administration for 2 of 2 residents observed for medication administration (Residents B and E)</p> <p>Findings include:</p> <p>On 10/10 24 at 10:09 a.m., LPN 8 was observed at the B Hall Medication Cart.</p> <p>During a medication administration for Resident B, LPN 8 provided a Symbicort inhaler (treats asthma and COPD-chronic obstructive pulmonary disease), the resident took a puff of the inhaler. Immediately after, LPN 8 provided albuterol (treats asthma and COPD) and Spirva (dilates bronchial passage ways) with no delay between puffs. He provided water for the resident to rinse her mouth. She swallowed the water.</p> <p>On 10/10/24 at 10:35 a.m., LPN 8 was observed preparing medication for Resident E. He was observed pouring 15 mL (milliliters) Robitussin (cough suppressant) into a medication cup. He was observed lifting the round cardboard from the touch of the bottle with his bare fingers. He double checked the level of medication at eye-level and indicated 15 mL. The physician's order indicated the resident received 10 mL Robitussin.</p> <p>On 10/10/24 at 10:39 a.m., LPN 8 started to provide the 15 mL to Resident E. He was asked to confer in the hallway. He insisted the medication was at 10 mL until he removed his cell phone and used the flashlight to illuminate the markings on the side of the medication cup. Afterward, he indicated he needed readers (magnifying glasses). The correct amount of Robitussin was provided to the resident.</p> <p>A current policy, titled, General Dose Preparation and Medication Administration, dated 4/30/24, was provided by the DON, on 10/10/24 at 11:30 a.m.. A review of the policy indicated, .Medications should not come in contact with any surface except for the medication cup .Facility staff should avoid touching the medication with bare hands when opening a bottle .Facility staff should verify that the medication name an dose are correct when compared to the medication order on the medication administration record</p> <p>This citation relates to Complaint IN00443579.</p> <p>3.1-14(k)</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>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>37981</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were provided according to the physician's order (Resident B) for 1 of 2 residents reviewed for medication administration.</p> <p>Findings include:</p> <p>On 10/10/24 at 9:45 a.m., Resident B expressed concern about missing some of her medications. She indicated she missed her clonazepam (antianxiety) four times this week.</p> <p>On 10/10/24 at 11:24 a.m., Resident B's October Medication Administration Record (MAR) was reviewed for missing medications. According to the MAR:</p> <p>a. Her clonazepam 1 mg, a scheduled IV tablet (controlled substance), was not given on 10/3/24 at 10:00 p.m., 10/4/24 at 2:00 p.m. and 10:00 p.m., 10/7/24 at 2:00 p.m. and 10:00 p.m., 10/8/24 at 10:00 p.m., and 10/9/24 at 10:00 p.m.</p> <p>b. Her dicyclomine tablet (for irritable bowel), 20 mg was not given on 10/3/24 at 10:00 p.m., 10/4/24 at 10:00 p.m., 10/7/24 at 10:00 p.m., 10/8/24 at 10:00 p.m., 10/9/24 at 10:00 p.m., and 10/10/24 at 8:00 a.m.</p> <p>c. Her dorzolamide-timolol 2-0.5 % (treat glaucoma) was not given at 7:00 p.m. on 10/3/24, 10/4/24, 10/7/24, 10/8/24, and 10/9/24.</p> <p>d. Her hydrocodone-acetaminophen 10-325 mg, schedule II tablet (controlled substance) was not given on 10/3/24 at 10:00 p.m., 10/4/24 at 2:00 p.m. and 10:00 p.m., 10/7/24 at 2:00 p.m. and 10:00 p.m., 10/8/24 and 10/9/24 at 10:00 p.m.</p> <p>e. Her symbicort (budesonide-formoterol) aerosol inhaler was not given at 7:00 p.m. on 10/3/24, 10/4/24, 10/7/24 and 10/9/24.</p> <p>f. Her trazodone tablet (treats depression and anxiety) 100 mg was not given on 10/3/24, 10/4/24, 10/7/24, 10/8/24 and 10/9/24.</p> <p>g. Her albuterol inhaler was not given on 10/5/24 at 6:00 p.m.</p> <p>A current policy titled, General Dose Preparation and Medication Administration, dated 4/30/24, was provided by the DON, on 10/10/24 at 11:30 a.m., A review of the policy indicated, .Verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident</p> <p>This citation relates to Complaint IN00443579.</p> <p>3.1-48(c)(1)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51296</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure all medications and treatments were stored and labeled properly for the facility in 1 of 1 medication storage rooms and 1 of 1 medication carts reviewed. This deficient practice had the potential to affect 78 of 78 residents that resided in the facility who received medications.</p> <p>Findings include:</p> <p>On [DATE] at 9:57 a.m., the medication storage room was observed with Director of Nursing (DON). The medication storage room was observed to have a large quantity of various medications and treatments which needed to be returned. The medications were stacked and scattered throughout the room. There were two full bins which overflowed on to the counter and floor and one sink was observed to be full of medications which overflowed into the second sink. The DON stated all the medications observed came off the medication carts this week. The DON indicated one bag of medication was mixed in with the to-be-returned to pharmacy medication and should not have been there. The DON indicated that the Medical Records Coordinator (MRC) was responsible for loading medication into the system to initiate the pharmacy return process. The medication refrigerator had Aplisol (an injectable solution to test for tuberculosis) with an arrival date of [DATE], with no open date. The DON indicated that she would dispose of it.</p> <p>On [DATE] at 10:49 a.m., the B Hall medication cart was reviewed with Licensed Practical Nurse (LPN) 8. The medications reviewed were as follows:</p> <p>Resident B had brimonidine/ bromidine 0.2% (a type of eye drop) no open date, manufactures expiration date ,d+[DATE]. Medication to stay on cart until manufactures expiration date.</p> <p>Resident F had latanoprost 0.005% (a type of eye drop) with no open date, manufactures expiration date , d+[DATE].</p> <p>Resident G had latanoprost 0.005% with an open date of [DATE], manufacture expiration date ,d+[DATE].</p> <p>During an interview, on [DATE] at 11:30 a.m., the DON indicated, eye drops need to have open dates. When asked about why the medication storage was in disarray, the DON indicated, the MCR had left the position on [DATE]. The their absence, the facility relied on a Float MRC, but they only came to the facility on ce every 2 weeks to fill in until they could fill the position. The DON indicated, the facility staff looked at orders, but did not scan them into the computer. They were a paperless facility and the DON expected the nursing staff to scan in documents as needed.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 3:08 p.m., the Float MRC indicated, he had only been at the facility a couple of times since the previous medical records person left on [DATE]. No one from the building had requested him to return to the building. He indicated he scanned documents into the resident's electronic medical records and did nothing with medication storage or the medications that needed to be returned to the pharmacy. The facility would take care of the pharmacy returns. He was not made aware of the need to scan documents before they could be returned to the pharmacy. He indicated he did not have daily duties at the facility, he only did billing.</p> <p>On [DATE] at 11:30 a.m., the DON provided a copy of current facility policy titled, Storage and Expiration Dating of Medications and Biologicals, dated [DATE]. The policy indicated, .facility should ensure that medications and biologicals are stored in an orderly manner in cabinets, drawers, carts, refrigerators/freezers, of sufficient size to prevent crowding .facility should ensure that medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the pharmacy or supplier .when an ophthalmic solution or suspension has a manufacture shortened beyond use date once opened, facility staff should record the date opened and the date to expire on the container</p> <p>On [DATE] at 12:25 p.m., the DON provided a copy of current facility policy titled, Returning Medications to the Pharmacy, dated [DATE]. The policy indicated, .if returns are permitted under applicable law, facility should return medications with any associated paperwork or documentation to pharmacy immediately after such medications have been discontinued</p> <p>This citation relates to Complaint IN00443579.</p> <p>3XXX,d+[DATE](j)</p> <p>3XXX,d+[DATE](m)</p> <p>3XXX,d+[DATE](n)</p>		

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<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>38768</p> <p>Based on observation, interview, and record review, the facility failed to prevent the potential for the spread of a highly contagious virus when staff failed to perform hand hygiene and don personal protective equipment (PPE) in a COVID-19 positive isolation room for 2 of 2 days of observation. This deficient practice had the potential to effect 22 of 78 residents who resided on the D-hall of the facility.</p> <p>Findings include:</p> <p>During an interview on 10/9/24 at 11:36 a.m., Resident B indicated she was worried about catching COVID-19 because she knew staff were not using the appropriate PPE to enter isolation rooms. She indicated she often sat at the nurses station and watched as staff entered COVID-19 positive rooms and they did not put on a gown, gloves or new masks.</p> <p>On 10/9/24 at 1:30 p.m., Resident C's room was observed from the hallway. The door was open, but there was a bright red sign which indicated PPE was required to enter the room due to droplet isolation precautions.</p> <p>On 10/9/24 at 1:48 p.m., Certified Nursing Assistant (CNA) 6 entered Resident C's room. She did not perform hand hygiene, don a gown, gloves, N-95 or eye protection. She exited the room with a lunch tray, and carried the uncovered tray don't he hall, past the nurse station and down the hallway to the dining room where she placed the tray into a rolling cart.</p> <p>On 10/9/24 at 2:00 p.m., Resident C's room was observed from the hallway. There was no waste basket for discarded PPE inside the room.</p> <p>On 10/10/24 at 8:58 a.m., CNA 6 and CNA 7 entered Resident C's room to provider her breakfast tray. Neither CNA performed hand hygiene, donned gowns, gloves, N-95s or eye protection. CNA 6 and 7 exited the room. Neither CNA performed hand hygiene before they continued to other resident's rooms to distribute breakfast trays.</p> <p>During an interview on 10/10/24 at 9:00 a.m., the Director of Nursing Services (DNS) indicated, all staff and visitors should don appropriate PPE and perform hand hygiene before entering a covid positive and/or any isolation room. The DNS immediately educated the two CNAs.</p> <p>On 10/9/24 at 1:28 p.m., Resident C's record was reviewed. She was a long-term care resident with diagnoses which included, but were not limited to, vascular dementia (a degenerative brain disease which affects conitive function and memory) and a history of cancer.</p> <p>A nursing progress note, dated 10/2/24 at 10:19 a.m., indicated Resident C had complained of a sore throat. She was tested for COVID-19 and found to be positive. She was placed in isolation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/10/24 at 11:07 a.m., the Infection Preventionist (IP) indicated, Resident C had been on Memory Care, but was moved to a room on the D-hall before staff knew she was positive. When residents on the memory care unit started to test positive, Resident C and her roommate were tested due to contact tracing. Resident C tested positive, but her roommate was negative. Resident C's roommate had not become symptomatic and therefore had not been tested since her initial contact test. The IP indicated staff should perform hand hygiene before and after leaving any room and should follow all PPE precautions as indicated by the signs on the resident's doors.</p> <p>On 10/9/24 at 2:43 p.m., the Executive Director (ED) provided a copy of current facility policy titled, Standard and Transmission-Based Precautions (Isolation) Policy, revised 4/2024. The policy indicated, .Purpose: to implement appropriate transmission-based precautions to prevent the transmission of infection . Always assume that every resident is potentially infected or colonized with an organism that could be transmitted in the healthcare setting . hand hygiene [should be completed] after touching resident surroundings (objects surfaces in the resident's environment) . Covid-19 positive resident . HCP [healthcare provider] should wear an N95 or higher-level respirator, eye protection . gloves and gown when caring for these residents . PPE must be appropriately doffed and discarded in trash prior to leaving room</p> <p>This citation relates to Complaint IN00443579.</p> <p>3.1-18(a)</p>		