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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155400 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>11/14/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Cardinal Care Strategies |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4600 E Jackson St<br>Muncie, IN 47303 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>09676</p> <p>Based on interview and record review, the facility failed to ensure physician and nurse practitioner notes were documented and signed at the time of the visit for 6 of 6 residents reviewed for physician's services (Residents B, C, D, E, F, and G).</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 11/14/24 at 1:44 p.m. Current diagnoses included anxiety, depression, and diabetes mellitus. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner (NP) 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a care visit completed by Nurse Practitioner 3 on 7/9/24. A care note was not documented for this visit until 9/16/24 (72 days).</p> <p>2. Resident C's clinical record was reviewed on 11/13/24 at 10:40 a.m. Current diagnoses included schizoaffective disorder, hypertension, chronic obstructive pulmonary disorder. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a care visit note for a visit completed by Nurse Practitioner 3 on 9/5/24. The care visit was not documented on until 10/30/24 (55 days after the visit).</p> <p>3. Resident D's clinical record was reviewed on 11/14/24 at 1:36 p.m. Current diagnoses included diabetes mellitus, depression, dementia, and hypertension. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a 7/18/24 care visit from Nurse Practitioner 3. This note was not documented until 9/8/24, when it was made as a late entry (51 days after the visit date).</p> <p>A care visit on 9/10/24 from the NP was not documented until 10/26/24 (46 days after the visit).</p> <p>A care visit on 9/19/24 from the NP was not documented until 11/2/24 (44 days after the visit).</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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>4. Resident E's clinical record was reviewed on 11/14/24 at 10:00 a.m. Current diagnoses included anxiety, depression, and obesity. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a physician's admission progress visit on 7/27/24 that was not documented until 10/31/24 (126 days after the visit).</p> <p>An NP care visit on 8/6/24 was not documented until 9/17/24 (42 days after the visit).</p> <p>An NP care visit on 8/15/24 was not documented until 10/27/24 (73 days after the visit).</p> <p>An NP care visit on 9/10/24 was not documented until 10/30/24 (51 days after the visit).</p> <p>5. Resident F's clinical record was reviewed on 11/13/24 at 2:45 p.m. Current diagnoses included schizoaffective disorder, bipolar disorder, and diabetes mellitus. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>An NP care visit on 8/29/24 was not documented until 10/29/24 (61 days after the visit).</p> <p>An NP care visit on 9/10/24 was not documented until 11/2/24 (53 days after the visit).</p> <p>An NP care visit on 9/24/24 was not documented until 11/2/24 (39 days after the visit).</p> <p>6. Resident G's clinical record was reviewed on 11/14/24 at 2:00 p.m. Current diagnoses included depression, anxiety, and bipolar disorder. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a care visit completed by Nurse Practitioner 3 on 8/8/24 and was not documented until 9/17/24 (41 days).</p> <p>During an interview on 11/14/24 at 2:51 p.m., the Administrator indicate the facility had identified a concern regarding timely physician's visits and timely visit notes. The facility had developed an action plan to address the concern. However, the plan had not been fully implemented and the corrective actions were still in the works.</p> <p>A current, undated, facility policy titled, Medical Director Services, provided by the Administrator on 11/14/24 at 3:22 p.m., indicated .Cardinal Care retains a physician designated as Medical Director, to coordinate the medical care provided .</p> <p>4. The Medical Director's responsibilities include participating in:</p> <p>a. Following all regulations related to assessments of residents when admitted and on going .</p> <p>A current 11/4/24, facility document, titled Action Plan, provided by the Administrator on 11/14/24 at 1:00 p.m. , indicated .Identified Area Needing Improvement-Noted MD (physician and/pr Medical Director) [and] NP (Nurse Practitioner) visits and notes were not timely.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Goals: Every resident to be seen and notes entered into Medical Records in a timely manner.</p> <p>Action to be Taken:</p> <ol style="list-style-type: none"> <li>1.) MD to see Residents within 72 hours of Admission/Readmission</li> <li>2.) MD and NP to alternate Resident visit every 60 days-Ongoing</li> <li>3.) Visit notes entered with 14-21 days of visits- Ongoing</li> <li>4.) Interviewing for a new Medical Director and new NP-Ongoing</li> <li>5.) Auditing and notifying MD and NP weekly-Ongoing</li> <li>6.) Full facility wide audits of charts- Completed 11/4/24</li> </ol> <p>This citation relates to complaint IN00445661.</p> <p>3.1-22(c)(2)</p> |

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| <p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 09676</p> <p>Based on interview and record review, the facility failed to ensure physician's visits occurred at the regulatory required frequency and nurse practitioner visits alternated with a physician for required visits for 6 of 6 residents reviewed for physician's services (Residents B, C, D, E, F, and G).</p> <p>Findings include:</p> <p>Confidential interviews were conducted during the survey.</p> <p>During a confidential interview, a facility resident indicated, I do not think I have a doctor. All I see is the nurse practitioner.</p> <p>During a confidential interview, a facility resident indicated ,I see the nurse practitioner. I do not have a doctor.</p> <p>During a confidential interview, a facility resident indicated, When I asked to see the doctor, the doctor said no.</p> <p>During a confidential interview, a facility resident indicated, The nurse practitioner is my doctor.</p> <p>During a confidential interview, a facility resident indicated, I am kind of new. I do not think I have ever seen a doctor.</p> <p>1. Resident B's clinical record was reviewed on 11/14/24 at 1:44 p.m. Current diagnoses included anxiety, depression, and diabetes mellitus. The resident's primary care physician was the facility's Medical Director (MD). Nurse Practitioner (NP) 3 was identified as one of the resident's medical care providers.</p> <p>The resident's most recent physician's visit was completed on 7/6/24. The resident had not had a physicians visit since 7/6/24 (131 days). The resident had a nurse practitioner visit completed on 7/9/24. The resident had not had either a MD or NP visit completed since that date (128 days).</p> <p>2. Resident C's clinical record was reviewed on 11/13/24 at 10:40 a.m. Current diagnoses included schizoaffective disorder, hypertension, chronic obstructive pulmonary disorder. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a care visit note by Nurse Practitioner 3 on 9/5/24. The clinical record lacked indication of a physician visit within the next 70 days. As of 11/14/24 at 3:00 p.m., the resident had not received a care visit by a physician.</p> <p>(continued on next page)</p> |

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| <p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>3. Resident D's clinical record was reviewed on 11/14/24 at 1:36 p.m. Current diagnoses included diabetes mellitus, depression, dementia, and hypertension. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers. The resident was admitted to the facility on [DATE].</p> <p>The resident had a 7/18/24 care visit from Nurse Practitioner 3, which indicated the purpose of the visit was to establish services. The clinical record lacked indication of a physician's visit since his admission (a period of 130 days).</p> <p>4. Resident E's clinical record was reviewed on 11/14/24 at 10:00 a.m. Current diagnoses included anxiety, depression, and obesity. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a physician's admission progress visit on 7/27/24. The resident had not had another physician or NP visit since 7/27/24 visit (111 days at the time of the survey).</p> <p>5. Resident F's clinical record was reviewed on 11/13/24 at 2:45 p.m. Current diagnoses included schizoaffective disorder, bipolar disorder, and diabetes mellitus. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident's most current physician care visit was completed on 7/6/24. He had a NP care visit completed on 8/29/24. As of 11/14/24, the resident had not had a physician or NP visit since 7/6/24 (a period of 121 days).</p> <p>6. Resident G's clinical record was reviewed on 11/14/24 at 2:00 p.m. Current diagnoses included depression, anxiety, and bipolar disorder. The resident's primary care physician was the facility's Medical Director. Nurse Practitioner 3 was identified as one of the resident's medical care providers.</p> <p>The resident had a physician's care visit completed on 7/6/24. The resident had a NP visit completed on 8/8/24. As of 11/14/24, the clinical record lacked indication of an NP or physician visit since 8/8/24 (99 days).</p> <p>During an interview on 11/14/24 at 2:51 p.m., the Administrator indicate the facility had identified a concern regarding timely physician's visits and timely visit notes. The facility had developed an action plan to address the concern. However, the plan had not been fully implemented and the corrective actions were still in the works.</p> <p>A current, undated, facility policy titled, Medical Director Services, which was provided by the Administrator on 11/14/24 at 3:22 p.m., indicated .Cardinal Care retains a physician designated as Medical Director, to coordinate the medical care provided .</p> <p>4. The Medical Director's responsibilities include participating in:</p> <p>a. Following all regulations related to assessments of residents when admitted and on going .</p> <p>(continued on next page)</p> |  |  |

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