STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Retirement Center	1901 Taylor Rd Columbus, IN 47203

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)
F 0711 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38239 Based on interview and record review, the facility failed to ensure physicians' notes were provided by the physician in a timely manner for 4 of 14 residents reviewed for regulatory visits. (Residents 13, 18, 5, and 2) Findings include: 1. The clinical record for Resident 13 was reviewed on 04/03/24 at 2:56 P.M. An Admission MDS (Minimum Data Set) assessment, dated 01/25/24, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, atrial fibrillation, hypertension, and renal disease. The resident's physician conducted a regulatory nursing home visit on 01/23/24. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff and NP (Nurse Practitioner) documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 02/06/24 at 7:39 A.M. 2. The clinical record for Resident 18 was reviewed on 04/05/24 at 10:28 A.M. An Admission MDS assessment, dated 01/20/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, a stroke, and hemiplegia. The resident's physician conducted a regulatory nursing home visit on 01/16/24. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff and NP documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 02/04/24 at 6:07 P.M. 33613 3. The clinical record for Resident 5 was reviewed on 04/03/24 at 10:28 A.M. An Admission MDS assessment, dated 01/25/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, hypertension, cancer, left humerus fracture, and a seizure disorder. (continued on next page)

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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F 0711 Level of Harm - Potential for minimal harm Residents Affected - Some	The resident's physician conducted a regulatory nursing home visit on 01/23/24. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff, NP documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 02/06/24 at 7:34 A.M. The resident's physician conducted a routine regulatory nursing home visit on 02/20/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff, NP documentation, and the resident's plan of care was reviewed. The physician's visit documentation was electronically signed and provided to the facility by the physician on 03/09/24 at 3:07 P.M. 38769 4. The clinical record for Resident 2 was reviewed on 04/03/24 at 9:56 A.M. A Quarterly MDS assessment, dated 03/18/24, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, fractures, hypertension, anxiety, and depression. The resident's physician conducted an admission assessment on 12/19/23. The resident was a new admission to the facility. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff documentation, NP documentation, and the resident's plan of care was reviewed. The physician's admission visit documentation was electronically signed and provided by the physician to the facility on [DATE] at 9:24 P.M. The resident's physician conducted a regulatory visit on 01/16/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff documentation, NP documentation, and the resident's plan of care were reviewed. The physician's visit documentation was electronically signed and provided by the physician to the facility on [DATE] at 6:34 A.M. The resident's physician conducted a regulatory nursing home visit on 02/13/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff documentation, NP documentation, and the resident's plan of care were reviewed. The physician's visit documentation was electronically signed and provided to the facility on [DATE] at 9:34 A.M. The resident's physician conducted a regulatory nursing home visit on 03/12/24. The resident was examined, and their medications and laboratory results were reviewed. The Nursing staff documentation, NP documentation, and the resident's plan of care were reviewed. The physician's visit documentation was electronically signed and provided to the facility on [DATE] at 6:28 A.M. During an interview on 04/04/24 at 10:24 A.M., Medical Records indicated when the physician or NP came to the facility to see a resident, they would give the facility written orders at the time of the visit. She would try to review their visit assessment progress note, but she didn't always receive them back from the physician in a timely manner. It was at least a week before she would get them. During an interview on 04/04/24 at 2:48 P.M., the DON (Director of Nursing) indicated after the physician assessed a resident in the facility, the staff would not get his notes until one to two weeks later. Medical Records would review his notes. The physician was in the facility at least once a week. (continued on next page)

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F 0711 Level of Harm - Potential for minimal harm Residents Affected - Some	During an interview on 04/05/24 at 9:52 A.M., Medical Records indicated she uploaded the physician's visits progress notes into the residents' clinical records the day she received them from the physician. The upload date was the received date in the clinical record. The current facility policy titled, Physician Visits was revised on February 11, 2004, and provided by the DON on 04/04/24 at 2:40 P.M. The policy indicated, .Orders, recertifications, telephone orders and any other pertinent documents will be signed at the time of the physician's visit, or per facility standards . 3.1-22(c)(2)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 38769 Based on record review and interview, the facility failed to obtain STAT (immediate) labs for 1 of 2 residents reviewed for laboratory services. (Resident 22) Findings include: The clinical record for Resident 22 was reviewed on 04/02/24. The resident's diagnoses included, but were not limited to, fracture of the right femur, anemia, kidney disease, and hypertension. A Progress Note, dated 03/28/24 at 12:08 P.M., indicated the resident completed and antibiotic for a UTI (Urinary Tract Infection) the day before, on 03/27/24. The resident had slightly bloody urine. The Nurse Practitioner was notified. A Progress Note, dated 03/29/24 at 11:51 A.M., indicated the resident continued with blood in her urine. A new order was received for a STAT CBC (Complete Blood Count) and UA (Urinalysis). The resident's Eliquis (a blood thinning medication) was put on hold for 48 hours. A Progress Note, dated 03/29/24 at 2:09 P.M., indicated the resident's urine specimen was obtained for the UA. They were waiting for the lab to come and draw the CBC and pick up the urine. A Progress Note, dated 03/29/24 at 6:29 P.M., indicated the STAT CBC had not been drawn. A phone call was made to the laboratory (lab) company to inquire about when the blood would be drawn. The nurse was told that the phlebotomist had acknowledged the order and could not be reached at the time. They were unable to say when the blood would be drawn but the phlebotomist was aware of the STAT order. A Progress Note, dated 03/30/24 at 3:03 A.M., indicated the lab had not been to the facility to pick up the urine or draw the lab. A Progress Note, dated 03/31/24 at 3:39 A.M., indicated the resident had no signs or symptoms of blood in the urine. The CBC was drawn by the lab and the urine was picked up per the physician's order. A physician's order, dated 03/29/24 at 7:00 A.M. through 03/31/24 at 5:41 P.M., indicated the staff were to obtain a STAT CBC and UA every shift. The order was to be discontinued when the blood was drawn. The March EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the blood draw was not completed on the following dates and times: - 03/29/24 on day shift, - 03/29/24 on nightshift, and - 03/30/24 on day shift. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/04/24 at 10:18 A.M., RN 2 indicated the lab came to the facility everyday Monday through Friday to obtain labs. If a resident had a STAT lab, it should be done by the next morning. She wasn't sure if they would come the same day as the order or the next day. If they didn't make it to the facility within 24 hours, then she would immediately go to her supervisor and call the physician. The nurses at the facility did not complete blood draws. The residents UA should have been followed up on. During an interview on 04/04/24 at 10:10 A.M., the Nurse Practitioner indicated if a resident had orders for STAT labs she would be done the same day they were ordered. The facility should notify her if the labs were not able to be done the same day. During an interview on 04/04/24 at 10:24 A.M., Medical Records indicated lab orders were transcribed to the lab company to be scheduled. The lab came Monday through Friday and would complete STAT labs on the weekends as needed. STAT labs should be obtained within 3 to 4 hours. If the lab couldn't come in that time frame, then they would obtain them in the facility and take them to the hospital or they could call the physician and see if they wanted to wait to obtain them. If a resident had a STAT lab the lab company should come the same day. The current facility policy titled, Scheduling and Tracking Labs with a revised date of May 15, 2013, was provided by Medical Records on 04/04/24 at 2:40 P.M. The policy indicated, .We will track results of labs from the printed lab requisitions when labs are scheduled into the computer . 3.1-49(a)