

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155668	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Charlestown Place at New Albany		STREET ADDRESS, CITY, STATE, ZIP CODE 4915 Charlestown Rd New Albany, IN 47150	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to ensure the nursing staff followed medication parameters for 1 of 4 residents reviewed for quality of care. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 6/25/24 at 1:38 p.m. The resident's diagnosis included, but was not limited to, hypertension.</p> <p>The care plan, dated 11/14/22, indicated the resident had impaired cardiovascular status due to hypertension and medications were to be administered as ordered by the physician.</p> <p>The physician order, dated 1/23/24, indicated the resident was to receive Lisinopril (medication for high blood pressure) 10 mg (milligrams) daily. The medication was to be held if the resident's SBP (systolic blood pressure) was less than 100 or if the resident's heart rate was less than 60.</p> <p>The April 2024 MAR (medication administration record) indicated the medication was administered as follows:</p> <ul style="list-style-type: none"> - On 4/03/24, the resident's heart rate was 59 - On 4/04/24, the resident's SBP was 95 - On 4/05/24, the resident's SBP was 85 - On 4/12/24, the resident's SBP was 90 <p>The May 2024 MAR indicated the medication was administered as follows:</p> <ul style="list-style-type: none"> - On 5/03/24, the resident's SBP was 92 - On 5/05/24, the resident's SBP was 93 <p>During an interview on 6/27/24 at 10:05 a.m., RN (Registered Nurse) 5 indicated if parameters were in place to hold a medication, the medication should be held when out of parameter range.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/27/24 at 10:17 a.m., the Director of Nursing provided a current copy of the document titled Administering Medications dated April 2019. It included, but was not limited to, Policy Statement . Medications are administered in a safe .manner, and as prescribed .Medications are administered in accordance with prescriber orders</p> <p>This Citation relates to Complaint IN00435623.</p> <p>3.1-37</p>		