STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155668	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Charlestown Place at New Albany	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34231 Based on observation, interview and record review, the facility failed to ensure neurological checks were completed on residents (Resident H and Resident K) with unwitnessed falls for 2 of 4 residents reviewed for quality of care. Findings include: 1. The clinical record for Resident H was reviewed on 2/20/25 at 2:37 p.m. The resident's diagnoses included, but were not limited to, cognitive communication deficit, tremors and paraplegia. The progress note, dated 1/23/25 at 2:56 a.m., indicated the resident was found lying on the floor on his right side faced towards the bed. The resident was assessed and his neurological checks were within normal limits. The resident denied any pain or injury. The clinical record lacked documentation of a completed neurological assessment for the fall on 1/23/25 at 2:56 a.m. 2. The clinical record for Resident K was reviewed on 2/20/25 at 3:11 p.m. The resident's diagnoses included, but were not limited to, muscle weakness, dementia with other behavioral disturbance and cognitive communication deficit. The progress note, dated 1/28/25 at 5:29 p.m., indicated the resident was found lying on the floor with his left lateral side touching the floor. The resident was assessed for injury and the fall protocol initiated. The clinical record lacked documentation of a completed neurological assessment for the fall on 1/28/25 at 5:29 p.m. During an interview on 2/20/25 at 1:52 p.m., LPN (Licensed Practical Nurse) 6 indicated if a resident had an unwitnessed fall, neurological checks should be implemented and fully completed. On 2/20/25 at 3:01 p.m., the Director of Nursing provided a current copy of the document titled Neurological assessment dated ,d+[DATE]. It included, but was not limited to, Purpose .The purpose of this procedure is to provide guidelines for a neurological assessment .when following an unwitnessed fall .subsequent to a fall with a suspected head injury (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This Citation relates to Complaints IN00453742 and IN00453811. 3.1-37

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 02/20/2025
NAME OF PROVIDER OR SUPPLIER Charlestown Place at New Albany		STREET ADDRESS, CITY, STATE, ZIP CODE 4915 Charlestown Rd New Albany, IN 47150	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 34231 Based on observation, interview and record review, the facility failed to ensure respiratory assessments were completed for a resident and failed to ensure nebulizer equipment was stored appropriately for 1 of 3 residents reviewed for respiratory care. (Resident F) Findings include: The clinical record for Resident F was reviewed on 2/18/25 at 1:48 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), obstructive sleep apnea and congestive heart failure. On 2/19/25 at 12:35 p.m., the resident's nebulizer was observed on top of the nebulizer machine unbagged. Resident F indicated she received her last nebulizer treatment on 2/18/25 in the evening. The January 2025 medication administration record (MAR) indicated the resident was to receive Ipratropium-Albuterol (medication used to treat COPD), 3 ml (milliliters) via inhalation four times a day at 2:00 a.m., 8:00 a.m., 1:00 p.m. and 8:00 p.m. The clinical record lacked documentation or a respiratory assessment prior to and after the administration of the nebulizer treatments from 1/1/25 through 1/25/25. During an interview, on 2/19/25 at 12:40 p.m., RN (Registered Nurse) 4 indicated the respiratory equipment should be bagged when not in use. During an interview, on 2/20/25 at 11:07 a.m., RN 3 indicated to ensure a breathing treatment was effective, a respiratory assessment should be completed prior to and after the administration of the nebulizer treatment. The assessment would include monitoring of lung sounds, type of cough, respirations, oxygen saturation and heart rate and documented on the MAR. The facility policy, dated 4/1/2012, and titled Respiratory Infection Control included, but was not limited to, Purpose .To provide infection control guidelines to help prevent infections associated with respiratory therapy equipment and to prevent the transmission of infections to residents and staff .Medication Nebulizers/Continuous Aerosol .Store .in a plastic bag On 2/20/25 at 4:03 p.m., the Director of Nursing provided a current copy of the document titled Medication Administration .Nebulizer Inhalation Administration dated 6/10/22. It included, but was not limited to . Procedure .Obtain and record vital signs necessary prior to medication administration This Citation relates to Complaint IN00453811 3.1-47(a)(6)

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NAME OF PROVIDER OR SUPPLIER Charlestown Place at New Albany		STREET ADDRESS, CITY, STATE, ZIP CODE 4915 Charlestown Rd New Albany, IN 47150	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 34231 Based on interview and record review, the facility failed to ensure a significant medication error did not occur for 1 of 3 residents reviewed for medication errors. (Resident C) Findings include: The clinical record for Resident C was reviewed on 2/18/24 at 11:13 a.m. The resident's diagnoses included, but were not limited to, left-sided hemiparesis/hemiplegia following a cerebral infarction and convulsions. The admission order, dated 2/2/25, indicated the resident was to receive Keppra (anti-convulsant) 2,000 mg (milligrams) twice daily at 3:00 a.m. and 3:00 p.m. The February 2025 medication administration record (MAR) indicated the resident received the Keppra at 3:00 a.m. and 3:00 p.m. The progress note, dated 2/3/25 at 7:47 p.m., indicated the resident was given Keppra 2,000 mg at 8:00 p.m. inadvertently. The progress note, date 2/3/25 at 8:56 p.m., indicated the resident was sent to the hospital for further evaluation. The resident was alert and able to make needs known. The progress note, dated 2/4/25 at 1:55 a.m., indicated the resident was admitted to the hospital for altered mental status and an abnormal CT (computed tomography) of the head. The resident's MAR lacked documentation of an order for the additional dose of Keppra 2,000 mg. During an interview on 2/20/25 at 10:31 a.m., the Director of Nursing indicated that on 2/3/25, Licensed Practical Nurse (LPN) 5, and agency nurse, worked the night shift. The resident received the 3:00 a.m. and 3:00 dose of Keppra. When LPN 5 administered the resident's nighttime medication, pharmacy had an additional Keppra in the rollpack and the LPN administered the additional dose. LPN 5 did not follow the facility policy and check her medication administration record prior to administering the medications. On 2/20/25 at 11:17 a.m., the Director of Nursing provided a current copy of the document titled Medication Administration dated 6/21/2017. It included, but was not limited to, Policy .Medications will be administered . in accordance to applicable State, Local and Federal laws and consistent with accepted standards of practice .Procedure .Open the medication administration book/eMAR to the appropriate resident .Identify the resident before administering any medication .Explain to the resident the type of medication to be administered. The resident has the right to be informed of all medications that are administered (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Past noncompliance began on 2/3/25. The deficient practice was corrected on 2/10/25 before the being of the survey. The facility implemented a systemic plan that included the following actions: All licensed nurses and medication aides were educated on medication administration which included the 5 rights of medication administration (2/7/25); All licensed staff and medication aides completed skilled competencies for medication administration (2/7/25); Medication audits were implemented to ensure compliance (2/10/25); Medication audits will be ongoing weekly and reviewed in QAPI. This Citation relates to Complaint IN00452809 3/1-48(a)(1)