

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 03/18/2025
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>Based on interview and record review, the facility failed to ensure information was provided to the receiving emergency department (Resident B) pending arrival for 1 of 3 residents and failed to ensure the bed hold polices were provided to residents (Resident B, Resident C, Resident D and Resident E) discharged to the hospital for 4 of 4 residents reviewed for transfers/discharges.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 3/17/25 at 10:36 a.m. The resident's diagnoses included, but were not limited to, venous insufficiency and diabetes.</p> <p>The progress note, dated 2/25/25 at 10:33 a.m., indicated the resident was transferred to the hospital due to altered mental status.</p> <p>The facility hospital transfer form, dated 2/25/25 at 10:00 a.m., indicated the physician and family were notified of the transfer.</p> <p>The transfer form and clinical record lacked documentation of the hospital notification of the resident's pending arrival and the bed hold documentation was provided to the resident prior to discharge.</p> <p>During an interview, on 3/18/25 at 9:15 a.m., Staff Member 3 indicated if a resident was sent out to the hospital, the report should be call to the hospital and documentation would be in place of whom the report was called to.</p> <p>During an interview, on 3/18/25 at 9:40 a.m., the Director of Nursing indicated if the bed hold policy was given to the resident at the time of discharge to the hospital, there would be documented in the resident's progress notes.</p> <p>During an interview, on 3/18/25 at 10:18 a.m., RN (Registered Nurse) 2 indicated she notified the son of Resident B's discharge, but did not call the emergency department or give a report of the resident's pending arrival.</p> <p>2. The clinical record for Resident C was reviewed on 3/17/25 at 11:35 a.m. The resident's diagnosis included, but was not limited to, left femur fracture.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The progress note, dated 3/1/25 at 12:20 a.m., indicated the resident was found sitting on the floor at the foot of her bed with her wheelchair three feet away. The resident complained of right hip and leg pain. The physician was notified, and a new order was received to send the resident to the emergency department for evaluation.</p> <p>The clinical record lacked documentation of the bed hold information given to the resident and the bed hold being provided to the resident prior to discharge.</p> <p>3. The clinical record for Resident F was reviewed on 3/18/25 at 10:32 a.m. The resident's diagnoses included but was not limited to benign prostatic hyperplasia and stage 5 kidney disease.</p> <p>The progress note, dated 3/3/25 at 12:35 p.m., indicated the resident's urine was red in color and the resident had coughed up bloody mucus. The physician was notified and a new order was obtained to send the resident to the emergency department for evaluation.</p> <p>The clinical record lacked documentation of the bed hold documentation being provided to the resident prior to discharge.</p> <p>4. The clinical record for Resident G was reviewed on 3/18/25 at 2:47 p.m. The resident's diagnoses included, but were not limited to, atrial fibrillation and congestive heart failure.</p> <p>The progress note, dated 1/26/25 at 1:53 a.m., indicated the resident spoke to a family member and felt she was in respiratory distress. The family called 911 and the resident was sent to the emergency department.</p> <p>The clinical record lacked documentation of the bed hold documentation being provided to the resident prior to hospital discharge.</p> <p>This Citation relates to Complaint IN00454370</p> <p>3.1-12(a)25(A)</p> <p>3.1-12(a)25(B)</p>		