

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 04/11/2025
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34231</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident B) admission paper work was completed in a timely manner for 1 of 3 residents reviewed for admissions.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on [DATE] at 12:15 p.m. The resident's diagnoses included, but were not limited to, dementia and cognitive communication deficit.</p> <p>The progress note, dated [DATE] at 8:46 p.m., indicated the resident was admitted to the facility accompanied by family.</p> <p>The clinical record included the following admission paperwork signed by Resident B's Power of Attorney:</p> <ul style="list-style-type: none"> - Consent to treat was signed on [DATE] - CPR (cardiopulmonary resuscitation) was signed [DATE] - Bed rail consent with recommendations was signed on [DATE] - Digital photography of wounds consent was signed on [DATE] - Psychoactive medication and recommendations consent was signed on [DATE] - Pharmacy enrollment agreement was signed on [DATE] - COVID-19 disclosure and education was signed on [DATE] - Indiana physician orders for scope of treatment (POST form) consent was signed on [DATE] - Admission packet/agreement was signed on [DATE] <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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on [DATE] at 9:29 a.m., the Admissions Coordinator indicated the admission process for the resident had been an ongoing ordeal. She had not realized the previous Admission Assistant had not completed the admission agreement in a timely manner. The admission paperwork was supposed to be completed within 48 to 72 hour of admission.</p> <p>On [DATE] at 9:46 a.m., the Admissions provided a current, undated copy of the document titled Admission Agreement. It included, but was not limited to, Policy Interpretation and Implementation .At the time or soon after admission, the resident (or his/her representative) must sign an Admission Agreement (contract)</p> <p>The Past noncompliance began on [DATE] at 8:46 p.m. The deficient practice was corrected by [DATE] after the facility implemented a systemic plan that included the following actions: A retrospective audit of all admission from [DATE] through February 29, 2025 was conducted to identify residents with delayed or incomplete admission packets to ensure required forms were completed and appropriately filed ([DATE]); Residents with missing or delayed forms/documents were completed, signed and communication was made with responsible parties to obtain pending consents or acknowledgments ([DATE]); The Admission Packet Completion Checklist was revised to include a clear timeframe for document completion and sign-off accountability; a new process was implemented to ensure that the unit nurse and admissions staff conduct a 24-hour follow up review to confirm packet completion ([DATE]); In-service training was provided to the admissions team, unit clerks and licensed staff on admission documentation expectations and regulatory timeframes with emphasis placed on interdepartmental communication and timely follow-through ([DATE])</p> <p>This Citation relates to Complaint IN00457155</p>		