

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Chase Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Chase Park Logansport, IN 46947	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>44598</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS) assessment was coded correctly for 1 of 1 resident reviewed for MDS accuracy. (Resident 28)</p> <p>Finding includes:</p> <p>The clinical record for Resident 28 was reviewed on 10/30/24 at 3:28 p.m. The diagnoses included, but were not limited to bipolar disorder, vascular dementia, intermittent explosive disorder, conduct disorder, and visual hallucinations.</p> <p>An annual MDS assessment, dated 12/14/23, indicated the resident had a diagnosis of bipolar disorder.</p> <p>A quarterly MDS assessment, dated 5/30/24, indicated the resident had a diagnosis of bipolar disorder.</p> <p>A quarterly MDS assessment, dated 8/20/24, indicated the resident had a diagnosis of bipolar disorder.</p> <p>The psychiatry nurse practitioner notes, dated 9/5/24 and 10/3/24, indicated the resident had a diagnosis of bipolar disorder. The assessment and plan indicated no changes to the current plan of care.</p> <p>A psychiatry nurse practitioner late entry note, dated 10/31/24, indicated incorrect documentation was struck out of the resident's Electronic Health Record (EHR) notes for 9/5/24 and 10/3/24.</p> <p>During an interview, on 10/31/24 at 9:16 a.m., the Administrator indicated Resident 28 did not have a diagnosis of bipolar disorder. The diagnosis was added in error to the MDS assessment and to the resident's EHR.</p> <p>During an interview, on 11/4/24 at 3:30 p.m., the MDS Coordinator indicated she coded the resident's MDS assessment incorrectly. The bipolar diagnosis was added to the resident's record in error. The MDS Coordinator could not find any documentation Resident 28 had a diagnosis of bipolar disorder.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Chase Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Chase Park Logansport, IN 46947	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current policy, titled MDS Supportive Documentation Policy, dated as revised 10/10/23 and received from the Administrator on 11/4/24 at 3:57 p.m., indicated .To accurately record the needs of our residents through MDS assessments, as required by federal regulations .Supportive Documentation in the medical record must be dated during the assessment reference period to support the MDS Responses .The Assessment Reference Date (ARD) is the last date for collecting MDS data .The Social Services Director will be responsible for the following CAA's and Care Plans: a. Delirium, b. Cognitive Loss/Dementia, c. Psychosocial Well Being, d. Mood State, e. Behaviors, f. Return to the Community/Referral</p> <p>3.1-31(d)(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Chase Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Chase Park Logansport, IN 46947	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>46961</p> <p>Based on interview and record review, the facility failed to ensure a comprehensive person-centered care plan was developed for a resident identified as a high risk for elopement for 1 of 6 residents reviewed for accidents. (Resident 4)</p> <p>Finding includes:</p> <p>The clinical record for Resident 4 was reviewed on 10/29/24 at 4:10 p.m. The diagnoses included, but were not limited to, neurocognitive disorder with Lewy bodies (a type of dementia), anxiety, dementia without behavioral, psychotic or mood disturbance, and visual hallucinations.</p> <p>A wander risk evaluation, dated 10/8/24 at 4:13 p.m., indicated the resident had forgetfulness and/or a short attention span, had diagnoses of Alzheimer's and dementia with psychosis, was taking antipsychotics, and had a history of wandering. Her score was 11 which indicated she was at high risk for elopement.</p> <p>There was no comprehensive person-centered care plan in place for high-risk elopement.</p> <p>During an interview, on 11/4/24 at 4:00 p.m., LPN 5 indicated a care plan should have been developed.</p> <p>A current policy, titled Elopement, with a revision date of 8/10/22 and received from the Administrator on 11/4/24 at 3:30 p.m., indicated .a care plan will be developed with appropriate interventions implemented to provide for the resident's safety .an elopement binder will be kept and maintained on each unit and the front office</p> <p>3.1-35(a)</p> <p>3.1-35(d)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Chase Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2 Chase Park Logansport, IN 46947	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44598</p> <p>Based on observation, interview and record review, the facility failed to ensure medication carts were free of loose pills and to ensure staff labeled eye drops with an opened date in 2 of 3 medication carts reviewed for medication storage. (200-unit and 300-unit)</p> <p>Findings include:</p> <p>1. During a medication cart observation with Registered Nurse (RN) 2, on 10/30/24 at 11:34 a.m., the 200-hall medication cart was observed to have the following:</p> <p>a. The bottom of the second drawer had one and a half loose white pills.</p> <p>b. The bottom of the third drawer had one loose white pill.</p> <p>During an interview, on 10/30/24 at 11:41 a.m., RN 2 indicated the loose pills should be destroyed when found in the bottom of the medication cart.</p> <p>During an interview, on 10/30/24 at 11:44 a.m., LPN 3 indicated when pills were found in the bottom of the carts, they should be removed and put in the container located in the medication room.</p> <p>During an interview, on 10/30/24 at 12:30 p.m., the Director of Nursing indicated loose pills should not be in the bottom of the medication cart. There should be no loose pills in the cart.</p> <p>46961</p> <p>2. During an observation of the medication cart on the 300-unit, on 10/30/24 at 11:09 a.m., the eye drops for Residents 4, 56 and 61 had no open dates on the outside container or the bottle containing the eye drops.</p> <p>a. The clinical record for Resident 4 was reviewed on 10/29/24 at 4:10 p.m. The diagnoses included, but were not limited to, neurocognitive disorder with Lewy bodies (a type of dementia), diabetic kidney disease, and long-term use of insulin.</p> <p>A physician's order, dated 10/3/24, indicated to instill Systane ophthalmic solution (for dry eyes) into both eyes.</p> <p>b. The clinical record for Resident 56 was reviewed on 10/29/24 at 4:27 p.m. The diagnoses included, but were not limited to, hypotension (low blood pressure), cachexia (weakness or wasting of the body), anorexia, Alzheimer's disease, and dementia without behavioral psychotic or mood disturbance.</p> <p>A physician's order, dated 8/22/24, indicated to instill Latanoprost (used for glaucoma) in both eyes at bedtime.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Chase Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Chase Park Logansport, IN 46947	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. The clinical record for Resident 61 was reviewed on 10/30/24 at 11:30 a.m. The diagnoses included, but were not limited to, generalized anxiety disorder, nutritional anemia, essential hypertension, cachexia, and obsessive-compulsive disorder.</p> <p>A physician's order, dated 10/1/24, indicated to instill Atropine sulfate ophthalmic solution every 2 hours as needed.</p> <p>During an interview, on 11/10/24 at 11:10 a.m., RN 4 indicated the eye drops would need to be reordered due to not having an open date.</p> <p>The manufacturers guidelines for Systane eye drops indicated to dispose of the drops 1 month after opening.</p> <p>The manufacturers guidelines for atropine sulfate indicated to dispose of the drops 28 days after opening.</p> <p>The manufacturers guidelines for Latanoprost indicated to dispose of the eye drops 6 weeks after opening.</p> <p>3.1-25(j)</p> <p>3.1-25(o)</p>		