STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155780	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Homestead Healthcare Center	7465 Madison Ave Indianapolis, IN 46227

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 44849 Based on interview and record review, the facility failed to notify a resident's guardian prior to a transfer for 1 of 3 residents reviewed for transfers requirements. (Resident D) Finding includes: The clinical record for Resident D was reviewed on 8/19/24 at 1:16 p.m. The diagnoses included, but were not limited to, epilepsy, alcohol dependence, and vascular dementia. An Order Appointing Guardian Over Incapacitated Person, dated 2/22/23, indicated a guardian was appointed on 2/22/23. A progress note, dated 7/18/24 at 9:34 a.m., indicated Resident D discharged to another facility. All Resident D's belongings were sent with Resident D. The clinical record lacked documentation the guardian was notified prior to Resident D's discharge. During an interview on 8/20/24 at 10:00 a.m., Corporate Nurse 1 indicated there was no additional documentation regarding Resident D's discharge. During an interview on 8/20/24 at 10:45 a.m., LPN 1 indicated Resident D's guardian should have been notified before he was transferred. On 8/20/24 at 10:27 a.m., Corporate Nurse 1 provided a copy of an undated policy, titled Admission, Discharge, and Transfer, and indicated this was the current policy used by the facility. A review of the policy indicated notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. Record the reasons for the transfer or discharge in the medical record. This citation relates to Complaint IN00441243. 3.1-5(a)(4)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 44849 Based on interview and record review, the facility failed to provide a written Notice of Transfer/Discharge to the resident's representative prior to a discharge for 1 of 3 residents reviewed for transfer and discharge requirements. (Resident D) Finding includes: The clinical record for Resident D was reviewed on 8/19/24 at 1:16 p.m. The diagnoses included, but were not limited to, epilepsy, alcohol dependence, and vascular dementia. An Order Appointing Guardian Over Incapacitated Person, dated 2/22/23, indicated a guardian was appointed, on 2/22/23. A progress note, dated 7/18/24 at 9:34 a.m., indicated Resident D discharged to another facility. All Resident D's belongings were sent with Resident D. The clinical record lacked documentation the written Notice of Transfer/Discharge was provided to the resident's representative prior to the discharge. During an interview on 8/20/24 at 10:00 a.m., Corporate Nurse 1 indicated there was no additional documentation regarding Resident D's discharge. On 8/20/24 at 10:27 a.m., Corporate Nurse 1 provided a copy of an undated policy, titled Admission, Discharge, and Transfer, and indicated this was the current policy used by the facility. A review of the policy indicated record the reasons for the transfer or discharge in the medical record. This citation relates to Complaint IN00441243. 3.1-12(a)(6)(A)(iii)

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 44849 Based on interview and record review, the facility failed to ensure resident's records were complete and accurate for 2 of 3 residents reviewed. Medications were not documented when administered. (Resident B, Resident C) Finding includes: 1. The clinical record for Resident B was reviewed on 8/19/24 at 10:42 a.m. The diagnoses included, but were not limited to, gastroesophageal reflux disease and dystonia. The physician's orders included, but were not limited to: - Carbidopa-Levodopa (medication used to treat central nervous system disorders) 25/250 mg (milligrams) tablet, give one tablet by mouth every three hours, started on 1/19/24. - Hydrocodone/Acetaminophen (narcotic pain reliever) 5/325 mg tablet, give one tablet by mouth every 6 hours for pain, started on 7/22/24. - Omeprazole (medication used for acid reflux) 20 mg delayed release capsule, give one capsule by mouth in the morning, started on 1/19/24. The August 2024 MAR (Medication Administration Record), dated from 8/17/24 at 12:00 a.m., through 8/17/24 at 9:00 p.m., indicated Resident B did not receive the following medications in accordance with the physician's orders: - Carbidopa-Levodopa 25/250 mg at 12:00 a.m., 3:00 a.m., and 6:00 a.m. - Hydrocodone/Acetaminophen 5/325 mg at 12:00 a.m. and 8:00 a.m. - Omeprazole 20 mg at 8:00 a.m. During an interview on 8/20/24 at 8:35 a.m., Corporate Nurse 1 indicated Resident B's medications were administered. The staff should have documented the medication administration when they were administered. 2. The clinical record for Resident C was reviewed on 8/20/24 at 8:46 a.m. The diagnoses included, but were not limited to, diabetes, morbid obesity, and depression. The physician's orders included, but were not limited to: - Furosemide (medication used to remove excess fluid) 40 mg tablet, give one tablet by mouth one time a day, started on 8/14/24. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Amlodipine (medication used to lower blood pressure) 10 mg tablet, give one tablet by mouth one time a day, started 8/14/24. - Doxepin (medication used to treat depression) 100 mg capsule, give one capsule by mouth at bedtime, started on 8/13/24, - Clonazepam (medication used to treat anxiety) 1 mg tablet, give one tablet by mouth one time a day, started on 8/14/24. - Insulin glargine (long acting insulin used to treat diabetes) 100 units/ml (units/milliliter), inject 10 units subcutaneously (under the skin into the fat) at bedtime, started on 8/13/24. - Trulicity (medication used to treat diabetes) 3 mg/0.5 ml, inject 3 mg subcutaneously in the morning every Friday, started on 8/16/24. - Insulin lispro (fast acting insulin used to treat diabetes) 100 units/ml, inject subcutaneously three times daily per sliding scale, started on 8/13/24. - Oxycodone/Acetaminophen (narcotic pain medication) 5/325 mg tablet, give one tablet by mouth three times daily, started on 8/14/24. The August 2024 MAR (Medication Administration Record), dated from 8/15/24 at 8:00 a.m., through 8/18/24 at 8:00 p.m., indicated Resident C did not receive the following medications in accordance with the physician's orders: - Furosemide 40 mg tablet on 8/15/24 at 8:00 a.m. - Amlodipine 10 mg tablet on 8/15/24 at 8:00 a.m. - Doxepin 100 mg capsule on 8/16/24 at 8:00 p.m., 8/17/24 at 8:00 p.m., and 8/18/24 at 8:00 p.m. - Clonazepam 1 mg tablet on 8/15/24 at 8:00 a.m. - Insulin glargine 100 units/ml on 8/16/24 at 8:00 p.m., 8/17/24 at 8:00 p.m., and 8/18/24 at 8:00 p.m. - Trulicity 3 mg/0.5ml on 8/16/24 at 8:00 a.m. - Insulin lispro 100 units/ml on 8/15/24 at 8:00 a.m. and 12:00 p.m., 8/16/24 at 8:00 a.m., 12:00 p.m., and 5:00 p.m., 8/17/24 at 5:00 p.m., and 8/18/24 at 5:00 p.m. - Oxycodone/Acetaminophen 5/325mg tablet, on 8/15/24 at 8:00 a.m., and 12:00 p.m. During an interview on 8/20/24 at 8:35 a.m., Corporate Nurse 1 indicated Resident C's medications were administered. The staff should have documented the medication administration when they were administered. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Corporate Nurse provided a copy of an undated facility policy, titled Medication Administration, and indicated this was the current policy used by the facility. A review of the policy indicated administer medications as prescribed by the provider and medications will be charted when given. This citation relates to Complaint IN00441229. 3.1-50(a)