

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4904 War Admiral Drive Indianapolis, IN 46237	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>36746</p> <p>Based on record review and interview, the facility failed to complete the drug disposition for 1 of 3 clinical records reviewed for discharged residents. (Resident E)</p> <p>Findings include:</p> <p>On 5/22/24 at 1:12 p.m., the clinical record of Resident E was reviewed. Diagnosis included, but was not limited to, hypertension.</p> <p>A Physician's Order Summary Report, dated March 2024, included but was not limited to:</p> <ul style="list-style-type: none"> - Amlodipine (a medication used to treat high blood pressure) 10 mg (milligrams) daily. - Atorvastatin (a medication used to treat high cholesterol) 40 mg daily. - Clonazepam (a medication used to treat anxiety) 0.5 mg daily. - Duloxetine (a medication used to treat depression) 60 mg daily. - Gabapentin (a medication used to treat nerve pain) 300 mg daily. - Metoprolol (a medication used to treat high blood pressure) 200 mg daily. <p>A Discharge Summary, dated 3/19/24 indicated Resident E was to be discharged to home on 3/20/24.</p> <p>Resident E's clinical record lacked a medication release form listing all medications that were sent home with the resident/family.</p> <p>During an interview on 5/23/24 at 12:10 p.m., the Director of Nursing indicated the facility had not been providing a drug disposition record that included the medication name and number of pills that were provided to the resident at the time of the discharge.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/22/24 at 1:25 p.m., the Director of Nursing provided a policy titled Discharge with Medications, dated September 2018, and indicated it was the current policy being used by the facility. A review of the policy indicated Procedures .9. the nurse documents the number of doses each medication discharged to the patient or responsible party on the Medication Release Form.</p> <p>This citation relates to Complaint IN00430121.</p> <p>3.1-25(p)</p>		