

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2024
NAME OF PROVIDER OR SUPPLIER  Evergreen Crossing and the Lofts		STREET ADDRESS, CITY, STATE, ZIP CODE  5404 Georgetown Road Indianapolis, IN 46254	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>46414</p> <p>Based on record review and interview, the facility failed to ensure residents' discharge instructions accurately reflected their reconciled medications to ensure residents were sent home with an accurate quantity of medications for 2 of 3 residents reviewed for discharge (Resident B and D).</p> <p>Findings include:</p> <p>1. On 3/6/24 at 11:00 a.m., a comprehensive record review was completed for Resident B. He had the following diagnoses which included but not limited to peripheral vascular disease (PVD, a slow and progressive circulation disorder), type 2 diabetes, hyperlipidemia (HLD), morbid obesity, right above knee amputation (AKA), and polyneuropathy (a condition in which a person's peripheral nerves are damaged).</p> <p>Resident discharged from the facility on 2/1/24. He was discharged to the community.</p> <p>A medication discharge form was present in the record. Three medications lacked a quantity of the medication that was sent with him. The medications were 1. Ozempic (a medication used weekly to treat diabetes), 2. NovoLog pen (insulin), and 3. insulin glargine solution (used to treat diabetes).</p> <p>2. On 3/6/24 at 10:07 a.m., a comprehensive record review was completed for Resident D. He had the following diagnoses which included but not limited to type 2 diabetes, hemiplegia (paralysis on one side of the body), cerebral infarction (occurs because of disrupted blood flow to the brain due to problems with the blood vessels that supply it), hyperlipidemia (HLD), constipation, polyneuropathy, and hypertension.</p> <p>Resident discharged from the facility on 1/31/24. He was discharged to the community.</p> <p>A medication discharge form was present in the record. The medication names were listed on the form with directions; however, the quantity of each medication was lacking. The medications were clopidogrel (an antiplatelet), Lantus (an insulin), multivitamin, Ozempic, pantoprazole (a medication for acid reflux), miralax (for constipation), sodium chloride spray (for dry, stuffy nose), zinc (a supplement), acetaminophen (for pain), amlodipine (for hypertension), ascorbic acid (a supplement), carvedilol (used for hypertension), ibuprofen (for pain), and vitamin D (a supplement).</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the ED (Executive Director) on 3/6/24 at 12:00 p.m., she indicated when they send a resident home, they send all of the residents medications with them unless they leave against medical advice (AMA) then they get 3 days of medications.</p> <p>A policy title, Medications upon Discharge, was provided by the ED on 3/6/24 at 11:40 a.m. It indicated, . Documentation should include the name of the medication, dose, and number of pills/amount of liquids sent with the resident/representative in the medical record</p> <p>This citation relates to complaint IN00428091.</p> <p>3.1-36(a)(2)</p>		