

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Restoracy of Carmel		STREET ADDRESS, CITY, STATE, ZIP CODE 616 Green House Way Carmel, IN 46032	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>48525</p> <p>Based on observation, interview and record review, the facility failed to ensure urinary catheter bags had dignity covers in place for 2 of 3 residents reviewed for dignity. (Resident 40 and 52)</p> <p>Findings include:</p> <p>1. During an observation, on 2/24/25 at 10:28 a.m., Resident 40 was in the TV area and his catheter bag did not have a dignity cover (a cover which blocked the appearance of urine in the catheter bag).</p> <p>The clinical record for Resident 40 was reviewed on 2/21/25 at 11:06 a.m. The diagnoses included, but were not limited to, benign prostatic hyperplasia, other obstructive and reflux uropathy, and hypertension.</p> <p>A physician's order, with a start date of 1/22/23, indicated the resident had a urinary catheter.</p> <p>A current urinary catheter care plan indicated to encourage/assist the resident to obscure visibility of the drainage bag with a dignity cover as appropriate.</p> <p>During an interview, on 2/24/25 at 10:57 a.m., Licensed Practical Nurse (LPN) 4 indicated the catheter bag did not have a dignity cover.</p> <p>2. During an observation, on 2/20/25 at 10:23 a.m., Resident 52 was out in the TV area and had a catheter bag under his chair and did not have a dignity cover for his urinary catheter.</p> <p>During an observation, on 2/24/25 at 10:54 a.m., Resident 52 was out in the TV area and did not have a dignity cover for his urinary catheter.</p> <p>The clinical record for Resident 52 was reviewed on 2/21/25 at 10:55 a.m. The diagnoses included, but were not limited to chronic kidney disease, neuromuscular dysfunction of the bladder, and muscle weakness.</p> <p>A physician's order, with a start date of 1/21/25, indicated the resident had a Foley catheter for urinary retention.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 2/24/25 at 10:57 a.m., LPN 4 indicated the catheter did not have a cover which needed to be fixed.</p> <p>A current facility policy, titled Quality of Life - Dignity, dated as approved in May 2020, and received from the Director of Nursing on 2/25/25 at 3:00 p.m., indicated .Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by: a. Helping the resident to keep urinary catheter bags covered</p> <p>3.1-3(t)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>48525</p> <p>Based on interview and record review, the facility failed to ensure staff followed the physician's orders regarding medication administration for 2 of 2 residents reviewed for quality of care. (Resident 19 and 7)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 19 was reviewed on 2/21/25 at 11:42 a.m. The diagnoses included, but were not limited to, type 2 diabetes, heart failure, and hypertension.</p> <p>A physician's order, with a start date of 5/14/24, indicated to give hydralazine (a medication to lower blood pressure) 10 milligrams (mg) every 4 hours as needed for a systolic blood pressure (SBP) above 170.</p> <p>The medication administration record (MAR) indicated the following:</p> <p>On 9/28/24, the systolic blood pressure was 195. hydralazine was not given.</p> <p>On 10/4/24, the systolic blood pressure was 175. hydralazine was not given.</p> <p>On 10/25/24, the systolic blood pressure was 171. hydralazine was not given.</p> <p>On 11/25/24, the systolic blood pressure was 179. hydralazine was not given.</p> <p>During an interview, on 2/24/25 at 11:41 a.m., the Director of Nursing (DON) indicated the medication should have been given and documented in the MAR.</p> <p>During an interview, on 2/25/25 at 11:37 a.m., the DON indicated she could not find any information the medication was given. It should have been documented in the MAR.</p> <p>50901</p> <p>2. The clinical record for Resident 7 was reviewed on 2/21/25 at 1:14 p.m. The diagnoses included, but were not limited to, hypertension, neuromuscular dysfunction of the bladder, and benign prostatic hyperplasia.</p> <p>a. A physician's order, with a start date of 1/31/25, indicated to give sacubitril-valsartan (a medication used to treat heart failure) every 12 hours for hypertension with instructions to hold the medication if the systolic blood pressure was below 110.</p> <p>The Medication Administration Record (MAR) indicated sacubitril-valsartan was administered with the systolic blood pressure below the ordered hold parameter on 1/31/25.</p> <p>The MAR indicated sacubitril-valsartan was administered 3 times with the systolic blood pressure below the ordered hold parameter in February 2025.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. A physician's order, with a start date of 9/4/24, indicated to give metoprolol succinate (a medication used to lower blood pressure) once a day for hypertension with instructions to hold the medication if the systolic blood pressure was below 110 or if the heart rate was below 55.</p> <p>The MAR indicated metoprolol succinate was administered eight (8) times with the systolic blood pressure below the ordered hold parameter and one (1) time with the heart rate below the ordered hold parameter in January 2025.</p> <p>The MAR indicated metoprolol succinate was administered four (4) times with the systolic blood pressure below the ordered hold parameter and one (1) time with the heart rate below the ordered hold parameter in February 2025.</p> <p>During an interview, on 2/25/25 at 1:46 p.m., the Director of Nursing (DON) indicated a check mark on the MAR indicated the medication was administered. While reviewing the MAR with the DON, she indicated the medications were administered with the systolic blood pressure and/or the heart rate below the ordered hold parameter.</p> <p>A current facility policy, titled Medication Administration General Guidelines Policy, with an approval date of 5/27/20 and received from the DON on 2/26/25 at 12:00 p.m., indicated .The licensed nurse and/or the QMA shall administer each resident's medications in accordance with the physician's order .Medications are administered in accordance with written orders of the attending physician</p> <p>3.1-37(a)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48525</p> <p>Based on observation, interview and record review, the facility failed to ensure catheter bags were not touching a dirty surface and catheters were disposed of properly for 3 of 5 residents reviewed for infection control. (Resident 52, 7 and 44)</p> <p>Findings include:</p> <p>1. During an observation, on 2/19/25 at 10:10 a.m., Resident 52's catheter bag was resting on his Broda chair's footrest (a specialty wheelchair). The residents' feet were resting on top of the catheter bag.</p> <p>During an observation, on 2/19/25 at 10:12 a.m., a staff member transported the resident to the TV area from the dining table.</p> <p>During an observation, on 2/19/25 at 12:30 p.m., Resident 52's feet were still resting on his catheter in the same position.</p> <p>No staff had noticed the placement of the catheter bag.</p> <p>The clinical record for Resident 52 was reviewed on 2/21/25 at 10:55 a.m. The diagnoses included, but were not limited to, chronic kidney disease, neuromuscular dysfunction of the bladder, and muscle weakness.</p> <p>A physician's order, with a start date of 1/21/25, indicated the resident had a Foley catheter for urinary retention.</p> <p>During an interview, on 2/24/25 at 10:57 a.m., LPN 4 indicated education would need to be provided for staff about the placement of catheter bags.</p> <p>50901</p> <p>2. The clinical record for Resident 7 was reviewed on 2/21/25 at 1:14 p.m. The diagnoses included, but were not limited to, neuromuscular dysfunction of the bladder and benign prostatic hyperplasia with lower urinary tract symptoms.</p> <p>During an observation and interview, on 2/19/25 at 10:38 a.m., a used catheter drainage bag was in a trash can next to Resident 7's bed. Resident 7 indicated his catheter bag was leaking a few days ago and the nurse changed the catheter bag.</p> <p>The Medication Administration Record (MAR) indicated Resident 7's catheter had last been changed on 2/3/25.</p> <p>There was no documentation in the electronic medical record to indicate Resident 7's catheter had been changed after 2/3/25.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. The clinical record for Resident 44 was reviewed on 2/21/25 at 1:42 p.m. The diagnoses included, but were not limited to, paraplegia, neuromuscular dysfunction of the bladder, and retention of urine.</p> <p>During an observation and interview, on 2/24/25 at 10:43 a.m., a catheter drainage bag with dried brown sediment inside the bag, and a used leg drainage bag (a smaller catheter drainage bag) were hanging on a grab bar located in Resident 44's bathroom. Resident 44 indicated the larger catheter drainage bag hanging in her bathroom had been there for a month and the leg bag had been hanging in the bathroom since she returned from her doctor appointment a week ago.</p> <p>A physician's order indicated Resident 44 left the facility for a Urology appointment on 2/11/25.</p> <p>During an interview, on 2/24/25 at 10:55 a.m., Registered Nurse 3 observed the used catheter bags. RN 3 indicated the catheter drainage bags appeared to have been used and all catheter drainage bags should be disposed of properly after being changed.</p> <p>A current facility policy, titled Resident Rights, and received from the Executive Director on 2/25/25 at 3:00 p.m., indicated .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's rights to .a dignified existence .equal access to quality care</p> <p>A current facility policy, titled Infection Prevention and Control, with an approval date of 5/27/20 and received upon entrance, indicated .Our community has an Infection Prevention and Control Program .The objectives of the IPCC are to .Provide community guidelines for a safe and sanitary environment .Review and help monitor the medical waste management plan .Surveillance of the workplace to ensure that required work practices are observed</p> <p>3.1-18(b)(4)</p>		