

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2025
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NAME OF PROVIDER OR SUPPLIER  CHARTER SENIOR LIVING OF HOBBS STATION	STREET ADDRESS, CITY, STATE, ZIP COD 2749 PEARSON PARKWAY PLAINFIELD, IN 46168
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R 0000 Bldg. 00	This visit was for a Initial State Residential Licensure Survey.  Survey dates: April 9 and 10, 2025  Facility number: 016160  Residential Census: 8  These State Residential Findings are cited in accordance with 410 IAC 16.2-5.  Quality review completed on April 15, 2025.	R 0000		
R 0214 Bldg. 00	410 IAC 16.2-5-2(a) Evaluation - Deficiency  Based on observation, interview, and record review, the facility failed to follow policy to ensure a resident had a physician's order for bed rails, an initial assessment/evaluation for her side rails side rails, and failed to ensure the resident's use of side rails was included in her service plan for ongoing monitoring for 1 of 1 residents reviewed for side rails (Resident 2).  Findings include:  On 4/10/25 at 9:10 a.m., Resident 2 was observed in her room. She was laying in her bed and bilateral side rails were observed installed to her bed. Resident 2 indicated she had the rails to help move around in bed, but did not know how to loosen or tighten them.  On 4/10/25 at 11:00 a.m. Resident 2's medical	R 0214	Please accept this as the Plan of Correction for Charter Senior Living of Hobbs Station. R0214 1.Describe what the facility did to correct the deficient practice for each client cited in the deficiency. Upon identification of the deficient practice in which a resident was using bed rails without a documented physician's order, the facility took the following immediate and corrective actions: <b>-Immediate Correction:</b> The resident's attending physician was promptly notified, and a proper physician's order for the use of bed rails was obtained and documented in the resident's medical record.	04/14/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
LaShelle Crawley	Executive Director	04/22/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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	<p>record was reviewed. She resided on the secured memory care unit and had a diagnosis which included, but was not limited to, vascular dementia.</p> <p>Resident 2's physician's orders were reviewed and lacked documentation of an order for bilateral side rails for bed mobility.</p> <p>Resident 2 had a service plan, dated 3/12/25, and lacked documentation for her use of side rails and ongoing monitoring for safety.</p> <p>Resident 2s record lacked documentation of a physical and/or occupational therapy assessment and evaluation for bed rail safety.</p> <p>During an interview on 4/10/25 at 12:15 p.m., the Health and Wellness Director indicated, the previous facility did not have policies or procedures in place for bedrails like the new company. Moving forward the rails had been removed until her healthcare provider could be contacted for an order, an initial PT/OT assessment could be completed, and her service plan revised to ensure ongoing monitoring.</p> <p>On 4/10/25 at 11:15 a.m. the Executive Director provided a copy of current facility policy titled, "Bed Rail and Enablers," revised 11/7/23. The policy indicated, "The use of bed rails is discouraged in the Community. Half bed rails are utilized to assist in mobility and not as a restraint. Bed rails and enablers are allowed when ordered by the resident's health care provider, allowed per state regulation and have the permission of the Executive Director. Procedures ... a health care provider's order will be obtained for bed rail and enabler use. Physical Therapy or Occupational Therapy will evaluate the residents' safe use of</p>		<p><b>-Resident Assessment:</b> A comprehensive assessment of the resident was conducted to determine the continued need and appropriateness of bed rail use, considering safety, mobility, and risk for entrapment. This assessment was documented in the care plan and interdisciplinary notes.</p> <p><b>-Policy Review with Staff:</b> Nursing staff were immediately re-educated on the community's policy requiring a physician's order prior to the use of bed rails. The re-education included when and how to request orders and how to document them properly in the medical record.</p> <p><b>-Audit of All Residents Using Bed Rails:</b> A community-wide audit was completed to review all residents currently using bed rails. This audit verified that physician orders and appropriate assessments were present in all applicable records. Any missing documentation was immediately corrected.</p> <p><b>-Update to Resident Care Plans:</b> Care plans for all residents using bed rails were reviewed and updated to reflect physician orders, safety measures, and individualized assessments supporting the use of bed rails.</p> <p>1.Describe how the facility</p>	

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	bed rails or enablers... Use of bed rails/or enablers will be documented in the resident's service plan along with instructions for monitoring ... half bed rails are permitted only after receiving a health care providers order confirming the half rails are for mobility ...."		<p>reviewed all clients in the facility that could be affected by the same deficient practice, and state what actions the facility took to correct the deficient practice for any client the facility identified as being affected.</p> <p>Upon identifying that a resident was using bed rails without a documented physician's order, the facility immediately initiated a comprehensive review to determine whether other residents were affected by the same deficient practice.</p> <p><b>-Audit of All Residents with Bed Rails:</b> The Health and Wellness Director (HWD) conducted a -wide audit of all residents currently using bed rails. This review included checking for a valid, current physician's order, a documented medical necessity, and a completed risk/benefit assessment for each resident.</p> <p><b>-Identification and Correction:</b> Resident A was found to be using bed rails without a documented physician's order, the attending physician was contacted immediately to obtain the necessary order. The residents' medical record was updated to reflect the physician's order, a completed safety assessment, and changes to the care plan.</p> <p><b>-Comprehensive Assessments:</b></p>	

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			<p>Resident A was reassessed to evaluate the appropriateness of bed rail use, focusing on mobility, safety risks, cognitive status, and personal needs. Assessments were documented in the medical record and incorporated into the residents' individualized care plan.</p> <p><b>-Staff Notification and Re-Education:</b> All nursing and direct care staff were informed of the findings and re-educated on the policy regarding bed rail use, including the requirement for a physician's order and the completion of safety assessment before use.</p> <p><b>-Ongoing Monitoring:</b> The facility established a process for ensuring that any future implementation of bed rails is accompanied by a physician's order and documented assessment prior to use.</p> <p>1. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. To ensure the deficient practice of utilizing bed rails without a physician's order does not recur, the facility has implemented the following systemic changes and preventative actions:</p> <p><b>-Mandatory Staff In-Service Training:</b></p>	

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			<p>All clinical staff received in-service training on the facility's bed rail policy, emphasizing:</p> <ul style="list-style-type: none"> <li>·The requirement of a <b>physician's order</b> prior to installation or use.</li> <li>·The necessity of a <b>comprehensive resident assessment</b> to determine appropriateness.</li> <li>·Proper documentation in the medical record and care plan.</li> </ul> <p>This in-service has been incorporated into the onboarding process for all new clinical staff.</p> <p><b>·Revised Bed Rail Policy and Procedures:</b></p> <p>The community reviewed Charter Senior Living bed rail use policy to clearly define:</p> <ul style="list-style-type: none"> <li>·When and how physician orders must be obtained.</li> <li>·The assessment process for identifying risks and benefits.</li> <li>·Roles and responsibilities for ensuring compliance.</li> </ul> <p>The policy has been distributed to all relevant staff, with acknowledgment of receipt and understanding.</p> <p><b>·Implementation of a Bed Rail Authorization Checklist:</b></p> <p>A standardized checklist has been developed and must be completed <b>prior to bed rail implementation</b>. This form includes:</p> <ul style="list-style-type: none"> <li>·Confirmation of physician's order.</li> <li>·Completion of the</li> </ul>	

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			<p>risk/benefit assessment.</p> <ul style="list-style-type: none"> <li>Documentation of resident or representative consent, when appropriate.</li> </ul> <p>The checklist is filed in the resident's medical record and reviewed during care plan meetings.</p> <p><b>-Interdisciplinary Review Process:</b></p> <p>All new requests for bed rails are now subject to review by the interdisciplinary team (IDT) prior to approval. This review ensures clinical justification, regulatory compliance, and proper documentation.</p> <p><b>-Ongoing Competency Evaluations:</b></p> <p>As part of the community's ongoing education program, staff will undergo <b>semi-annual competency evaluations</b> on the safe use of bed rails, including identification of risks and documentation requirements.</p> <p>1. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>To ensure sustained compliance and prevent the recurrence of the deficient practice related to bed rail use without a physician's order, the facility has implemented the following quality assurance measures:</p>	

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			<p><b>-Monthly Bed Rail Audits:</b> The Health and Wellness Director (HWD) or designee will conduct <b>monthly audits</b> of all residents with bed rails to verify that:</p> <ul style="list-style-type: none"> <li>·A current physician's order is present.</li> <li>·A comprehensive risk/benefit assessment has been completed.</li> <li>·The use is documented appropriately in the care plan and medical record.</li> </ul> <p>Audit results will be documented and maintained for review.</p> <p><b>-Quarterly QAPI Review:</b> The results of the monthly audits will be presented and reviewed at the <b>Quarterly Quality Assurance and Performance Improvement (QAPI) Committee meetings</b>. Trends or repeated issues will be identified and addressed through additional education, policy updates, or process improvements as needed.</p> <p><b>-Ongoing Staff Education and Competency Checks:</b> All nursing staff will receive <b>annual refresher training</b> on bed rail policies and procedures. In addition, the facility will conduct <b>competency evaluations twice yearly</b> to assess staff knowledge and compliance.</p> <p><b>-Pre-Admission and Quarterly Assessment Protocols:</b> As part of the routine admission and quarterly assessment process, the interdisciplinary team</p>	

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R 0300  Bldg. 00	<p>410 IAC 16.2-5-6(c)(4) Pharmaceutical Services - Deficiency</p> <p>Based on observation and interview, the facility failed to label a medication (Tylenol) for 1 of 3 medication carts reviewed.</p> <p>Findings include:</p> <p>On 4/9/25 at 10:32 a.m. the second-floor medication cart was observed. Resident 4 had a bottle of Tylenol inside the cart without a label.</p> <p>On 4/10/25 at 9:30 a.m., Qualified Medication Assistant (QMA) 7 indicated the Tylenol was removed from the cart due to expiration of the medication.</p> <p>On 4/10/24 at 12:16 p.m, The Health and Wellness Director indicated labeling was not covered in their policies. She indicated she planned on auditing the carts weekly moving forward.</p>	R 0300	<p>will review each resident's use of bed rails to ensure continued appropriateness, updated documentation, and physician order validity.</p> <p><b>-Administrator Oversight:</b> The facility administrator will periodically review the audit summaries and QAPI reports to ensure accountability and follow-through on any action plans developed as a result of audit findings.</p> <p>Please accept this as the Plan of Correction for Charter Senior Living of Hobbs Station. R0300</p> <p>1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency.</p> <p><b>Immediate Correction:</b> The unlabeled medication was promptly identified and properly labeled with all required information (e.g., patient name, medication name, dosage, and expiration date) to ensure safe administration.</p> <p><b>Staff Education and Re-training:</b> Staff involved were educated on Charter Senior Living of Hobbs Station medication administration, emphasizing the importance of accurate labeling for patient safety and regulatory compliance.</p>	04/14/2025

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			<p><b>Policy Review and Update:</b> The community reviewed Charter Senior Living medication administration to prevent similar errors in the future.</p> <p><b>Audit and Monitoring Implementation:</b> A system of regular audits or spot checks was put in place to ensure ongoing compliance with labeling protocols on medication carts.</p> <p><b>Accountability and Documentation:</b> The incident was documented, and responsible personnel was counseled to reinforce proper practices.</p> <p>1. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state what actions the facility took to correct the deficient practice for any client the facility identified as being affected. Upon identification of the deficient practice involving the failure to label a medication on the med cart, the community conducted a comprehensive review of all clients currently residing in the facility who could potentially be affected by the same issue.</p> <p><b>-Community-Wide Audit:</b> A full audit of all medication carts, storage areas, and administered medications was conducted to identify any other instances of unlabeled or improperly labeled</p>	

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			<p>medications. This review included all shifts and all nursing units to ensure thoroughness.</p> <p><b>-Client Impact Assessment:</b> The medication administration records (MARs) and current medications for all clients were reviewed to determine if any resident had received, or was at risk of receiving, an unlabeled medication. No clients were found to have been harmed as a result of the deficient practice.</p> <p><b>-Corrective Actions for Identified Issues:</b> No additional medications were found to be improperly labeled.</p> <p><b>-Staff Notification and Re-Training:</b> All licensed staff were informed of the findings and provided immediate re-education on the community's medication administration policy, with emphasis on the importance of accurate and consistent labeling to ensure resident safety.</p> <p><b>-Policy Reinforcement and Monitoring:</b> The community's reinforced Charter Senior Living medication management policies and implemented routine spot-checks and audits of med carts to monitor ongoing compliance. Any deviations from policy will be addressed promptly through coaching or disciplinary measures as appropriate.</p>	

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			<p>1. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. To prevent recurrence of the deficient practice related to medication labeling, the facility has implemented the following corrective actions and systemic changes:</p> <ul style="list-style-type: none"> <li>-<b>Staff In-Service Training:</b> All licensed nursing staff received mandatory in-service training on proper medication administration procedures. The training covered regulatory requirements, the community's policies, and real-life examples of risks associated with improper labeling. Attendance was documented and new hires will receive this training during orientation.</li> <li>-<b>Policy Revision and Reinforcement:</b> The community's medication administration policy was reviewed. Updated procedures were disseminated to all staff, and copies were made readily available at medication stations.</li> <li>-<b>Standardized Labeling Protocol:</b> A standardized labeling protocol and checklist were developed and implemented. This includes clear labeling templates and a "double-check" process where</li> </ul>	

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			<p>HWD or designated licensed staff member verifies labeling accuracy before the medication is placed on the med cart.</p> <p><b>-Routine Audits and Quality Assurance:</b> The community instituted a weekly audit process (1 x 4 weeks and monthly for 90 days) to review medication carts and ensure all medications are correctly labeled. These audits are documented and reviewed by the Health and Wellness Director (HWD) and the Quality Assurance Committee.</p> <p><b>-Accountability and Follow-Up:</b> Staff found to be non-compliant with labeling protocols will receive immediate coaching, with repeated violations subject to disciplinary action. Audit results are tracked, and trends are reviewed during monthly QA meetings.</p> <p><b>-Communication with Pharmacy Provider:</b> The facility coordinated with its pharmacy provider to ensure all medications delivered to delivered to the facility are pre-labeled in accordance with regulations, and any issues are promptly reported and corrected.</p> <p><b>Monitoring and Continuous Improvement:</b> The HWD or designee will monitor compliance with labeling procedures on an ongoing basis</p>	

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			<p>and provide refresher training as needed. Any identified issues will be addressed immediately to maintain safe medication practices.</p> <p>1. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>To ensure the deficient practice of failing to properly label medications does not recur, the facility has implemented the following quality assurance measures:</p> <p><b>1 Weekly Medication Cart Audits:</b> The Health and Wellness Director (HWD) or designated licensed nurse will conduct <b>weekly audits (1 x 4 weeks and monthly for 90 days)</b> of all medication carts to verify that all medications are correctly labeled in accordance with community policy and regulatory standards. Audit findings will be documented and maintained in a QA tracking log.</p> <p><b>2 Monthly Quality Assurance and Performance Improvement (QAPI) Review:</b> Results from the weekly audits will be presented at the facility's <b>monthly QAPI meetings</b>, where trends, patterns, or areas of concern will be discussed. If repeated issues are identified, the</p>	

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			<p>committee will initiate additional corrective actions or targeted staff retraining.</p> <p><b>3 Ongoing Staff Education:</b> The community will provide <b>quarterly refresher in-services</b> on medication labeling and safe medication administration practices to all licensed nursing staff. New hires will continue to receive training during orientation.</p> <p><b>4 Accountability and Follow-Up:</b> Any deficiencies noted during audits will be addressed immediately through coaching or progressive disciplinary action, as appropriate.</p> <p><b>5 Program Oversight:</b> The HWD will be responsible for overseeing the effectiveness of this quality assurance initiative. Outcomes will be reviewed quarterly to assess whether the interventions are preventing recurrence and whether any adjustments to the program are needed.</p>	