

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DECATUR TOWNSHIP CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4851 TINCHER RD INDIANAPOLIS, IN 46221</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure the physician's orders for the treatment of [REDACTED]. Findings include: The record for Resident B was reviewed on 8/26/20 at 10:09 a.m. [DIAGNOSES REDACTED]. August 2020 physician's order, originally dated 10/8/19, indicated a need for [MEDICATION NAME] Solution (medication to treat hepatic/liver disease) 45 milliliters (ml) one time a day every Monday and Thursday for elevated ammonia levels (caused by liver disease, can lead to serious health problems). August 2020 physician's order, originally dated 10/30/19, indicated a need for ammonia levels to be completed on the 4th Monday of each month to monitor ammonia levels for Resident B (normal range between 18-75 umol/L-micromoles/units). The Medication Administration Record [REDACTED]. The laboratory results for Resident B's ammonia levels for May 2020 were out of normal range as follows: 5/8/20-118 5/25/20-152 Interview with the Director of Nursing (DON) on 8/27/20 at 8:45 a.m., indicated no other documentation was found for the missing administration of [MEDICATION NAME] for Resident B. This Federal tag relates to Complaint IN 457. 3.1-37(a)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.