

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 11/12/2015
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NAME OF PROVIDER OR SUPPLIER SENIOR SUITES AT THE LELAND, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH A STREET RICHMOND, IN 47374
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00184600.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00177605 completed on 8-17-15.</p> <p>Complaint IN00184600-Substantiated. State residential deficiencies related to the allegations are cited at R0091, R0239, R0241, R0246 and R0296.</p> <p>Survey date: November 9, 11 and 12, 2015</p> <p>Facility number: 012497 Provider number: 012497 AIM number: N/A</p> <p>Census bed type: Residential: 89 Total: 89</p> <p>Census Payor type: Medicaid: 64 Other: 25 Total: 89</p> <p>Sample: 8</p>	R 0000		

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.

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R 0091 Bldg. 00	<p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 30576 on November 16, 2015.</p> <p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request.</p> <p>Based on interview, the facility failed to ensure policies were developed for administration of medications to facility residents. This deficient practice has the potential to adversely affect the care and services to all residents to whom the facility administers medications.</p> <p>Findings include:</p> <p>In an interview with the Executive Director on 11-12-2015 at 1:25 p.m., he indicated he was unable to locate any</p>	R 0091	<p>A Medication Administration policy was located and reviewed. A new revised Medication Administration has been implemented. (Attachment A)</p> <p>All residents who the facility administrator's medications to had the potential to be affected by this deficient practice, a new revised policy has been implemented. (Attachment A)</p> <p>A new revised policy has been implemented for Medication Administration. (Attachment A)</p> <p>A review of The Leland Legacy Policy</p>	12/01/2015

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R 0239 Bldg. 00	<p>policies related to medication administration.</p> <p>In an interview with the Director of Nursing on 11-12-2015 at 1:30 p.m., she indicated she could not locate any policies related to medication administration.</p> <p>This state tag relates to Complaint IN00184600.</p> <p>5-1.3(h)(1) 5-1.3(h)(4)</p> <p>410 IAC 16.2-5-4(c) Health Services - Nonconformance (c) Each facility shall choose whether or not it administers medication or provides residential nursing care, or both. These policies shall be delineated in the facility policy manual and clearly stated in the admission agreement.</p> <p>Based on interview, the facility failed to ensure policies were developed for administration of medications to facility residents. This deficient practice has the potential to adversely affect the care and services to all residents to whom the facility administers medications.</p> <p>Findings include:</p> <p>In an interview with the Executive</p>	R 0239	<p>and Procedures iscurrently underway to ensure all State Residential Regulations are met. A systemic audit will occur with at least 3policies reviewed and revised as needed per week, by the Executive Director ordesignee. This will be on-going untilall policies and procedures have been reviewed and/or revised as needed. (Attachment B)</p> <p>A Medication Administration policy was located andreviewed. A new revised MedicationAdministration has been implemented. (Attachment A)</p> <p>All residents who the facility administrator's medicationsto had the potential to be affected by this deficient practice, a new revisedpolicy has been implemented. (Attachment A)</p> <p>A new revised policy has been implemented for</p>	12/01/2015			

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R 0241 Bldg. 00	<p>Director on 11-12-2015 at 1:25 p.m., he indicated he was unable to locate any policies related to medication administration.</p> <p>In an interview with the Director of Nursing on 11-12-2015 at 1:30 p.m., she indicated she could not locate any policies related to medication administration.</p> <p>This state tag relates to Complaint IN00184600.</p> <p>5-1.4(c)</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview and record review the facility failed to ensure qualified medication aides (QMA) only administer PRN (as needed) medications when authorized by a licensed nurse or physician prior to the administration of the medication, as well as facility staff</p>	R 0241	<p>MedicationAdministration. (Attachment A) A review of The Leland Legacy Policy and Procedures iscurrently underway to ensure all State Residential Regulations are met. A systemic audit will occur with at least 3policies reviewed and revised as needed per week, by the Executive Director ordesignee. This will be on-going untilall policies and procedures have been reviewed and/or revised as needed. (Attachment B)</p> <p>All staff (Nurses and QMA's) who administer medications havebeen inserviced on the revised Medication Administration policy. (AttachmentA). Nurses have been inserviced on thenew recapitulation policy, (Attachment C). There is no corrective action that can be taken to correct the deficientpractice for</p>	12/01/2015

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	<p>administer medications only as ordered by the resident's physician for 1 of 1 QMA's during 1 of 2 medication pass observations for 2 of 6 residents with 1 of 2 staff members. (Resident #P and Resident #Q)</p> <p>Findings include:</p> <p>1. During a medication pass observation on 11-9-15 at 6:49 p.m., with QMA #1, she prepared and administered the evening medications for Resident #Q. These medications included, but were not limited to, Tramadol 50 mg (milligrams), 2 tablets, indicated to be administered every 6 hours PRN. Resident #Q had requested this specific medication for "all over" pain. QMA #1 was not observed to discuss the administration of this PRN with LPN #2 who was present in the medication preparation area with QMA #1 prior to administration of the PRN medication.</p> <p>During a medication pass observation on 11-9-15 at 6:55 p.m., with QMA #1, she prepared and administered the evening medications for Resident #P. These medications included Norco 10/325 mg, indicated to be administered every 4 to 6 hours PRN. Resident #P had requested this specific medication for a headache. QMA #1 was not observed to discuss the</p>		<p>the resident(s) who were affected. No adverse reactions were noted as a result of the deficient practice.</p> <p>All resident who the facility provides medicationadministration to had the possibility to be affected, no other residents wereidentified to be affected.</p> <p>A revised Medication Policy has been implemented and theappropriate staff have been inserviced on the proper policy and procedureregarding Medication Administration. Additionally,a policy regarding the monthly recapitulation of Physician Orders has beenwritten and implemented. The appropriatestaff have been inserviced on this new policy. The DON or designee will audit (Attachment D) to ensure theMedication Administration policy is followed, by an audit process of no lessthan 5 residents each scheduled day of work for the first 4 weeks at which timeif the staff are properly documenting the administration of medication, theaudit will decrease to 15 residents per week for the 8 weeks, then decline to 5residents per week for 12 weeks. Additionally,the DON or designee will review the Physician Orders recapitulations monthlyprior to the beginning of the month to ensure the Medication AdministrationRecord is accurate with the current Physician Orders, this will be on-going(Attachment C).</p>	

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	<p>administration of this PRN with the licensed nurse on duty who was present in the medication preparation area with QMA #1 prior to administration of the PRN medication.</p> <p>In an interview with QMA #1 on 11-9-15 at 7:05 p.m., she indicated the QMA staff "are supposed to talk with the nurse about it [administering a PRN medication] and get it OK'd before we give it. Then the nurse will co-sign it or initial it. It gets real busy in here during med time. No, I did not say anything to the nurse about it before I gave the PRN's."</p> <p>A request to review the facility's policies and/or procedures regarding medication administration was made to the Director of Nursing and the Executive Director on 11-12-15. Both indicated the facility does not currently have any such policies or procedures.</p> <p>2. During a medication pass observation on 11-9-15 at 6:55 p.m., with QMA #1, she prepared and administered the evening medications for Resident #P. These medications included Valium 5 mg (milligrams) and Melatonin 3 mg. The Medication Administration Record (MAR) indicated the orders for these medications to be Valium 5 mg, 1/2 tablet by mouth daily in the morning and</p>		An inservice calendar has been developed to ensure the Nursing staff are receiving proper training to meet the State Residential Regulations.	

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	<p>1 tablet at bedtime and Melatonin 3 mg one tablet daily at bedtime. The administration time for both medications was indicated to be 7:00 p.m. to 9:00 p.m. Review of the October and November, 2015 MAR indicated both medications had been administered as indicated, with the exception of 3 doses of Melatonin during this time period.</p> <p>Review of Resident #P's clinical record on 11-12-15 at 10:15 a.m. indicated the two most current recapitulation orders in the clinical record, for September and October, 2015, indicated an absence of any physician orders for Valium and Melatonin. Review of the clinical record indicated Resident #P had been discharged from an area hospital on 6-19-15 with admission orders to the facility for Valium 5 mg, 1/2 tablet by mouth daily in the morning and 1 tablet at bedtime and Melatonin 3 mg one tablet daily at bedtime. A copy of a written prescription, dated, 7-22-15, indicated an order for Valium 5 mg with the above instructions for 45 tablets of the medication with 2 refills authorized by the physician. The recapitulation orders for July, 2015 and August, 2015 included the orders for administration for the Valium 5 mg and Melatonin 3 mg.</p> <p>In an interview with the Consultant</p>			

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	<p>Pharmacist on 11-12-15 at 12:45 p.m., he indicated, "I will have to take some responsibility for [name of Resident #P]'s monthly orders not printing completely. For some reason, there seems to be a software problem."</p> <p>In an interview with the Executive Director on 11-12-15 at 5:35 p.m., he indicated that although the pharmacy accepted responsibility for the recapitulation orders not being correct, he indicated the facility had to also accept responsibility, "Because our nurses weren't checking the monthly rewrites. But, that goes back to not having policies and procedures in place."</p> <p>In an interview with the Executive Director on 11-12-2015 at 1:25 p.m., he indicated he was unable to locate any policies related to medication administration.</p> <p>In an interview with the Director of Nursing on 11-12-2015 at 1:30 p.m., she indicated she could not locate any policies related to medication administration.</p> <p>This state tag relates to Complaint IN00184600.</p> <p>5-1.4(e)(2)</p>						

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R 0246 Bldg. 00	<p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on observation, interview and record, the facility failed to ensure PRN (as needed) medications administered to a resident by a qualified medication aide (QMA) were authorized by a licensed nurse or physician prior to the administration of the medication for 1 of 1 QMA's during 1 of 2 medication pass observations for 2 of 6 residents with 1 of 2 staff members. (Resident #P and Resident #Q)</p> <p>Findings include:</p> <p>During a medication pass observation on 11-9-15 at 6:49 p.m., with QMA #1, she prepared and administered the evening medications for Resident #Q. These medications included, but were not limited to, Tramadol 50 mg (milligrams),</p>	R 0246	<p>All staff (Nurses and QMA's) who administer medications have been inserviced on the revised Medication Administration policy. (Attachment A). Nurses have been inserviced on the new recapitulation policy, (Attachment C). There is no corrective action that can be taken to correct the deficient practice for the resident(s) who were affected. No adverse reactions were noted as a result of the deficient practice.</p> <p>All resident who the facility provides medication administration to had the possibility to be affected, no other residents were identified to be affected.</p> <p>A revised Medication Policy has been implemented and the appropriate staff have been inserviced on the proper policy and procedure regarding Medication Administration. Additionally, a policy</p>	12/01/2015

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	<p>2 tablets, indicated to be administered every 6 hours PRN. Resident #Q had requested this specific medication for "all over" pain. QMA #1 was not observed to discuss the administration of this PRN with the licensed nurse on duty who was present in the medication preparation area with QMA #1 prior to administration of the PRN medication.</p> <p>During a medication pass observation on 11-9-15 at 6:55 p.m., with QMA #1, she prepared and administered the evening medications for Resident #P. These medications included, but were not limited to, Norco 10/325 mg, indicated to be administered every 4 to 6 hours PRN. Resident #P had requested this specific medication for a headache. QMA #1 was not observed to discuss the administration of this PRN with the licensed nurse on duty who was present in the medication preparation area with QMA #1 prior to administration of the PRN medication.</p> <p>In an interview with QMA #1 on 11-9-15 at 7:05 p.m., she indicated the QMA staff "are supposed to talk with the nurse about it [administering a PRN medication] and get it OK'd before we give it. Then the nurse will co-sign it or initial it. It gets real busy in here during med time. No, I did not say anything to the nurse about it</p>		<p>regarding the monthly recapitulation of Physician Orders has been written and implemented. The appropriate staff have been inserviced on this new policy. The DON or designee will audit (Attachment D) to ensure the Medication Administration policy is followed, by an audit process of no less than 5 residents each scheduled day of work for the first 4 weeks at which time if the staff are properly documenting the administration of medication, the audit will decrease to 15 residents per week for the 8 weeks, then decline to 5 residents per week for 12 weeks. Additionally, the DON or designee will review the Physician Orders recapitulations monthly prior to the beginning of the month to ensure the Medication Administration Record is accurate with the current Physician Orders, this will be on-going (Attachment C). An inservice calendar has been developed to ensure the Nursing staff are receiving proper training to meet the State Residential Regulations.</p>				

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R 0296 Bldg. 00	<p>before I gave the PRN's."</p> <p>A request to review the facility's policies and/or procedures regarding medication administration was made to the Director of Nursing and the Executive Director on 11-12-15. Both indicated the facility does not currently have any such policies or procedures.</p> <p>This state tag relates to Complaint IN00184600.</p> <p>5-4(e)(6)</p> <p>410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on interview, the facility failed to ensure policies were developed for administration of medications to facility residents. This deficient practice has the potential to adversely affect the care and services to all residents to whom the facility administers medications.</p> <p>Findings include:</p> <p>In an interview with the Executive</p>	R 0296	All staff (Nurses and QMA's) who administer medications have been inserviced on the revised Medication Administration policy. (AttachmentA). Nurses have been inserviced on the new recapitulation policy, (Attachment C). There is no corrective action that can be taken to correct the deficient practice for the resident(s) who were affected. No adverse reactions were noted as a result of the deficient practice.	12/01/2015

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	<p>Director on 11-12-2015 at 1:25 p.m., he indicated he was unable to locate any policies related to medication administration.</p> <p>In an interview with the Director of Nursing on 11-12-2015 at 1:30 p.m., she indicated she could not locate any policies related to medication administration.</p> <p>This state tag relates to Complaint IN00184600.</p> <p>5-1.6(c)(1)</p>		<p>All resident who the facility provides medication administration to had the possibility to be affected, no other residents were identified to be affected.</p> <p>A revised Medication Policy has been implemented and the appropriate staff have been inserviced on the proper policy and procedure regarding Medication Administration. Additionally, a policy regarding the monthly recapitulation of Physician Orders has been written and implemented. The appropriate staff have been inserviced on this new policy. The DON or designee will audit (Attachment D) to ensure the Medication Administration policy is followed, by an audit process of no less than 5 residents each scheduled day of work for the first 4 weeks at which time if the staff are properly documenting the administration of medication, the audit will decrease to 15 residents per week for the 8 weeks, then decline to 5 residents per week for 12 weeks. Additionally, the DON or designee will review the Physician Orders recapitulations monthly prior to the beginning of the month to ensure the Medication Administration Record is accurate with the current Physician Orders, this will be on-going (Attachment C). An inservice calendar has been developed to ensure the Nursing staff are receiving proper training to meet the State Residential</p>		

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