DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155733	A. BUILDING 00 B. WING	12/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
COLONIAL NURSING HOME	119 N INDIANA AVE CROWN POINT, IN 46307

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00395293 and IN00396866. Complaint IN00395293 - Substantiated. Federal/State deficiencies related to the allegations are cited at F732. Complaint IN00396866 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684 and F9999. Survey dates: December 15 & 16, 2022 Facility number: 000360 Provider number: 155733 AIM number: 100290370 Census Bed Type: SNF/NF: 31 Total: 31 Census Payor Type: Medicare: 3 Medicaid: 23 Other: 5 Total: 31 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 12/20/22.	F 0000	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective January 8, 2023. We respectfully request paper compliance for this survey resolution.	
F 0684 SS=E Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Short	Administrator	01/06/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on record review and interview, the facility failed to provide treatments and care in accordance with professional standards of practice and the comprehensive care plan, related to lack of an assessment of pain prior to the administration of pain medications by a Licensed Nurse and an assessment of the effectiveness of the pain medication after the the administration, for 4 of 5 residents reviewed for a risk for pain care plan. (Residents D, E, F, and G) The facility also failed to administer pain medications as ordered for resident D. Findings include: 1. Resident D's record was reviewed on 12/16/22 at 9:39 a.m. The diagnoses included, but were not limited to, dementia and spinal stenosis. A Quarterly Minimum Data Set (MDS) assessment, dated 11/10/22, indicated a severely impaired cognition, frequent pain was present, and had received an opioid pain medication daily the past seven days. A Care Plan, dated 4/11/18, indicated chronic pain was present. The interventions included, the pain medication would be administered as ordered, the Physician would be notified if pain medications and interventions were not effective, and pain assessment would be completed as needed.	F 0684	F684 [E] Quality of Care It is the practice of Colonial Nursing and Rehab that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. *What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;* Residents D, E, F, G physicians were notified of assessments not being completed prior to the administration of pain medication and the assessing of effectiveness after the administration of medication. The physician for resident D was also notified of pain medication not being administered as ordered. *How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;* All residents that are ordered routine and/or PRN pain medication have the potential to be affected by the deficient practice. Audits were conducted	01/08/2023

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	A) A Physician's Order, dated 11/3/22, indicated Percocet (narcotic pain medication) 5-325 milligrams (mg), one tablet was to be given every 12 hours for chronic pain. The Medication Administration Record (MAR), dated 11/2022, indicated the Percocet had been administered at 8 a.m. and 8 p.m. The Controlled Drug Record indicated the Percocet had been administered 9 a.m. and 5 p.m. on November 26, 27, 28, 29, and 30, 2022.. The MAR, dated 12/2022, indicated the Percocet had been administered at 8 a.m. and 8 p.m. The Controlled Drug Record, indicated the Percocet had been administered at 9 a.m. and 5 p.m. on December 1 -9, 2022. During an interview on 12/16/22 at 11:31 a.m., the Director of Nursing (DON) indicated the Percocet had not been given every 12 hours as ordered. B) A Physician's Order, dated 11/3/22, indicated Percocet 5-325 mg, one tablet could be given every 24 hours as needed (prn) for chronic pain, in addition to the every 12 hour pain medication. The Controlled Drug Record, indicated a prn Percocet was given on 12/12/22 at 5 a.m., 12/15/22 at 2 p.m. The Percocet administration had not been documented on the Medication Administration Record(MAR), dated 12/2022. There had been no assessment of the pain prior to the administration of the medications and no assessment of the effectiveness of the pain medication. The MAR, dated 12/2022 indicated a prn Percocet was administered on 12/13/22 at 2:23 p.m. for pain. There had been no pain assessment or		on the orders and medication administration records of those residents on pain medications to ensure pain assessments were in place prior to administration and monitoring of effectiveness of the medication. All medication records were also audited to ensure pain medication was being administered as ordered. *What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;* The policy for medication administration was reviewed by the IDT team. An in-service was conducted with the licensed nurses and QMA's on pain assessment by the nurse prior to administration of pain medication, effectiveness monitoring and administering medications as ordered. A Performance Improvement Tool has been developed that audits assessments of pain prior to and after medication administration and accurate administration of pain medication . *How the corrective actions will be monitored to ensure the deficient practice does not recur;* A performance improvement tool has been initiated that randomly checks three (3) residents to ensure that they are being assessed for pain prior to after administering pain medication,	

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	effectiveness of the pain medication assessment completed by a Licensed Nurse. There were no pain assessments documented in the Nurses' Progress Notes indicating why the prn Percocet had been administered. 2. Resident E's record was reviewed on 12/16/22 at 9:10 a.m. The diagnoses included, but were not limited to, osteoarthritis. A Quarterly MDS assessment, dated 9/24/22, indicated an intact cognitive status, no pain was present, and no opioids had been administered in the past seven days. A Care Plan, dated 10/12/17, indicated acute pain was present due to arthritis. The interventions included, pain medication as ordered by the Physician would be administered and the effectiveness of the pain interventions would be observed. A Physician's Order, dated 8/22/22, indicated Tramadol (narcotic pain medication) 50 mg was to be administered every six hours as needed for pain (prn). The Controlled Drug Record indicated the Tramadol was given on 11/23/22 at 2 p.m. and 8 p.m., 11/24/22 at 3 p.m. and 9 p.m., 11/28/22 at 2 p.m. and 8 p.m., and 11/29/22 at 8 p.m. There was no documentation on the MAR, dated 11/2022, that indicated the Tramadol had been given. An assessment of the pain and effectiveness of the pain medication had not been completed by a Licensed Nurse. The Controlled Drug Record indicated the Tramadol was given on 11/27/22 at 8 a.m. The		checking that it is reflected in controlled drug record and MAR and that medication is being administered as ordered. This Quality Assurance Audit Tool will be completed by the Director of Nursing/ Designee Weekly for four (4) weeks; then monthly for five (5) months. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly. *By what date the systemic changes will be made: January 8, 2023*	

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signature was not legible. The Tramadol was not documented on the MAR and an assessment of the pain and effectiveness of the pain medication had not been completed.

There was no documentation in the Nurses' Progress Notes an assessment of the pain, pre-authorization was given, and the Tramadol had been given on November 23, 24, 28, and 29, 2022.

The Controlled Drug Record indicated the Tramadol had been administered on 12/1/22 at 2 p.m. and 8 p.m., 12/5/22 at 8 p.m., 12/6/22 at 2 p.m., 12/9/22 at 3:30 p.m. and 9:30 p.m., 12/13/22 at 3 p.m. and 9 p.m. and 12/15/22 at 8 p.m. there was no documentation on the MAR, dated 12/2022, indicating the Tramadol had been given. There had been no assessment of the pain or the effectiveness of the pain medication completed by a Licensed Nurse.

The Controlled Drug Record indicated the Tramadol had been administered 12/12/22 at 8 a.m. The MAR indicated the medication had been given. There was no assessment of the pain and effectiveness of the pain medication completed by a Licensed Nurse.

There were no documented assessments of the pain or rationale for administration of the Tramadol in the Nurses' Progress Notes.

3. Resident F's record was reviewed on 12/16/22 at 10:50 a.m. The diagnoses included, but were not limited to, osteoarthritis.

A Quarterly MDS assessment, dated 11/8/22, indicated a moderately impaired cognitive status, no pain was present, and had not received an

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opioid in the past seven days.

A Care Plan, dated 1/19/22, indicated acute and chronic pain was present. The interventions indicated the effectiveness of the pain interventions would be evaluated.

A Physician's Order, dated 3/20/22, indicated hydrocodone (narcotic pain medications) 5-325 mg, one tablet every six hours for pain could be administered as needed.

The MAR, dated 11/2022, indicated the hydrocodone had not been administered.

The Controlled Drug Record indicated the hydrocodone had been administered on 11/19/22 at 3 p.m. and 8 p.m., 11/20/22 at 3 p.m. and 8 p.m., 11/29/22 at 7 p.m., and 11/30/22 at 3 p.m. There were no assessments of the pain and effectiveness of the pain medications completed by a Licensed Nurse.

The MAR, dated 12/2022, indicated one hydrocodone had been administered 12/12/22 at 7:11 p.m. The pain had not been assessed and the effectiveness of the pain medication by a Licensed Nurse.

The Controlled Drug Record indicated the hydrocodone had been administered the medication on 12/3/22 at 2 p.m., and 8 p.m., 12/4/22 at 3 p.m. and 8 p.m., 12/14/22 at 3 and 9 p.m. The administration had not been documented on the MAR, dated 12/2022. There were no pain assessments and effectiveness of the pain medication assessments by a Licensed Nurse.

4. Resident G's record was reviewed on 12/16/22 at 11:39 a.m. The diagnoses included, but were not

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limited to, peripheral vascular disease and stroke.

An Annual MDS assessment, dated 12/9/22, indicated an intact cognition, had no pain, and received an opioid every day in the past seven days.

A Care Plan, dated 2/18/29, indicated chronic pain. The interventions included, the pain medications would be administered as ordered.

A Physician's Order, dated 7/14/22, indicated Norco (narcotic pain medication) 5-325 mg, one table every eight hours as needed for pain.

The Controlled Drug Record indicated the Norco was signed out on 12/1/22 at 11 p.m., 12/2/22 at 7 p.m., 12/2/22 , 12/3/22 at 2 p.m. and 10 p.m., 12/4/22 at 2 p.m. and 10 p.m., 12/8/22 at 1:30 a.m., 12/9/22, 12/10/22 at 10 p.m., 12/13/22, and 12/15/22 at 8:30 p.m. There was no documentation on the MAR, dated 12/2022, the Norco had been administered. There had been no pain assessments and assessments of the effectiveness by a Licensed Nurse.

The MAR, dated 12/2022, indicated the Norco had been given on 12/12/22 at 2:36 p.m. and 12/24/22 at 2:35 p.m. There had been no assessment of the pain and effectiveness of the pain medication by a Licensed Nurse.

During an interview on 12/16/22 at 10:05 a.m., LPN 3 indicated there had been no Licensed Nurse pain assessment for the as needed pain medications for Residents D and E.

During an interview on 12/16/22 at 10:13 a.m., LPN 7 indicated there had been no Licensed Nurse pain assessment for the as needed pain

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	medications for Residents F and G. During an interview on 12/16/22 at 10:43 a.m. the Director of Nursing acknowledge the missing documentation and assessments on the MARs and the lack of pain assessments. An undated pain management policy, provided by the Director of Nursing on 12/16/22 at 12 p.m. as current, indicated if a PRN pain medication was administered, documentation was required on the Pain Management Flow Sheet and documentation must also be completed on the MAR. The effectiveness of the medication was to be documented 60-90 minutes after the medication was given. A facility medication administration policy, received from the Director of Nursing as current, indicated documentation was to be completed on the MAR immediately after the administration. PRN medications were to have the date, time, reason, and follow up results documented. This Federal tag relates to Complaint IN00396866. 3.1-37			
F 0732 SS=C Bldg. 00	483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:			

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	(A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.			
	Based on observation and interview, the facility filed to post and provide accurate staffing posts as required for all licensed staff working in the building. This had the potential to affect all of the residents who resided in the facility. Findings include: 1, During an observation on 12/15/22 at 8:33 a.m. and 10:46 a.m., the posted daily nursing staffing forms were dated 12/9/22, 12/12/22, and 12/13/22.	F 0732	F732 [C] Posted Nurse Staffing Information It is the practice of Colonial Nursing and Rehab to post and provide accurate staffing posts as required for all licensed staff working in the building *What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;* Accurate nursing schedule posting	01/08/2023

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	The staff member responsible for scheduling indicated on 12/15/22 at 11:11 a.m., she had just posted the correct dates for the daily nursing schedules. She had not worked 12/14/22 and no one had posted the hours over the past weekend. 2. The Nursing Schedules from 11/1/22 through 11/13/22 and 12/1/22 through 12/15/22 were reviewed on 12/15/22 at 2:30 p.m.. On 11/6/22, there was a Day Shift Nurse who had not shown for work as scheduled and a Day and Evening Shift CNA who had called in sick. The Daily Nursing Staffing Post had not been updated with the changes. On 11/9/22, a Day Shift CNA had called off. The Daily Nursing Staffing Post had not been updated with the changes. On 11/13/22, a QMA was scheduled for the Day Shift and was not listed on the Daily Nursing Staffing Post. On 12/6/22, a Day Shift CNA and Evening Shift CNA had called off. The Daily Nursing Staffing Post had not been updated with the changes. On 12/7/22, an Evening Shift CNA had called off. The Daily Nursing Staffing Post had not been updated with the changes. On 12/9/22, an Evening Shift CNA had called off and there were three Night Shift CNA's scheduled. The Daily Nursing Staffing Post was not posted with the correct hours. On 12/10/22, a Day Shift CNA had called off. The Daily Nursing Staffing post was not updated with the change.		was posted immediately and reflected proper information *How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;* All residents have the potential to be affected by the deficient practice. The nursing schedule will be posted each day and updated each shift as changes in staffing occur. *What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;* The protocol for the posting of nursing staffing has been reviewed by the IDT team. An in-service was conducted with licensed nurses on information required for posting and updating prior to each shift as scheduling changes occur. A performance improvement tool has been developed that audits compliance with posting and updating the schedule each shift *How the corrective actions will be monitored to ensure the deficient practice does not recur;* A performance improvement tool has been initiated that will be review the daily posting of the nursing schedule to ensure that the information is accurate. This Quality Assurance Audit Toll will be completed by the Director of Nursing/ Designee Weekly for four	

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	During an interview on 12/16/22 at 12:58 p.m., the Administrator acknowledged the postings were not updated with changes. This Federal tag relates to Complaint IN00395293.		(4) weeks; then monthly for five (5) months. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly. *By what date the systemic changes will be made: January 8, 2023*	
F 9999 Bldg. 00	3.1-25 PHARMACY SERVICES (b) The administration of drugs and treatments, including alcoholic beverages, nutrition concentrates, and therapeutic supplements, shall be as ordered by the attending physician and shall be supervised by a licensed nurse as follows: (8) Per required need (PRN) medications may be administered only upon authorization of a licensed nurse or physician. 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. This State rule was not met as evidenced by: Based on record review and interview the facility failed to ensure a Licensed Nurse was notified, assessed the resident, and pre-authorization was obtained prior to an as needed (PRN) pain	F 9999	F9999 [3.1-25] Pharmacy Services It is the practice of Colonial Nursing and Rehab that a Licensed Nurse will be notified, assess the resident, and pre-authorize as needed (PRN) pain medication administered by QMA's. *What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;* Residents D, E, F, G physicians were notified of the licensed nurse not supervising PRN medications being distributed by QMA *How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;* All residents who receive PRN pain medications have the	01/08/2023

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	medication was administered by QMA's for 4 of 5 residents reviewed for prn pain medication administration by a QMA. (Residents D, E, F, and G) Findings include: 1. Resident D's record was reviewed on 12/16/22 at 9:39 a.m. The diagnoses included, but were not limited to, dementia and spinal stenosis. The Physician's Orders, dated 11/3/22, indicated Percocet (narcotic pain medication) 5-325 milligrams (mg), one tablet was to be given every 12 hours for chronic pain and Percocet 5-325 mg, one tabled could be given every 24 hours as needed (prn) for chronic pain, in addition to the every 12 hour pain medication. The MAR (Medication Administration Record), dated 12/2022 indicated a prn Percocet was administered by QMA 2 on 12/13/22 at 2:23 p.m. for pain rated at a 6 out of 10 and was effective. The Percocet was signed out on the Controlled Drug Record on 12/13/22 at 2 p.m. A Licensed Nurse had not assessed the resident's pain nor authorized the administration of the prn Percocet. The Controlled Drug Record, indicated a prn Percocet was administered by QMA 2 on 12/15/22 at 2 p.m. The Percocet was not documented on the MAR, the pain was not assessed by a Licensed Nurse, the effectiveness of the Percocet was not assessed, and a Licensed Nurse had not authorized the administration of the prn Percocet. There was no documentation in the Nurses' Progress Notes an assessment/pre-authorization, and the Percocet had been given on 12/12/22, 12/13/22 and 12/15/22.		potential to be affected by the deficient practice. An audit was completed on all residents that receive PRN pain medications and physicians were notified if the deficient practice was noted. *What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;* The QMA scope of practice was reviewed by the IDT team. An in-service was conducted with all nurses and QMA's to review the guidelines. A performance improvement tool was developed that audits compliance with authorization for administration was obtained after nurse assessment of pain. *How the corrective actions will be monitored to ensure the deficient practice does not recur;* A performance improvement tool has been initiated that randomly checks three (3) residents to ensure that prn medications are being supervised by a licensed nurse. This Quality Assurance Audit Toll will be completed by the Director of Nursing/ Designee Weekly for four (4) weeks; then monthly for five (5) months. In the event any further concerns are identified the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly.	

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	155733	A. BUILDING 00 B. WING	12/16/2022

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	2. Resident E's record was reviewed on 12/16/22 at 9:10 a.m. The diagnoses included, but were not limited to, osteoarthritis. A Physician's Order, dated 8/22/22, indicated Tramadol (narcotic pain medication) 50 mg was to be administered every six hours as needed for pain (prn). The Controlled Drug Record, indicated the Tramadol was given on 11/23/22 by QMA 2 at 2 p.m. and 8 p.m., 11/24/22 at 3 p.m. and 9 p.m., 11/28/22 at 2 p.m. and 8 p.m., and 11/29/22 at 8 p.m. There was no documentation on the MAR, dated 11/2022, that indicated the Tramadol had been given. There was no documentation that indicated a Licensed Nurse had authorized the administration of the Tramadol on the MAR or the Controlled Drug Record. There was no documentation in the Nurses' Progress Notes an assessment of the pain, pre-authorization was given, and the Tramadol had been given on November 23, 24, 28, and 29, 2022. The Controlled Drug Record, indicated the Tramadol had been administered by QMA 2 on 12/1/22 at 2 p.m. and 8 p.m., 12/6/22 at 2 p.m., 12/9/22 at 3:30 p.m. and 9:30 p.m., 12/13/22 at 3 p.m. and 9 p.m. and 12/15/22 at 8 p.m. The MAR, dated 12/2022, had no documentation the Tramadol had been given and a Licensed Nurse had assessed the pain and had given approval of the Tramadol to be given on 12/1/22, 12/6/22, 12/9/22, 12/13/22 at 3 p.m., and 12/15/22. The MAR indicated the Tramadol had been given by QMA on 12/13/22 at 9:04 p.m., there was no		*By what date the systemic changes will be made: January 8, 2023*	

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assessment by the Licensed Nurse and no prior authorization from the Licensed Nurse.

The Controlled Drug Record, indicated the Tramadol had been administered by QMA 4 on 12/12/22 at 8 a.m. The MAR indicated the medication had been given. There was no assessment and prior authorization from the Licensed Nurse.

There was no documentation in the Nurses' Progress Notes an assessment of the pain and pre-authorization was given by the Licensed Nurse for the above dates.

3. Resident F's record was reviewed on 12/16/22 at 10:50 a.m. The diagnoses included, but were not limited to, osteoarthritis.

A Physician's Order, dated 3/20/22, indicated hydrocodone (narcotic pain medications) 5-325 mg, one tablet every six hours for pain could be administered as needed.

The MAR, dated 11/2022, indicated the hydrocodone had not been administered.

The Controlled Drug Record, indicated QMA 2 had administered the hydrocodone on 11/19/22 at 3 p.m. and 8 p.m., 11/20/22 at 3 p.m. and 8 p.m., 11/29/22 at 7 p.m., and 11/30/22 at 3 p.m.

There were no assessments and pre-authorizations completed by a Licensed Nurse on the above November dates and times.

The MAR, dated 12/2022, indicated one hydrocodone had been administered by QMA 2 on 12/12/22 at 7:11 p.m. The pain was rated at a 6 and the medication was effective. There was no

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documentation that indicated a Licensed Nurse assessed the pain and had given pre-authorization for the pain medication to be given.

The Controlled Drug Record, indicated QMA 2 had administered the medication on 12/3/22 at 2 p.m., and 8 p.m., 12/4/22 at 3 p.m. and 8 p.m., 12/14/22 at 3 and 9 p.m.

There were no assessments and pre-authorizations completed by a Licensed Nurse on December 3, 4, and 14, 2022.

4. Resident G's record was reviewed on 12/16/22 at 11:39 a.m. The diagnoses included, but were not limited to, peripheral vascular disease and stroke.

A Physician's Order, dated 7/14/22, indicated Norco (narcotic pain medication) 5-325 mg, one table every eight hours as needed for pain.

The Controlled Drug Record, indicated the Norco was signed out on 12/3/22 at 2 p.m. and 10 p.m. by QMA 2, 12/4/22 at 2 p.m. and 10 p.m. by QMA 2.

There was no documentation on the MAR, dated 12/2022 the Norco was administered on the above dates. There were no pain assessments and Licensed Nurse pre-authorization for the Norco to be administered on 12/3/22 and 12/4/22.

The Norco was administered by QMA 2 on 12/3/22 at 2 and 10 p.m., 12/4/22 at 2 and 10 p.m., 12/12/22 at 2:36 p.m. , and 12/14/22 at 2:35 p.m. The 12/12/22 and 12/14/22 was documented on the MAR. There were no Licensed Nurse pain assessments and pre-authorization given from the Nurse.

There were no assessments of the pain and

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	pre-authorization in the Nurses' Progress Notes for the above dates. During an interview on 12/16/22 at 10:05 a.m., LPN 3 indicated there had been no Licensed Nurse authorization for the as needed pain medications for Residents D and E. During an interview on 12/16/22 at 10:13 a.m., LPN 7 indicated there had been no Licensed Nurse authorization for the as needed pain medications for Residents F and G. During an interview on 12/16/22 at 10:43 a.m. the Director of Nursing acknowledge the missing documentation and assessments on the MARs and the lack of assessments and pre-authorization from the Licensed Nurse when QMA's administered the pain medications. The "Indiana State QMA Scope of Practice", indicated PRN medications were only to be administered if authorization was obtained from the facility's licensed nurse on duty or on call. If the authorization was obtained, the QMA was to ensure the resident's record was cosigned by the licensed nurse who gave permission by the end of the nurse's shift. This state finding relates to Complaint IN00396866.			