

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155762	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2023
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NAME OF PROVIDER OR SUPPLIER FOREST PARK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTH L ST RICHMOND, IN 47374
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00410817.</p> <p>Complaint IN00410817. State deficiencies related to the allegations are cited at R0214 and R0246.</p> <p>Survey dates: June 21 and 22, 2023</p> <p>Facility number: 011387</p> <p>Residential Census: 16</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on June 26, 2023</p>	R 0000		
R 0214 Bldg. 00	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency</p> <p>(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review, the facility failed to ensure 2 of 3 residents reviewed for care and services had an evaluation updated and/or developed and a corresponding service plan conducted at least every six months. (Residents B and D)</p> <p>Findings include:</p> <p>1. The clinical record of Resident B was reviewed</p>	R 0214	<p>1. All residents have the potential to be affected by the alleged deficient practice. No residents were found to have been affected by the alleged deficient practice.</p> <p>2. Skilled nursing staff were educated on the PRN medication administration policy. IDT (interdisciplinary team) educated</p>	07/10/2023

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 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>on 6-21-23 at 11:15 a.m. Her diagnoses included, but were not limited to, dementia and hypertension. It indicated she had been admitted into the facility over 4 years ago.</p> <p>A review of her most recent, "Semi-Annual...Eval and Service Plan," indicated it was dated 9-30-23. An "AL [assisted living] Level of Care Monthly Observation," document, was dated 1-11-23. No additional semi-annual evaluations or service plans were located in the clinical record. In an interview with the Executive Director on 6-22-23 at 12:30 p.m., she indicated the facility could not locate any additional or more current evaluations or service plans for Resident B.</p> <p>2. The clinical record of Resident D was reviewed on 6-22-23 at 10:13 a.m. Her diagnoses included, but were not limited to dementia, high blood pressure, peripheral vascular disease, and aortic stenosis. It indicated she had been admitted to the facility over two years ago.</p> <p>A review of her most recent, "Semi-Annual...Eval and Service Plan," indicated it was dated 10-21-22. An "AL [assisted living] Level of Care Monthly Observation," documents, dated 11-17-22, 12-13-22 and 1-12-23 were also present. No additional semi-annual evaluations or service plans were located in the clinical record. In an interview with the Executive Director on 6-22-23 at 12:30 p.m., she indicated the facility could not locate any additional or more current evaluations or service plans for Resident D.</p> <p>In an interview with the the Director of Nursing and QMA 3 on 6-21-23 at 3:30 p.m., both indicated they were not familiar with residential regulations. In an interview with the Executive Director on 6-21-23 at 1:20 p.m., she indicated she was not</p>		<p>on resident assessment prior to administering PRN pain medications per policy. IDT educated on service plan policy.</p> <p>3. As a measure of ongoing compliance DHS/designee will conduct random audits on 5 like residents to ensure pain assessments are documented prior to administration of PRN pain medications and being followed per MD orders. Audits will be completed x3 days a week for 4 weeks, then 2 days a week x8 weeks then weekly times x3 months.</p> <p>As a measure of ongoing compliance DHS/designee will conduct random audits on 3 residents to ensure services plans are updated and completed per policy. Audits will be completed x3 days a week for 4 weeks, then 2 days a week x8 weeks then weekly times x3 months. DHS/designee will be responsible for PRN pain documentation monitoring compliance of residents for 6 months.</p> <p>4. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a of 100% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months.</p>	

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R 0246 Bldg. 00	<p>very familiar with residential regulations.</p> <p>On 6-22-23 at 9:40 a.m., the Executive Director provided a copy of a policy entitled, "Assisted Living Evaluation and Service Plan Guidelines, with a review date of 3-24-22. This policy was indicated to be the current policy utilized by the facility. This policy indicated its purpose as, "To provide documentation of nursing and ancillary care needs to develop a service plan. To determine acuity level based on the amount of assistance provide [sic] with both activities of daily living (ADL) and nursing care. Upon admission, semi-annually and with significant change in health status or functioning, the licensed nurse shall evaluate the resident's physical, mental, psychosocial functioning and care needs...A service plan shall be identified and implemented in response to the resident's evaluation and in collaboration with the resident and/or responsible party...The resident's functioning and needs shall be within the state requirements for admission and continued stay..."</p> <p>This Residential tag relates to Complaint IN00410817.</p> <p>2.5-2(a)</p> <p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency</p> <p>(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</p>			

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	<p>documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on interview and record review, the facility failed to ensure staff QMA's received prior authorization from a facility nurse prior to administering a PRN (as needed/requested) narcotic medication to 1 of 3 residents reviewed for PRN medication receipt from QMA's. (Resident B, QMA 4 and QMA 5)</p> <p>Findings included:</p> <p>The clinical record of Resident B was reviewed on 6-21-23 at 11:15 a.m. Her diagnoses included, but were not limited to, dementia and hypertension. It indicated she was admitted into hospice services on 5-12-23 and passed away at the facility on 5-14-23.</p> <p>Physician orders, dated 5-12-23, indicated Resident B was re-admitted to the facility from a local hospital on 5-12-23 with new hospice-related orders for morphine (a narcotic opioid) for pain and shortness of breath, related to end of life care. The initial morphine order indicated to orally administer morphine 100 mg/5 mg (milligrams per milliliter) strength at 0.25 ml (or 5 mg) every hour as needed for pain or shortness of breath. This dose was subsequently increased by the hospice physician in response to the resident's needs.</p> <p>A review of the "Controlled Drug Use Record," indicated Resident B received two doses of morphine on 5-13-23 administered by QMA 4, and 7 doses of morphine on 5-13-23 administered by QMA 5. None of the nine doses of morphine had any documentation to reflect either QMA had obtained pre-authorization from a licensed facility nurse prior to the administration of the medication.</p>	R 0246	<ol style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. No residents were found to have been affected by the alleged deficient practice. IDT (interdisciplinary team) and licensed nurses were educated on company service plan policy. DHS/AL Director/designee will conduct random audits on 5 residents to ensure Service Plans are up to date and being updated per the Policy. Audits will be completed x3 days a week for 4 weeks, then 2 days a week x8 weeks then weekly times x3 months. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If a of 100% is not achieved, an action plan will be developed. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining substantial compliance for no less than 6 months. 	07/10/2023

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	<p>In an interview with QMA 3 on 6-21-23 at 3:30 p.m., she indicated she normally documents any PRN medication pre-authorization from the licensed nurse as a notation that can be entered directly into the electronic MAR (medication administration record).</p> <p>In an interview with the the Director of Nursing and QMA 3 on 6-21-23 at 3:30 p.m., both indicated they were not familiar with residential regulations and were not completely sure of the facility's policies and procedures regarding PRN medication policies and procedures regarding prior authorization from the licensed nurses and QMA's. In an interview with the Executive Director on 6-21-23 at 1:20 p.m., she indicated she was not very familiar with residential regulations.</p> <p>On 6-22-23 at 9:40 a.m., the Executive Director provided a copy of a policy entitled, "Administration of PRN Medications." This policy had a review date of 12-31-22 and was indicated to be the current police utilized by the facility. This policy indicated, "To provide SOP (standard operating procedure) for the administration of non-routine (PRN) medication administration...Documentation should reflect the reason for administering the PRN medication. If PRN medication is to be administered by a QMA, the Standards of Practice for PRN, medication administration by a Qualified Medication Assistant shall be observed under the direction of a licensed nurse..."</p> <p>On 6-22-23 at 10:35 a.m., the Executive Director provided a copy of an undated document entitled, "Qualified Medication Aide Scope of Practice." This document indicated, "The following tasks are within the scope of practice for the QMA unless</p>			

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

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	<p>prohibited by the facility policy...Count, administer, and document controlled substances...Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following: Document in the resident record symptoms indicating the need for the medication and time symptoms occurred. Document in the resident record that the facility's licensed nurse was contacted, symptoms were described, and permission granted to administer the medication, including the time of contact. Obtain permission to administer the medication each time the symptoms occur in the resident. Ensure the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse was on call, by the end of the nurse's next tour of duty."</p> <p>This Residential tag relates to Complaint IN00410817.</p> <p>2.5-4(e)(6)</p>				