

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/09/2024	
NAME OF PROVIDER OR SUPPLIER WHITLOCK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 S ELM ST, CRAWFORDSVILLE, , 47933					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00438959 and IN00439594. Complaint IN00438959 - State deficiencies related to the allegations are cited at R243. Complaint IN00439594 - State deficiencies related to the allegations are cited at R243. Survey date: August 9, 2024 Facility number: 004419 Residential Census: 60 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 19, 2024.	R 0000	Whitlock Place 1719 S Elm St Crawfordsville, IN 47933 Dear Ms. Buroker, On August 9, 2024, a Complaint (IN00438959, IN00439594) complaint survey with survey number TLP511 was conducted by the Indiana State Department of Health. Enclosed please find the Statement of Deficiencies with our facilities Plan of Correction for the alleged deficiency. Please consider this letter and Plan of Correction to be the facility's credible allegation of compliance. We respectfully request a desk review to ensure that the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the Plan of Correction of 09/04/2024.				

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			Please feel free to call me with any further questions on (765) 364-1880. Respectfully submitted, Lasha Batemane Whitlock Place 1719 S Elm St Crawfordsville, IN 47933	
R 0243	Health Services - Deficiency 410 IAC 16.2-5-4(e)(3) (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review, the facility failed to ensure medications were documented as administered to 2 of 4 residents reviewed for medication administration (Residents C and D).	R 0243	R243 Health Services The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	09/04/2024

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Findings include:

On 8/9/24 at 10:18 a.m., during interview with the Director of Health and Wellness (DHW) she indicated the medication administration times were during blocks of time beginning at 7:00 a.m. through 11:00 p.m., and the medications were kept on the medication carts except for the medications the residents administer themselves. She indicated if a medication was not available to administer, she would call the facility pharmacy. They had four hours to deliver the medication. If they can't deliver them, she would call a local pharmacy to fill and deliver the medication.

She indicated if a medication was low, she would tell the resident so they could pick up the medication. She indicated this had not happened often.

She indicated if a medication was not available to administer, she would circle the drug, mark it on the back of the Medication Administration Record (MAR) and record the reason it was not administered.

On 8/9/24 at 1:04 p.m., during an interview with Qualified Medication Aide (QMA) 3, she indicated if a medication ran out, she would send a request to the facility pharmacy to have it filled. If they were unable to fill it, she

1) Immediate actions taken for those residents identified:

Any resident residing in the facility had the potential to be affected. None noted.

2) How the facility identified other residents:

DHW/Designee will audit all MAR/TAR for any missed medication administration and refusal of medication if it has been accurately documented.

3) Measures put into place/
System changes:

Inservice and education will be provided to all licensed nurses and QMA on medication administration and documenting refusal on back of MAR/TAR.

DHW/Designee will check MAR/TAR 3 times weekly x 4 weeks, then 2 times weekly for x 4 weeks and then 1 time weekly for 4 months to ensure medication administration was completed accurately and refusal has been

would text the Director of Nursing and let her know. She indicated she had not had any situations in the last two months of a medication running out and indicated if she did not have a medication to administer, she circled it on the MAR and documented why it was not given.

1. On 8/9/24 at 11:27 a.m. the medical record of Resident C was reviewed. The resident was admitted to the facility with admitting diagnosis including but not limited to hypertension (high blood pressure), hypokalemia (low potassium a mineral that is critical to the proper functioning of nerve and muscles cells, particularly heart muscle cells), and heart disease (a type of disease that affects the heart or blood vessels).

The Medication Administration Record (MAR) for the month of June indicated atorvastatin 20 mg (milligrams) (a medication to treat high cholesterol), carvedilol 6.25 mg (a medication to treat high blood pressure) and remeron 15 mg (a medication to treat depression) were not administered on 6/29/24. On the following days in July 2024 the medications which were not administered were, culturelle cap (medication to treat diarrhea) 7/22/24, carvedilol 12.5 mg on 7/28/24, questran powder (a medication used to

documented on back of MAR/TAR.

4)How the corrective actions will be monitored:

DHW/Designee will be responsible for this plan of correction and Audit findings will be presented to the QAA Committee monthly x 6 months. The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.

5) Date of compliance:
09/04/2024

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FORM APPROVED

OMB NO. 0938-0391

treat high cholesterol) on 7/1/24 at 2 pm. The back of the MAR did not indicate why the medications were not administered.

2. On 8/9/24 at 12:00 p.m. the medical record for Resident D was reviewed. The resident was admitted to the facility with admitting diagnosis included but were not limited to, hyperlipidemia (high cholesterol), hypertension (high blood pressure).

The Medication Administration Record (MAR) for the month of June indicated losartan 100 mg and metoprolol 25 mg (medications used to treat high blood pressure) were not administered on 6/30/24. Metoprolol 25 mg and protonix 40 mg (a medication used to treat acid reflux in the digestive system) were not administered on 6/27/24. Cephalexin 250 mg (an antibiotic) was not administered on 7/28/24. The back of the MAR did not indicate why the medications were not administered.

On 8/9/2024 at 2:50 p.m., the DHW provided a document, titled, "Medication Administration," dated 6/21/17, and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy 5.3 General guidelines for medication administration

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...Procedure ...14. Return to the medication cart and document medication administration with initials on the medication administration record (MAR) immediately after administering medications to each resident.
15. If a resident refuses medication, document on the MAR. Note refusal or ingestion of less than 100% of dose on the MAR in the designated area"

On 8/9/2024 at 2:50 p.m., the DHW provided an undated document titled, "Medication Administration DLS policy," and indicated it was the policy currently being used by the facility. The policy indicated, "...Procedure ...6. Complete documentation on the resident's med cardex (Medex) or eMAR. The person administering the medication will initial and sign that the medication was given, document time, routes, parameters or refusals"

This citation relates to Complaints IN00438959 and IN00439594.

Based on interview and record review, the facility failed to ensure medications were documented as administered to 2 of 4 residents reviewed for medication administration (Residents C and D).

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR
PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE