STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF CASTLETON, LLC	8480 CRAIG ST, INDIANAPOLIS, , 46250

(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 Complaint IN00359574. Complaint IN00359574 - Substantiated. State deficiencies related to the allegations are cited at R0296. Survey date: November 18, 2021 Facility number: 009894 Residential Census: 132 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review was completed on November 23, 2021.	R 0000		
R 0296	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(b) (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility	R 0296	**R 296 Pharmaceutical Services - Noncompliance** What corrective action(s) will be accomplished for those residents found to have been	12/02/2021

shall provide for ongoing training to ensure competence of medication staff.

Based on record review and interview, the facility failed to administer medications as ordered by the physician for 2 of 5 residents reviewed for medication administration. (Resident B and D)

Findings include:

1. The record for Resident B was reviewed on 11/18/2021 at 10:18 a.m. Diagnoses included, but were not limited to, seizure disorder, alcohol abuse and depression.

A current physician's order, dated 11/12/2020, indicated the resident was to receive mirtazapine 7.5 mg (milligram) one time daily for depression.

A current physician's order, dated 10/13/2020, indicated the resident was to receive zonisamide 300 mg one time daily for seizures.

Resident B's MAR (Medication Administration Record), for November 2021, indicated mirtazapine 7.5 mg and zonisamide 300 mg were not administered on November 13 and 14, 2021.

During an interview, on 11/18/2021 at 3:43 p.m., Resident B indicated he did not

affected by the alleged noncompliance?

- Resident B did report to the state surveyor that they did receive their medication on November 13th and 14th. However, the nurse did not chart off the medication. No additional holes were noted for resident B.
- Resident D could recall receiving medication on November 13th and 14th. No additional holes on EMAR were noted for resident D.
- In an interview with the nurse assigned to resident B and D's Hall on November 13th and 14th she did confirm giving the medication to resident B and D and did not realize she hadn't signed off the medication. DON reviewed expectations of signing off medication following administration to the resident. Per Wyndmoor Medication & Treatment –

always receive his seizure medications.

2. The record for Resident D was reviewed on 11/18/2021 at 2:45 p.m. Diagnoses included, but were not limited to, hypertension, depressive disorder and insomnia.

A current physician's order, dated 02/17/2021, indicated the resident was to receive trazodone 50 mg (milligrams) at bedtime for sleep.

The resident's MAR (Medication Administration Record), for November 2021, indicated the resident's trazodone was not signed off by nursing as administered on 11/13/2021 and 11/14/2021.

During an interview, on 11/18/2021 at 2:52 p.m., the Director of Nursing indicated if a medication was not documented by nursing staff as given in the MAR then it was not administered.

A current facility policy, titled "Medication & Treatment - Administration/Assistance," dated 05/01/2019 and provided by the DON on 11/18/2021 at 4:16 p.m., indicated " ...The individual assisting with the medication should ...record it immediately after medication assistance...."

This State finding relates to

Administration/Assistance Policy the nurse should observe the resident ingesting the medication prior to documenting the administration/assistance on the resident's Medication Record or eMAR and record it immediately after medication assistance.

- All Nursing Staff were educated on Noncompliant Practice and Wyndmoor's Medication & Treatment – Administration Assistance Policy on November 18th via only communication.

How will the facility identify other residents having the potential to be affected by the same alleged noncompliance and what corrective action will be taken?

- All residents who received medications from the nurse who passed pm meds on 11/13/21 and 11/14/21 had the potential to be affected by the

Complaint IN00359574.

Based on record review and interview, the facility failed to administer medications as ordered by the physician for 2 of 5 residents reviewed for medication administration. (Resident B and D)

Findings include:

1. The record for Resident B was reviewed on 11/18/2021 at 10:18 a.m. Diagnoses included, but were not limited to, seizure disorder, alcohol abuse and depression.

A current physician's order, dated 11/12/2020, indicated the resident was to receive mirtazapine 7.5 mg (milligram) one time daily for depression.

A current physician's order, dated 10/13/2020, indicated the resident was to receive zonisamide 300 mg one time daily for seizures.

Resident B's MAR (Medication Administration Record), for November 2021, indicated mirtazapine 7.5 mg and zonisamide 300 mg were not administered on November 13 and 14, 2021.

noncompliance
as it was the same nurse for resident B and D that did not mark the
medication as given on the eMAR.

- Wyndmoor's Medication Administration Audit Report was run on PCC to ensure no additional residents had medications that were not signed off on 11/13/21 and 11/14/21.
- DON reviewed expectations with individual nurse of signing off medication following administration to the resident. Per Wyndmoor Medication & Treatment – Administration/Assistance Policy the nurse should observe the resident ingesting the medication prior to documenting the administration/assistance on the resident's Medication Record or eMAR and record it immediately after medication assistance.
- All Nursing Staff were educated on Noncompliant Practice and Wyndmoor's Medication & Treatment – Administration Assistance

During an interview, on 11/18/2021 at 3:43 p.m., Resident B indicated he did not always receive his seizure medications.

2. The record for Resident D was reviewed on 11/18/2021 at 2:45 p.m. Diagnoses included, but were not limited to, hypertension, depressive disorder and insomnia.

A current physician's order, dated 02/17/2021, indicated the resident was to receive trazodone 50 mg (milligrams) at bedtime for sleep.

The resident's MAR (Medication Administration Record), for November 2021, indicated the resident's trazodone was not signed off by nursing as administered on 11/13/2021 and 11/14/2021.

During an interview, on 11/18/2021 at 2:52 p.m., the Director of Nursing indicated if a medication was not documented by nursing staff as given in the MAR then it was not administered.

A current facility policy, titled "Medication & Treatment - Administration/Assistance," dated 05/01/2019 and provided by the DON on 11/18/2021 at 4:16 p.m., indicated " ...The individual assisting with the medication should ...record it immediately after medication

Policy on November 18th via only communication.

- A Medication Administration Audit Report will be run by the DON or designee daily X 1 week and then weekly until the noncompliance does not recur.
- Results of the audit will be reviewed by the Executive Director on a daily basis X 1 week then weekly to monitor for continued compliance.
- Additional action will be taken by the Executive Director or Nursing Director as warranted, based on the results of the audits.

What measures will be put in place or what systemic changes will the facility make to ensure the alleged noncompliance does not recur?

- All Nursing Staff were educated on Noncompliant Practice

	assistance...." This State finding relates to Complaint IN00359574.		and Wyndmoor's Medication & Treatment – Administration Assistance Policy on November 18th via only communication. • A Medication Administration Audit Report will be run by the DON or designee daily X 1 week and then weekly until the noncompliance does not recur. • Results of the audit will be reviewed by the Executive Director on a daily basis X 1 week then weekly to monitor for continued compliance. • Additional action will be taken by the Executive Director or Nursing Director as warranted, based on the results of the audits. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?	

			• A Medication Administration Audit Report will be run by the DON or designee daily X 1 week and then weekly until the noncompliance does not recur. • Results of the audit will be reviewed by the Executive Director on a daily basis X 1 week then weekly to monitor for continued compliance. • Additional action will be taken by the Executive Director or Nursing Director as warranted, based on the results of the audits. By what date will these systemic changes be implemented? • 12/2/2021	

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