

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 07/19/2023	
NAME OF PROVIDER OR SUPPLIER KEYSTONE WOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 2335 N MADISON AVE, ANDERSON, , 46011					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...		(X5) COMPLETION DATE	

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R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00410209. Complaint IN00410209 - State deficiencies related to the allegations are cited at R0246. Survey dates: July 18 and 19, 2023 Facility number: 010409 Residential Census: 56 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 24, 2023.	R 0000	This Plan of Correction is submitted as required under State law. The submission of this Plan of Correction does not constitute an admission on the part of Keystone Woods as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. The submission of this Plan of Correction does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures, as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any judicial and/or administrative proceeding on that basis. The Community also submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney or shareholder of the Community or affiliated companies.	
R 0246	Health Services - Deficiency 410 IAC 16.2-5-4(e)(6) (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	R 0246	1. Resident B is no longer in the Community. Resident E is receiving his/her PRN medication after the Qualified Medication Aide (QMA) obtains authorization to administer each dose of medication by a licensed nurse or physician. Additionally, the QMA is documenting the authorization for each dose in the Nurses notes.	08/24/2023

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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.

Based on record review and interview, the facility failed to ensure Qualified Medication Aides (QMA) obtained authorization to administer medications ordered on an as needed (PRN) basis and documented the authorization in the clinical record for 2 of 4 resident reviewed for medication administration. (Residents B and E)

Findings include:

1. Resident B's clinical record was reviewed on 7/18/23 at 2:16 p.m. Diagnoses included chronic systolic congestive heart failure, pulmonary fibrosis, chronic kidney disease stage 4, pain, dyspnea, anxiety, and restlessness.

Medication orders included morphine (opiate pain medication) solution 100 milligram (mg)/5 milliliters (ml) - give 0.2 ml by mouth every hour as needed for pain or dyspnea; give 0.5 ml by mouth every hour as needed for pain or dyspnea, and lorazepam (anxiolytic) concentrate 2 mg/ml - give 0.25 ml by mouth every 2 hours as needed for anxiety or

2. The Community is reviewing each resident's records to determine which residents, if any, could be affected by the alleged deficient practice.

3. On August 11, 2023 the Wellness Director (WD) will conduct a complete audit of all residents who receive PRN medication. In addition, all QMA's will be in-serviced regarding the proper procedure for administering PRN medications, including the requirement to obtain documented approval from the WD (or licensed nurse designee) or a physician for each dose of PRN medication prior to any administration.

4. The Wellness Director (WD) or designee will ensure that all PRN medication administered by QMA's are administered only upon the authorization of a licensed nurse or physician and documented, including the date and time of authorization, in the nursing notes. The WD or designee will audit the MAR of 5 residents receiving PRN medications weekly for 4 weeks and then monthly for 3 months to ensure each PRN administration has the correct authorization.

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restlessness; give 0.5 ml every 2 hours as needed for anxiety or restlessness.

Review of the resident's Medication Administration Record (MAR) indicated the following PRN medications were administered by a QMA. The clinical record lacked documentation of a licensed nurse authorization:

a. On 1/12/23 at 8:00 a.m., lorazepam 0.5 ml

b. On 1/12/23 at 8:00 a.m., Morphine 0.5 ml

c. On 1/12/23 at 10:00 a.m., lorazepam 0.5 ml

d. On 1/12/23 at 10:00 a.m., Morphine 0.5 ml

e. On 1/12/23 at 11:30 p.m., Morphine 0.5 ml

f. On 1/12/23 at 1:00 p.m., lorazepam 0.5 ml

g. On 1/12/23 at 1:00 p.m., Morphine 0.5 ml

h. On 1/13/23 at 8:00 a.m., lorazepam 0.5 ml

i. On 1/13/23 at 8:00 a.m., Morphine 0.5 ml

j. On 1/13/23 at 10:00 a.m., lorazepam 0.5 ml

k. On 1/13/23 at 10:00 a.m.,

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Morphine 0.5 ml

l. On 1/13/23 at 12:00 p.m.,
lorazepam 0.5 ml

m. On 1/13/23 at 12:00 p.m.,
Morphine 0.5 ml

Review of the resident's service
plan, dated 10/19/22, indicated
the resident's medications were
provided by the facility
according to physician orders.

2. Resident E's clinical record
was reviewed on 7/19/23 at
2:15 p.m. Diagnoses included
chronic congestive heart failure,
hypertension, and pain.

Medications included
acetaminophen 1000 mg daily
as needed for pain.

Review of the MAR indicated
the following PRN medications
were administered by a QMA.
The clinical record lacked
documentation of a licensed
nurse authorization:

a. On 7/3/23 at 2:46 p.m.,
acetaminophen 1000 mg

b. On 7/14/23 at 8:55 p.m.,
acetaminophen 1000 mg

Review of the resident's service
plan, dated 5/10/32, indicated
the resident's medications were
provided by the facility
according to physician orders.

Review of "Qualified Medication

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Aide Scope of Practice" acknowledgement forms for QMA 2 (signed 10/18/22), QMA 7 (signed 3/29/23), and QMA 8 (signed 5/22/23) indicated they were signed by the QMAs and the DON.

During an interview on 7/19/23 at 9:28 a.m., Licensed Practical Nurse (LPN) 6 indicated she was not aware of any place the staff documented the authorization for QMAs to administer PRN medications. It was just verbal communication between the nurse and the QMA.

During an interview on 7/19/23 at 9:40 a.m., the Director of Nursing indicated QMAs did not document the authorization to administer PRN medications. She did not monitor whether the QMAs had obtained authorization to give PRN medications. She did not have a way to determine if an authorization to administer a PRN medication was obtained.

During an interview on 7/19/23 at 9:50 a.m., QMA 5 indicated she had not documented, nor been required to document, the authorization to administer PRN medications for any PRN medications she had administered at the facility. She did not document this information because the electronic health record did not

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have a place to enter a comment when the medication was marked as administered. She indicated she could have placed the information in a general note, but she did not document it anywhere.

During an interview on 7/19/23 at 11:35 a.m., QMA 2 indicated she had not documented, nor been required to document, the authorization to administer PRN medications for any PRN medication she had administered at the facility.

During an interview on 7/19/23 at 1:23 p.m., the DON indicated the QMAs should have documented the reason the PRN medications were given and the authorization obtained from a licensed nursing staff member in the clinical record. Staff were required to follow the QMA Scope of Practice.

During an interview on 7/19/23 at 3:30 p.m., the Administrator indicated the staff were required to follow the QMA Scope of Practice.

Review of an undated document titled "QUALIFIED MEDICATION AIDE Scope of Practice," provided by the DON on 7/19/23 at 9:44 a.m., indicated the following: "...The following tasks are within the scope of practice for the QMA unless prohibited by facility

policy... (11) 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: (A) Document in the resident record symptoms indicating the need for the medication and time the symptoms occurred. (B) Document in the resident record the facility's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact. (C) Obtain permission to administer the medication each time the symptoms occur in the resident. (D) Ensure that 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...."

A current facility policy, dated 8/17, titled "PRN MEDICATIONS," provided by the DON on 7/19/23 at 11:01 a.m., indicated the following: "...1. For all PRN medications (those taken on an as-needed "basis"), follow the instructions given for the medications on the MAR... There may be additional guidelines such as who needs to be called for approval to give medications, etc. If no instructions have been given,

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call the Wellness Director or designee for clarification of procedures to be followed...."

This state residential finding relates to Complaint IN00410209.

Based on record review and interview, the facility failed to ensure Qualified Medication Aides (QMA) obtained authorization to administer medications ordered on an as needed (PRN) basis and documented the authorization in the clinical record for 2 of 4 resident reviewed for medication administration. (Residents B and E)

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FORM APPROVED

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OMB NO. 0938-0391

call the Wellness Director or
designee for clarification of
procedures to be followed...."

This state residential finding
relates to Complaint
IN00410209.

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