STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDMOOR OF MARION, LLC	2452 W KEM RD, MARION, , 46952

(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 IN00382335 and IN00383321. Complaint IN00382335 - Substantiated. State deficiencies related to the allegations are cited at R0006, R0241, R0305, and R0378. Complaint IN00383321 - Substantiated. State deficiency related to the allegation is cited at R0241 and R0305. Survey dates: June 20 and 21, 2022 Facility number: 010682 Residential Census: 73 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on June 28, 2022.	R 0000		
R 0006	Scope of Residential Care -	R 0006	**R006-410 IAC 16.2-5-0.5(f)**	07/15/2022

	Deficiency 410 IAC 16.2-5-0.5(f)(1-5) (f) The resident must be discharged if the resident: (1) is a danger to the resident or others; (2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight; (3) requires less than twenty-four (24) hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident ' s choice to provide those services; (4) is not medically stable; or (5) meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident ' s needs: (A) Requires total assistance with eating. (B) Requires total assistance with toileting. (C) Requires total assistance with transferring. Based on interview and record review, the facility failed to ensure a resident was appropriate to reside at an assisted living facility and failed to ensure staff receive		**<u>(1-5) Scope of Residential Care:</u>** What corrective action(s) will be accomplished for those residents found to have been affected by the alleged noncompliance: ·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? ·A review was completed on all residents that require a lift for transfers. No other residents were identified to be affected by the alleged noncompliance. ·A review was conducted of Resident J which concludes that Resident J does need total assistance with toileting and transferring, however, the resident receives 3rd party hospice services and is medically stable and wishes to remain at the facility with his spouse. No other deficiencies within above rule were found upon completing the review. ·A review of Resident J using a lift for transfers currently meets criteria according to rule 410 IAC 16.2-5-0.5(f)(1-5), with reference to # (5) as evidenced by #5 stating: “meets at least two (2) of the following three (3) criteria “UNLESS” the resident is medically stable and the	

	education related to specialized care for 1 of 5 residents reviewed for level of care. (Resident J) Findings include: During an interview with Resident J and his spouse on 6/21/22 at 2:00 p.m., Resident J indicated he almost fell out of the mechanical lift earlier in the day and they were both upset. Resident J indicated we was unable to walk and when he was in the sling, his feet were on the floor and his knees were buckled. He did not think staff had him back far enough in the sling to be moved from his bed to his wheelchair. He did not fall and staff were able to get him into his wheelchair. During an interview on 6/21/22 at 2:08 p.m., CNA 2 indicated herself and another aide had transferred Resident J from his bed to his wheelchair. The resident always feels like he is falling and they both get very nervous during the transfer. She indicated they had control of the sling and he did not fall. She did not receive any in-service at this facility, but knew how to transfer using a mechanical lift from other facilities. The clinical record for Resident J on 6/21/22 at 11:37 a.m. Diagnoses included, but were not limited to, cerebral		health facility can meet the resident's needs: o(A) Requires total assistance with eating o(B) Requires total assistance with toileting o(C) Requires total assistance with transferring ·What measures will be put in place or what systemic changes will the facility make to ensure the alleged noncompliance does not reoccur? oA comprehensive transfer assessment will be undertaken for any pre-admission evaluations that include a potential resident that will use a lift oA comprehensive transfer assessment will be undertaken for any current resident with a change in condition that would require a lift for transfers. oNew hire Job Specific Orientation will include transfers and transfers with lift specifically. oUpon hire, all facility staff and/or agency staff will be in-serviced by DON and/or designee on lift transfers and will sign off on the in-service. oMonthly In-service for lift transfers x 90 days, then	

	infarction, hypertension, epilepsy and chronic pain. A pre-admission service assessment, dated 1/6/22, indicated the resident used a mechanical lift for all transfers. A service plan, dated 1/13/22, he resident required the use of a mechanical lift for all transfers provided by two staff members. Another service plan, dated 1/13/22, indicated the resident had a suprapubic catheter (a tube that is used to drain urine from the bladder) and used a bedside commode for bowel movements. The resident required two staff to assist with toileting to the commode. The clinical record lacked an order for mechanical lift transfers. An in-service training log, dated 2/9/22, provided by the Health and Wellness Director (HWD) on 6/21/22 at 3:10 p.m. indicated the following topics were discussed: documentation, admissions, care plan, forms, specimen collection, notification, physician reply and lifts. The in-service lacked 7 CNA's signatures who currently worked at the facility. During an interview on 6/21/22 at 2:50 p.m., CNA 3 indicated she was from an agency and received annual education on		bi-annually thereafter. First scheduled In-Service will be July 13, 2022. oDON and/or designee will audit new admissions for PCP order for lift or will obtain new order for lift transfers upon new condition change that would require a lift for transferring. ·How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance programs will be put into place? oDON and/or designee will conduct monthly audit of employee files to ensure lift in-service has been completed and documented for ninety (90) days, or until 100% compliance is obtained, then quarterly thereafter oDON and/or designee will conduct audit upon admission to ensure pre-assessment lift assessment is in place oDON and/or designee will conduct audit upon admission to ensure PCP order for lift is in place By what date will these systemic changes be implemented? oAll new practices will be implemented by July 15, 2022	

	mechanical transfers from her agency. During an interview on 6/21/22 at 2:52 p.m., CNA 4 indicated she worked for an agency and today was her first day working at this facility. She did not receive training on transfers here, but received them from her agency. During an interview on 6/21/22 at 3:20 p.m., the HWD indicated on the CNA job specific orientation, it only stated "resident transfer." She did not have any agency staff sign anything related to education/experience with mechanical lifts, but would try to check their competency list prior to them working here. Review of a current facility policy, dated 5/1/19, titled "Admission Move In Review Criteria Policy," provided by the HWD on 6/21/22 at 2:43 p.m., indicated the following: "Policy Overview A review and approval process is established for residents requesting move in to an Assisted Living community....			

Based on the review of the above clinical information, a determination is made by clinical services as to whether the resident's need can be met in the proposed setting."

This State tag relates to Complaint IN00382335.

Based on interview and record review, the facility failed to ensure a resident was appropriate to reside at an assisted living facility and failed to ensure staff receive education related to specialized care for 1 of 5 residents reviewed

for level of care. (Resident J)

Findings include:

During an interview with Resident J and his spouse on 6/21/22 at 2:00 p.m., Resident J indicated he almost fell out of the mechanical lift earlier in the day and they were both upset. Resident J indicated we was unable to walk and when he was in the sling, his feet were on the floor and his knees were buckled. He did not think staff had him back far enough in the sling to be moved from his bed to his wheelchair. He did not fall and staff were able to get him into his wheelchair.

During an interview on 6/21/22 at 2:08 p.m., CNA 2 indicated herself and another aide had

transferred Resident J from his bed to his wheelchair. The resident always feels like he is falling and they both get very nervous during the transfer. She indicated they had control of the sling and he did not fall. She did not receive any in-service at this facility, but knew how to transfer using a mechanical lift from other facilities.

The clinical record for Resident J on 6/21/22 at 11:37 a.m. Diagnoses included, but were not limited to, cerebral infarction, hypertension, epilepsy and chronic pain.

A pre-admission service assessment, dated 1/6/22, indicated the resident used a mechanical lift for all transfers.

A service plan, dated 1/13/22, he resident required the use of a mechanical lift for all transfers provided by two staff members.

Another service plan, dated 1/13/22, indicated the resident had a suprapubic catheter (a tube that is used to drain urine from the bladder) and used a bedside commode for bowel movements. The resident required two staff to assist with toileting to the commode.

The clinical record lacked an order for mechanical lift transfers.

An in-service training log, dated

	2/9/22, provided by the Health and Wellness Director (HWD) on 6/21/22 at 3:10 p.m. indicated the following topics were discussed: documentation, admissions, care plan, forms, specimen collection, notification, physician reply and lifts. The in-service lacked 7 CNA's signatures who currently worked at the facility. During an interview on 6/21/22 at 2:50 p.m., CNA 3 indicated she was from an agency and received annual education on mechanical transfers from her agency. During an interview on 6/21/22 at 2:52 p.m., CNA 4 indicated she worked for an agency and today was her first day working at this facility. She did not receive training on transfers here, but received them from her agency. During an interview on 6/21/22 at 3:20 p.m., the HWD indicated on the CNA job specific orientation, it only stated "resident transfer." She did not have any agency staff sign anything related to education/experience with mechanical lifts, but would try to check their competency list prior to them working here. Review of a current facility policy, dated 5/1/19, titled "Admission Move In Review			

	Criteria Policy," provided by the HWD on 6/21/22 at 2:43 p.m., indicated the following: "Policy Overview A review and approval process is established for residents requesting move in to an Assisted Living community.... Based on the review of the above clinical information, a determination is made by clinical services as to whether the resident's need can be met in the proposed setting." This State tag relates to Complaint IN00382335.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on observation, interview and record review, the facility failed to ensure mediations were given as ordered by the physician for 4 of 7 residents	R 0241	**R241-410 IAC 16.2-5-4e(1) Health Services:** What corrective action(s) will be accomplished for those residents found to have been affected by the alleged noncompliance: . 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?	07/15/2022

	reviewed for medication administration. (Resident C, G, J and K) Findings include: During an observation and interview on 6/21/22 at 8:06 a.m., QMA 1 indicated she was missing medications for some of the residents. She indicated the 3rd shift nurse was responsible for restocking the medication carts. She provided a current list of medications that were not available during the morning medication administration. a. The clinical record for Resident C on 6/20/22 at 2:05 p.m. Diagnoses included, but were not limited to, transient cerebral ischemic attack, hypertensive heart disease and atherosclerotic heart disease. A service plan, dated 12/8/21, indicated the resident required assistance with medication administration due to cognitive loss. Review of the Medication Administration Record (MAR) for June 2022, the following medication was not administered:		. A review of all pharmacy clients with respect to facility residents was conducted with DON, Care Coordinator and Pharmacy Consultant of all pharmacy processes. All pertinent processes were reviewed and updated to meet residents and facility needs. Audit for this review was conducted on June 29, 2022. . A review by DON and Care Coordinator was conducted of all residents and all pharmacy and/or medication issues were identified and resolved. This was completed on June 29, 2022. . Medication audit requested and performed by pharmacy consultant for all non-covered items for residents with limited financial resources. . What measures will be put in place or what systemic changes will the	

	a. Aggrenox (medication is used to reduce the risk of stroke) extended release 12-hour 25-200 mg daily on 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22. A physician's order, dated 12/8/21, indicated to administer Aggrenox daily. b. During an interview on 6/21/22 at 11:02 a.m., Resident G indicated she was told by staff they were missing some of her medications. The clinical record for Resident G on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, unspecified anxiety disorders, insomnia and hypokalemia. A service plan, dated 12/4/21, indicated the resident required assistance with ordering and administration of medications. Review of the MAR for June 2022, Zoloft (to treat depression) 50 mg was not administered to Resident G on 6/13, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22. A physician's order, dated 12/4/21, indicated to give Zoloft 50 mg daily. c. The clinical record for Resident J on 6/21/22 at 11:37 a.m. Diagnoses included, but were not limited to,		facility make to ensure the alleged noncompliance does not reoccur? . Facility agrees to be billed for medications under one hundred (100) dollars for all Prior Approval and/or non-covered items until issue is resolved with insurance and/or family member and resident. Facility will receive credit from pharmacy once PA is approved and/or family agrees to pay for any non-covered medications. If resident refuses to take a medication because it is not covered by insurance, facility will notify the resident’s PCP for approval to discontinue the medication and/or order another covered medication that is recommended by the pharmacy. . Implement new ancillary order for Primary Care Provider to renew medications for three hundred sixty-five (365) days and replace old ancillary order for ninety (90) days prior.	

	Gastro-Esophageal Reflux Disease (GERD), hypertension, epilepsy, cerebral infarction and chronic pain. A service plan, dated 1/13/22, indicated the staff administered medications as ordered Review of the MAR for June 2022, the following medications were not administered: a. Prilosec (to treat frequent heartburn) 20 mg on 6/2, 6/9, 6/13, 6/14, 6/15, 6/16, 6/18, 6/19 and 6/20/22. A physician's order, dated 1/12/22, indicated to administer Prilosec 20 mg daily for GERD. d. The clinical record for Resident K on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, heart failure, pulmonary hypertension, depressive disorder and paranoid personality disorder. The clinical record lacked a service plan for medication assistance. Review of the MAR for June 2022, the Lasix (to reduce fluid retention) 20 mg was not administered 6/15, 6/18, 6/19 and 6/21/22.		. Pharmacy changed packaging process to include a supply bubble-packed card for each dose prescribed. Each dose will have their own card sent. Two times daily orders will have two (2) cards, three times daily orders will have three (3) cards and all other frequencies included respectively. . Medication audit requested and performed by pharmacy consultant for all non-covered items for residents with limited financial resources. . How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance programs will be put into place? o DON and/or designee will audit medication availability daily x 90 days, then weekly thereafter or until 100%	

	A physician's order, dated 12/22/21, indicated to administer Lasix 20 mg daily for chronic congestive heart failure. During an interview on 6/21/22 at 12:30 p.m. with the HWD and Administrator, the HWD indicated they were having some issues with their current pharmacy and have had nothing but trouble since they switched to them in December. She met with a new pharmaceutical sales representative and they have plans to change pharmacies. The facility has been covering the cost of some of the medications that were currently not being covered by their insurance. Review of a current facility policy, dated 3/29/20, titled "MEDICATION & TREATMENT AVAILABLY," provided by the HWD on 6/21/22 at 11:40 a.m., indicated the following: "POLICY: It is the policy...all currently ordered medications will be available to the residents...." This State tag relates to Complaints IN00382335 and IN00383321. Based on observation, interview and record review, the facility failed to ensure mediations were given as ordered by the physician for 4 of 7 residents		compliance obtained . By what date will these systemic changes be implemented? o July 15, 2022	

	reviewed for medication administration. (Resident C, G, J and K) Findings include: During an observation and interview on 6/21/22 at 8:06 a.m., QMA 1 indicated she was missing medications for some of the residents. She indicated the 3rd shift nurse was responsible for restocking the medication carts. She provided a current list of medications that were not available during the morning medication administration. a. The clinical record for Resident C on 6/20/22 at 2:05 p.m. Diagnoses included, but were not limited to, transient cerebral ischemic attack, hypertensive heart disease and atherosclerotic heart disease. A service plan, dated 12/8/21, indicated the resident required assistance with medication administration due to cognitive loss. Review of the Medication Administration Record (MAR) for June 2022, the following medication was not administered:			

	a. Aggrenox (medication is used to reduce the risk of stroke) extended release 12-hour 25-200 mg daily on 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22. A physician's order, dated 12/8/21, indicated to administer Aggrenox daily. b. During an interview on 6/21/22 at 11:02 a.m., Resident G indicated she was told by staff they were missing some of her medications. The clinical record for Resident G on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, unspecified anxiety disorders, insomnia and hypokalemia. A service plan, dated 12/4/21, indicated the resident required assistance with ordering and administration of medications. Review of the MAR for June 2022, Zoloft (to treat depression) 50 mg was not administered to Resident G on 6/13, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22. A physician's order, dated 12/4/21, indicated to give Zoloft 50 mg daily. c. The clinical record for Resident J on 6/21/22 at 11:37 a.m. Diagnoses included, but were not limited to,			

	Gastro-Esophageal Reflux Disease (GERD), hypertension, epilepsy, cerebral infarction and chronic pain. A service plan, dated 1/13/22, indicated the staff administered medications as ordered Review of the MAR for June 2022, the following medications were not administered: a. Prilosec (to treat frequent heartburn) 20 mg on 6/2, 6/9, 6/13, 6/14, 6/15, 6/16, 6/18, 6/19 and 6/20/22. A physician's order, dated 1/12/22, indicated to administer Prilosec 20 mg daily for GERD. d. The clinical record for Resident K on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, heart failure, pulmonary hypertension, depressive disorder and paranoid personality disorder. The clinical record lacked a service plan for medication assistance. Review of the MAR for June 2022, the Lasix (to reduce fluid retention) 20 mg was not administered 6/15, 6/18, 6/19 and 6/21/22.			

	A physician's order, dated 12/22/21, indicated to administer Lasix 20 mg daily for chronic congestive heart failure. During an interview on 6/21/22 at 12:30 p.m. with the HWD and Administrator, the HWD indicated they were having some issues with their current pharmacy and have had nothing but trouble since they switched to them in December. She met with a new pharmaceutical sales representative and they have plans to change pharmacies. The facility has been covering the cost of some of the medications that were currently not being covered by their insurance. Review of a current facility policy, dated 3/29/20, titled "MEDICATION & TREATMENT AVAILABLY," provided by the HWD on 6/21/22 at 11:40 a.m., indicated the following: "POLICY: It is the policy...all currently ordered medications will be available to the residents...." This State tag relates to Complaints IN00382335 and IN00383321.			

R 0305	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(f)(1-3) (f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy: (1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws; (2) provides prescribed service on a prompt and timely basis; and (3) refills prescription drugs when needed, in order to prevent interruption of drug regimens. Based on observation, interview and record review, the facility failed to ensure a resident's medication was available for 4 of 7 residents reviewed for medication availabity. (Resident C, G, J and K) Findings include: During an observation and interview on 6/21/22 at 8:06 a.m., QMA 1 indicated she was missing medications for some of the residents. She indicated the 3rd shift nurse was responsible for restocking the medication carts. She provided a current list of medications that were not available during the morning medication administration. During an interview on 6/21/22	R 0305	**R305-410 IAC 16.2-5-6(f)(1-3) Pharmaceutical Services:** . 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? . A review of all residents through cart audits were conducted to ensure all medications on current medication lists for residents were present at the facility. This audit was conducted and completed on June 23, 2022 . What measures will be put in place or what systemic changes will the facility make to ensure the alleged noncompliance does not reoccur? o Daily sync call with Care Coordinator and/or designee and pharmacy consultant to resolve any	07/15/2022

	at 11:02 a.m., Resident G indicated she was told by staff they were missing some of her medications. a. The clinical record for Resident C on 6/20/22 at 2:05 p.m. Diagnoses included, but were not limited to, transient cerebral ischemic attack, hypertensive heart disease and atherosclerotic heart disease. A service plan, dated 12/8/21, indicated the resident required assistance with medication administration due to cognitive loss. Review of the Medication Administration Record (MAR) for June 2022, the following medication was not administered: a. Aggrenox (medication is used to reduce the risk of stroke) extended release 12-hour 25-200 mg daily on 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22. A physician's order, dated 12/8/21, indicated to administer Aggrenox daily for prevention. b. The clinical record for Resident G on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, unspecified anxiety disorders, insomnia and hypokalemia. A service plan, dated 12/4/21,		processing issues with medications. o Daily Audit of medication availability by DON and/or designee o In-service for all Nursing staff by current pharmacy staff for ordering, re-ordering, Prior Approvals, Non-Covered Items, etc. In-Service scheduled for July 13, 2022, at 1PM with Williams Brothers Pharmacy. o Review Contract with current pharmacy to determine if further services are warranted. If current concerns cannot be resolved, facility will contract with another pharmacy to meet residents' medication needs. . How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance programs will be put	

	indicated the resident required assistance with ordering and administration of medications. Review of the MAR for June 2022, Zoloft (to treat depression) 50 mg was not administered to Resident G on 6/13, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22. A physician's order, dated 12/4/21, indicated to give Zoloft 50 mg daily. c. The clinical record for Resident J on 6/21/22 at 11:37 a.m. Diagnoses included, but were not limited to, Gastro-Esophageal Reflux Disease (GERD), hypertension, epilepsy, cerebral infarction and chronic pain. A service plan, dated 1/13/22, indicated the staff administered medications as ordered Review of the MAR for June 2022, the following medications were not administered: a. Prilosec (to treat frequent heartburn) 20 mg on 6/2, 6/9, 6/13, 6/14, 6/15, 6/16, 6/18, 6/19 and 6/20/22. A physician's order, dated 1/12/22, indicated to administer Prilosec 20 mg daily for GERD. d. The clinical record for Resident K on 6/21/22 at 1:15 p.m. Diagnoses included, but		into place? o DON and/or designee will audit daily for medication availability . By what date will these systemic changes be implemented? All new practices will be implemented by July 15, 2022	

	were not limited to, heart failure, pulmonary hypertension, depressive disorder and paranoid personality disorder. The clinical record lacked a service plan for medication assistance. Review of the MAR for June 2022, the Lasix (to reduce fluid retention) 20 mg was not administered 6/15, 6/18, 6/19 and 6/21/22. A physician's order, dated 12/22/21, indicated to administer Lasix 20 mg daily for chronic congestive heart failure. During an interview on 6/21/22 at 12:30 p.m. with the Health and Wellness Director (HWD) and Administrator, the HWD indicated they were having some issues with their current pharmacy and have had nothing but trouble since they switched to them in December. She met with a new pharmaceutical sales representative and they have plans to change pharmacies. The facility has been covering the cost of some of the medications that were currently not being covered by their insurance.			

	Review of a current facility policy, dated 3/29/20, titled "MEDICATION & TREATMENT AVAILABLY," provided by the HWD on 6/21/22 at 11:40 a.m., indicated the following: "POLICY: It is the policy...all currently ordered medications will be available to the residents...." This State tag relates to Complaints IN00382335 and IN00383321. Based on observation, interview and record review, the facility failed to ensure a resident's medication was available for 4 of 7 residents reviewed for medication availabity. (Resident C, G, J and K) Findings include: During an observation and interview on 6/21/22 at 8:06 a.m., QMA 1 indicated she was missing medications for some of the residents. She indicated the 3rd shift nurse was responsible for restocking the medication carts. She provided a current list of medications that were not available during the morning medication administration.			

During an interview on 6/21/22 at 11:02 a.m., Resident G indicated she was told by staff they were missing some of her medications.

a. The clinical record for Resident C on 6/20/22 at 2:05 p.m. Diagnoses included, but were not limited to, transient cerebral ischemic attack, hypertensive heart disease and atherosclerotic heart disease.

A service plan, dated 12/8/21, indicated the resident required assistance with medication administration due to cognitive loss.

Review of the Medication Administration Record (MAR) for June 2022, the following medication was not administered:

a. Aggrenox (medication is used to reduce the risk of stroke) extended release 12-hour 25-200 mg daily on 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22.

A physician's order, dated 12/8/21, indicated to administer Aggrenox daily for prevention.

b. The clinical record for Resident G on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, unspecified anxiety disorders, insomnia and hypokalemia.

	A service plan, dated 12/4/21, indicated the resident required assistance with ordering and administration of medications. Review of the MAR for June 2022, Zoloft (to treat depression) 50 mg was not administered to Resident G on 6/13, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20 and 6/21/22. A physician's order, dated 12/4/21, indicated to give Zoloft 50 mg daily. c. The clinical record for Resident J on 6/21/22 at 11:37 a.m. Diagnoses included, but were not limited to, Gastro-Esophageal Reflux Disease (GERD), hypertension, epilepsy, cerebral infarction and chronic pain. A service plan, dated 1/13/22, indicated the staff administered medications as ordered Review of the MAR for June 2022, the following medications were not administered: a. Prilosec (to treat frequent heartburn) 20 mg on 6/2, 6/9, 6/13, 6/14, 6/15, 6/16, 6/18, 6/19 and 6/20/22. A physician's order, dated 1/12/22, indicated to administer Prilosec 20 mg daily for GERD. d. The clinical record for Resident K on 6/21/22 at 1:15			

p.m. Diagnoses included, but were not limited to, heart failure, pulmonary hypertension, depressive disorder and paranoid personality disorder.

The clinical record lacked a service plan for medication assistance.

Review of the MAR for June 2022, the Lasix (to reduce fluid retention) 20 mg was not administered 6/15, 6/18, 6/19 and 6/21/22.

A physician's order, dated 12/22/21, indicated to administer Lasix 20 mg daily for chronic congestive heart failure.

During an interview on 6/21/22 at 12:30 p.m. with the Health and Wellness Director (HWD) and Administrator, the HWD indicated they were having some issues with their current pharmacy and have had nothing but trouble since they switched to them in December. She met with a new pharmaceutical sales representative and they have plans to change pharmacies. The facility has been covering the cost of some of the medications that were currently not being covered by their insurance.

Review of a current facility policy, dated 3/29/20, titled "MEDICATION & TREATMENT AVAILABLY," provided by the HWD on 6/21/22 at 11:40 a.m.,

	indicated the following: "POLICY: It is the policy...all currently ordered medications will be available to the residents...." This State tag relates to Complaints IN00382335 and IN00383321.			
R 0378	Mental Health Screening-Deficiency 410 IAC 16.2-5-11.1(b)(1)(A-H)(2-3) (b) If the individual is a recipient of Medicaid or federal Supplemental Security Income (SSI), the individual needs evaluation provided in section 2(a) of this rule shall include, but not be limited to, the following: (1) Screening of the individual for major mental illness, such as a diagnosed major mental illness, is limited to the following disorders: (A) Schizophrenia. (B) Schizoaffective disorder. (C) Mood (bipolar and major depressive type) disorder. (D) Paranoid or delusional disorder. (E) Panic or other severe anxiety disorder. (F) Somatoform or paranoid disorder.	R 0378	**R378-410 IAC 16.2-5-11.1(b)(1)(A-H)(2-3): Mental Health Screening:** What corrective action(s) will be accomplished for those residents found to have been affected by the alleged noncompliance: . 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? . A review was completed by DON for all mental health residents to identify any other residents that may have been affected by the alleged noncompliance. No	07/15/2022

	(G) Personality disorder. (H) Atypical psychosis or other psychotic disorder (not otherwise specified). (2) Obtaining a history of treatment received by the individual for a major mental illness within the last two (2) years. (3) Obtaining a history of individual behavior within the last two (2) years that would be considered dangerous to facility residents, the staff, or the individual. Based on interview and record review, the facility failed to obtain a mental health screening after they identified a major mental illness diagnoses for 3 of 3 residents reviewed with a major mental illness (Resident K, L and M) Findings include: On 6/21/22 at 9:11 a.m., the Business Office Manager (BOM) provided a daily census with primary payer information.		other residents were identified upon completion of review. . What measures will be put in place or what systemic changes will the facility make to ensure the alleged noncompliance does not reoccur? o All potential admissions with a major mental health diagnosis will have: o Montreal Cognitive Assessment (MoCA) in addition to the pre-admission assessment performed by DON and/or designee	

	a. The clinical record for Resident K on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, heart failure, pulmonary hypertension, depressive disorder and paranoid personality disorder. Resident K had an Indiana Medicaid Waiver as payer source and was admitted 12/23/21. A Personal Service Assessment (PSA), dated 12/3/21, indicated the resident received benzodiazepine medication. The assessment indicated the resident demonstrated anxious, disruptive or obsessive behavior requiring additional attention. A Montreal Cognitive Assessment (MoCA) was completed on 12/3/21 and indicated a score of 9. A final total score of 26 and above is considered normal. A physician's order, dated 12/22/21, indicated an order for Zyprexa (antipsychotic medication) 2.5 mg in the morning and 5 mg at night to treat paranoid personality disorder. Another physician's order, dated 6/6/22, indicated to give Ativan (treat anxiety) 1 mg twice daily and 1 mg every 4 hours as needed. A mental health service plan, dated 1/5/22, indicated the		o DON, Admissions Coordinator and/or designee will obtain and review a history of individual behavior with the last two years prior to admission to the facility to determine appropriateness for safety to staff, facility residents and/or the individual. . How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance programs will be put into place? o DON and/or designee will audit all new admissions weekly to ensure all pertinent documents and orders are in place. . By what date will these systemic changes be implemented?	

	resident received hospice services that provided social services. The medical record did not include a mental health screening, or 2 year history of mental health treatment and behaviors. b. The clinical record for Resident L was reviewed on 6/21/22 at 1:30 p.m. Diagnoses included, but were not limited to, schizophrenia, major depressive disorder and diabetes mellitus. Resident L had an Indiana Medicaid Waiver as payer source and was admitted 12/4/21. A mental health service plan, dated 1/15/22, indicated the resident received mental health services A Personal Service Assessment (PSA), dated 11/8/21, indicated the resident received antipsychotic and benzodiazepine medications. The assessment indicated the resident demonstrated anxious, disruptive or obsessive behavior requiring additional attention. A MoCA test was completed on 11/8/21 and indicated a score of 28. A final total score of 26 and above is considered normal. Resident L had the following physician orders:		o All new practices will be implemented by July 15, 2022	

a. 12/15/21, refer to psychiatric Nurse Practitioner (NP).

b. Invega (to treat schizophrenia and schizoaffective disorder) 3 mg at bedtime for schizophrenia.

c. Effexor (to treat depression and social anxiety) 150 mg and 75 mg daily for depressive disorder.

The medical record did not include a mental health screening, or 2 year history of mental health treatment and behaviors.

c. The clinical record for Resident M was reviewed on 6/21/22 at 1:45 p.m. Diagnoses included, but were not limited to, unspecified mood disorder, major depression and bipolar. Resident M had an Indiana Medicaid Waiver as payer source and was admitted 3/1/22.

A mental health service plan, dated 6/21/22, indicated the resident received mental health services

A Personal Service Assessment (PSA), dated 2/28/22, indicated the resident did not receive any receive antipsychotic and benzodiazepine medications.

A MoCA test was completed on 2/28/22 and indicated a score of 19. A final total score of 26 and

above is considered normal.

A progress note, dated 3/21/22 at 5:42 p.m., indicated Resident M indicated "if I have to stay here 1 more night I am

going to kill myself. I hate this place....I can't take it anymore." 911 called and resident transported to the local hospital. Resident M returned to the facility on 3/28/22.

Resident M had the following physician orders:

a. 3/28/22, clonazepam (to treat panic disorders) 0.5 mg twice daily.

b. Effexor 150 mg daily for unspecified mood disorder.

The medical record did not include a mental health screening, or 2 year history of mental health treatment and behaviors.

During an interview on 6/21/22 at 11:45 a.m., the Health and Wellness Director indicated she completed the initial assessments and MoCA test on each resident. If the MoCa test triggered any concerns, they would be referred to the psych NP. This is what they had done in the past. She did not have any mental health treatment or behavior reports for the residents.

Review of a current facility policy, dated 5/1/19, titled "Admission Move In Review Criteria," provided by the HWD on 6/21/22 at 2:43 p.m., indicated the following:

"Policy Overview

"A review and approval...Assisted Living community that have pre-exiting mental, neurological....The pre-admission review process considers the residents care needs, service planning, and associates capabilities to meet these needs.

This State tag relates to Complaint IN00382335.

Based on interview and record review, the facility failed to obtain a mental health screening after they identified a major mental illness diagnoses for 3 of 3 residents reviewed with a major mental illness (Resident K, L and M)

Findings include:

On 6/21/22 at 9:11 a.m., the Business Office Manager (BOM) provided a daily census with primary payer information.

a. The clinical record for Resident K on 6/21/22 at 1:15 p.m. Diagnoses included, but were not limited to, heart failure, pulmonary hypertension, depressive disorder and

paranoid personality disorder. Resident K had an Indiana Medicaid Waiver as payer source and was admitted 12/23/21.

A Personal Service Assessment (PSA), dated 12/3/21, indicated the resident received benzodiazepine medication. The assessment indicated the resident demonstrated anxious, disruptive or obsessive behavior requiring additional attention.

A Montreal Cognitive Assessment (MoCA) was completed on 12/3/21 and indicated a score of 9. A final total score of 26 and above is considered normal.

A physician's order, dated 12/22/21, indicated an order for Zyprexa (antipsychotic medication) 2.5 mg in the morning and 5 mg at night to treat paranoid personality disorder.

Another physician's order, dated 6/6/22, indicated to give Ativan (treat anxiety) 1 mg twice daily and 1 mg every 4 hours as needed.

A mental health service plan, dated 1/5/22, indicated the resident received hospice services that provided social services.

The medical record did not include a mental health

screening, or 2 year history of mental health treatment and behaviors.

b. The clinical record for Resident L was reviewed on 6/21/22 at 1:30 p.m. Diagnoses included, but were not limited to, schizophrenia, major depressive disorder and diabetes mellitus. Resident L had an Indiana Medicaid Waiver as payer source and was admitted 12/4/21.

A mental health service plan, dated 1/15/22, indicated the resident received mental health services

A Personal Service Assessment (PSA), dated 11/8/21, indicated the resident received antipsychotic and benzodiazepine medications. The assessment indicated the resident demonstrated anxious, disruptive or obsessive behavior requiring additional attention.

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Resident L had the following physician orders:

a. 12/15/21, refer to psychiatric Nurse Practitioner (NP).

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schizophrenia.

c. Effexor (to treat depression and social anxiety) 150 mg and 75 mg daily for depressive disorder.

The medical record did not include a mental health screening, or 2 year history of mental health treatment and behaviors.

c. The clinical record for Resident M was reviewed on 6/21/22 at 1:45 p.m. Diagnoses included, but were not limited to, unspecified mood disorder, major depression and bipolar. Resident M had an Indiana Medicaid Waiver as payer source and was admitted 3/1/22.

A mental health service plan, dated 6/21/22, indicated the resident received mental health services

A Personal Service Assessment (PSA), dated 2/28/22, indicated the resident did not receive any receive antipsychotic and benzodiazepine medications.

A MoCA test was completed on 2/28/22 and indicated a score of 19. A final total score of 26 and above is considered normal.

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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