STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MUNCIE ESTATES SENIOR LIVING	1601 N MORRISON RD, MUNCIE, , 47304

(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 Intake 469080. Intake 469080 - State deficiency related to the allegation is cited at R0247. Survey dates: April 13 and 14, 2026 Facility number: 010886 Residential Census: 65 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed April 20, 2026.	R 0000	ROOO This plan of Correction is not to be interpreted as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies dated 4/1/26. It is a submission of our ongoing efforts to comply with regulatory requirements. We have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health care services and will continue to make changes and improvements in line with that objective.	
R 0247	Health Services - Deficiency 410 IAC 16.2-5-4(e)(7) (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when	R 0247	R247: 410 IAC 16.2-5-4(e) (7) • Assistant Health Services Director immediately documented the medication error in the resident’s medical record utilizing the community’s medication incident reporting	05/08/2026

	there are any actual or potential detrimental effects to the resident. Based on record review and interview, the facility failed to ensure staff administered medication according to accepted standards outlined in the facility protocol for 1 of 3 residents reviewed for insulin administration. (Resident B) Findings include: Resident B's clinical record was reviewed on 4/13/26 at 12:28 p.m. Diagnoses included end stage renal disease, coronary disease, hypertension, type 2 diabetes mellitus, neurocognitive disorder with memory deficits. Review of the orders indicated the following: a. Insulin Lispro (rapid-acting insulin) 100 unit/milliliter (ml) pen {3ml} Route: Subcutaneous (under skin - Sub Q) Instructions: Inject Sub-Q per sliding scale before meals for diabetes as follows: Blood Glucose 120-150 = 2 units Blood glucose 151-200 = 4 units		process on 4/1/26. • Assistant Health Services Director notified the resident's POA and primary care physician to assess the need for any follow-up care, recommendations, or interventions on 4/1/26. • Executive Director/Designee reeducated staff member involved (LPN #1) on the community's medication administration policy, including the rights of medication administration, on 4/1/26. • Health Services Director/designee will conduct an in-service with all licensed nurses and QMA's on medication administration standards and the rights of medication administration by 5/8/26. • The community will implement ongoing monitoring of medication administration practices through review of all medication errors at monthly CQM/CQI meetings for a period of three months (May, June, and July 2026).	

Blood glucose 201-250 = 6 units

Blood glucose 251-300 = 8 Unit

Blood glucose 301-350 = 10 Unit

Blood glucose 351-400 =12 Units

Blood glucose 401-450 = 14 Units

Blood glucose 451-500 = 16 Units

Over 500 call physician

b. Lantus Solostar (slow acting insulin) 100 Unit/ml {3 ml}

Route: Subcutaneous (under skin) Instructions: Inject 5 units once a day for type 2 diabetes. 8:00 p.m.

c. Check blood glucose 4 times daily. Start Date: 12/03/2025. 8:00 p.m.

d. Check blood glucose 4 times daily. Start Date: 04/09/2026. 7:30 a.m., 11:30 a.m., and 4:30 p.m.

Review of the April 2026 Medication Administration Record (MAR) on 4/1/26 at 7:30 a.m. indicated 4 units of Lantus given instead of Humalog. The blood glucose was documented as 176, which required 4 units of Humalog.

Review of a progress note, dated 4/1/26 at 9:13 a.m., indicated a medication error related to Resident B had occurred and an incident report was initiated.

Review of a facility "Medication Error Report", dated 4/1/26, indicated at 8:30 a.m., LPN 1 gave 4 units of Lantus insulin instead of 4 units of Humalog insulin. The report indicated LPN 1 had not reviewed the MAR before administering the insulin.

LPN 1 was not available for interview during the survey dates.

During an interview on 4/13/26 at 11:35 a.m., QMA 3 indicated, on 4/1/26, LPN 1 had been called to the memory care building to administer insulin to Resident B. QMA 3 indicated she had been busy with another resident when LPN 1 asked her about Resident B and for the keys to the medication cart.

During an interview on 4/13/26 at 11:44 a.m., QMA 2 indicated, on 4/1/26, LPN 1 had come to the memory care building to administer insulin to Resident B. QMA 2 indicated LPN 1 had been in a hurry and given the resident the wrong insulin.

During an interview on 4/13/26 at 1:50 p.m., LPN 4 indicated

	the five rights of medication administration should be followed to reduce the chance of making a medication error. During an interview on 4/14/26 at 8:55 a.m., the Administrator indicated staff who administer medications should always follow the five rights of medication instructions: right person, right medication, right route, right time, and right dose. A facility policy for medication administration was requested of the Administrator on 4/14/26 at 8:55 a.m., but not provided prior to exit from the facility. This citation relates to Intake 469080.			

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 SIGNATUREDawn Beeman	TITLEHealth Facility Administrator	(X6) DATE05/01/2026