STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD AT LAPORTE	2002 ANDREW AVE, LA PORTE, , 46350

(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 IN00375944, IN00376419, IN00378128, IN00379613, and IN00380591. This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaints IN00374578, IN00374674, IN00374823, IN00374827, and IN00374830 completed on March 9, 2022. Complaint IN00375944 - Substantiated. State deficiencies related to the allegations are cited at R0243. Complaint IN00376419 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00378128 - Substantiated. State deficiencies related to the allegations are cited at R0243. Complaint IN00379613 - Substantiated. State	R 0000		

	deficiencies related to the allegations are cited at R0243 and R0246. Complaint IN00380591 - Substantiated. State deficiencies related to the allegations are cited at R0243 and R0245. Complaint IN00374578 - Corrected. Complaint IN00374674 - Corrected. Complaint IN00374823 - Corrected. Complaint IN00374827 - Corrected. Complaint IN00374830 - Corrected. Survey dates: June 14, 15 and 16, 2022 Facility number: 010890 Residential Census: 65 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 6/20/22.			

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 record review and interview, the facility failed to ensure medications and insulin were given as ordered for 4 of 4 residents reviewed for medication administration. (Residents K, L, F, and M) Findings include: 1. Resident K's record was reviewed on 6/15/22 at 9:48 a.m. Diagnoses included, but were not limited to, dementia, type 2 diabetes mellitus, hypertension, and chronic kidney disease. The Level of Care Assessment, dated 5/26/22, indicated the resident had memory impairment and required occasional reminders and cueing. The resident received	R 0243	1. Missed/refused medications are documented in the resident's medication record and in Resident Care Notes. 2. The prescribing physician is notified of missed/refused medications immediately or in the time frame and according to the parameters as indicated by the physician using the Refusal of Medication Notification form. Physician parameters must be retained in writing and filed in the chart under Physician Orders. The responsible party is notified. 3. The Resident Care Director re-appraises the resident and contacts the physician and responsible party if the resident is continually refusing a medication(s). 4. The prescribing physician is notified of missed/refused medications	08/05/2022

	insulin injections three times daily and blood sugar checks three to four times daily. Physician's Orders, effective 5/31/22, indicated the resident was to receive Basaglar (a long acting insulin) inject 25 units subcutaneously once daily. The May 2022 Medication Administration Record (MAR), indicated the medication was not signed out as administered on 6/10/22 and 6/11/22 at 9:00 a.m. 2. Resident L's record was reviewed on 6/15/22 at 11:39 a.m. Diagnoses included, but were not limited to, major depressive disorder, hypertension, heart failure, and diabetes mellitus. The Level of Care Assessment, dated 5/2/22, indicated the resident was alert and oriented. The resident received insulin injections and blood sugar checks 1-2 times daily. The May 2022 Medication Administration Record (MAR), indicated the resident did not receive her medications on the following dates: -Humalog (a fast acting insulin) inject per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6		immediately or in the time frame and according to the parameters as indicated by the physician using the Refusal of Medication Notification form. Physician parameters must be retained in writing and filed in the chart under Physician Orders. The responsible party is notified. 5. Facilitate Daily clinical meeting to review Nurse to Medtech Binder, EMAR Medication Delivery reports for any documentation concerns will be reviewed and monitored at the daily clinical meeting for 30-days and monitored ongoing. **<u>Signing of Medications</u>** 1. All staff will pour the medication each gives, verifying the medication three times during the pour process. 2. Medications are administered per physicians' orders.	

	units. There was no documentation the insulin was administered on 5/9/22 at 5:00 p.m. - Jardiance (a diabetic medication) 25 milligram (mg) tablet was not administered at 7:30 a.m. on 5/28, 5/29, 5/30, and 5/31/22. - Lantus solos (a long acting insulin) injection 46 units was not administered at 8:00 p.m. on 5/9, 5/11, 5/17, 5/18, 5/19, and 5/24/22. - Lumigan solution (an eye drop treatment for glaucoma) 0.01% was not administered at 8:00 p.m. on 5/9, 5/11, and 5/18/22. The June 2022 MAR, indicated the resident did not receive her medications on the following dates: - Humalog insulin inject per sliding scale was not administered on 6/1/22 at 5:00 p.m. - Jardiance 25 mg tablet was not administered on 6/1-6/15/22 at 7:30 a.m. The record indicated the medication was on hold as the resident needed a new prescription. - Entresto (a medication to treat heart failure) 24-26 mg tablet was not administered on 6/1-6/15/22 at 7:30 a.m. and 5:00 p.m. The record indicated		3. The MARs are initialed at the time the medication is placed in the cup. 4. If for some reason a medication cannot be poured, the MAR is moved to the right, thus “flagging” the MAR until the problem is rectified. 5. Check the 6 rights: right resident, right medication, right time, right dosage, right route, and right documentation.	

	the medication was on hold as the resident needed a new prescription. The record lacked documentation of Physician follow up to fill the prescriptions for Jardiance and Entresto. Interview with the Resident Care Director on 6/16/22 at 2:39 p.m., indicated the Jardiance and Entresto medications were put on hold awaiting a new prescription for the medications. She was unable to find documentation of a follow up call or notification to the Physician. 3. Resident F's record was reviewed on 6/14/22 at 8:41 a.m. Diagnoses included, but were not limited to, Alzheimer's disease. A Level of Care Assessment, dated 4/19/22, indicated the resident had memory impairment and required constant reminders and cueing. The May 2022 Medication Administration Record (MAR), indicated the resident did not receive his medications on the following dates: - Atorvastatin (a medication for high cholesterol) 40 milligram (mg) tablet was not administered on 5/2, 5/11, 5/20, and 5/23/22 at 8:00 p.m.		Flag MAR and document the resident is out of the building. Notify physician as required. 6. Effective immediately and ongoing 07/31/2022 The QI Program tracks the following data as part of its clinical performance indicators (these indicators can be changed as determined by performance and national trends): a) Hospital Readmissions and Total Hospitalizations b) Falls. c) Pressure Injures (all stages). d) Sliding Scale Insulin e) EMAR Data Audits. f) EHR Data Audits Reporting Responsibilities 1. The Resident Care Director or designee completes the confidential QI/QA data sheet. a) The data collected is for the entire Community, combining both	

	- Carvedilol (a medication for high blood pressure) 6.25 mg tablet was not administered on 5/9/22 at 8:00 a.m. - Cilostazol (a medication to improve blood flow through blood vessels) 50 mg tablet was not administered at 8:00 a.m. on 5/9/22. - Clonazepam (an anticonvulsant medication) 0.5 mg tablet was not administered at 8:00 a.m. on 5/9/22. The dose at 2:00 p.m. was not administered on 5/9/22 and the dose at 8:00 p.m. was not administered on 5/2, 5/11, 5/20, and 5/23/22. - Memantine (a medication for dementia) 10 mg tablet was not administered at 8:00 a.m. on 5/9/22 and 5:00 p.m. on 5/13/22. - Rivastigmine (a medication for dementia) 13.3 mg/24 hour patch was not administered at 12:00 p.m. on 5/7/22 and 5/9/22. The June 2022 Medication Administration Record (MAR), indicated the resident did not receive his medications on the following dates: - Atorvastatin 40 mg tablet was not administered at 8:00 p.m. on 5/1/22 and 5/3/22. - Clonazepam 0.5 mg tablet was		assisted living and memory care (if applicable). 2.The completed data sheet is submitted by the Resident Care Director or designee to Allen Flores Consulting Group (AFCG) by the 5th of each month to data@allenflores.com. a) Data submitted is for the previous month. b) The Executive Director or designee will provide Community Census data that is used to calculate some of the metrics. **Narrative and Alert Charting** Narrative charting will be maintained to promote clear communication regarding resident care. It is Integral Senior Living's policy to chart to the exception. Narrative charting will be completed in Resident Care Notes within the EMAR. The alert charting process includes:	

	not administered at 8:00 p.m. on 5/1/22 and 5/3/22. 4. Resident M's record was reviewed on 6/15/22 at 9:57 a.m. Diagnoses included, but were not limited to, stroke, depression, hypertension, diabetes mellitus, seizure disorder, and dementia. A Level of Care Assessment, dated 5/3/22, indicated the resident was cognitively intact, required insulin injections three times daily, and blood sugar checks 3-4 times daily. The May 2022 Medication Administration Record (MAR) indicated the resident did not receive her medications on the following dates: - Aspart insulin (a fast acting insulin) give per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6 units. The insulin was not signed out as administered at 7:30 a.m. on 5/2/22, 11:30 a.m. on 5/7/22, and 4:30 p.m. on 5/8, 5/13, 5/16, and 5/19/22. - Levemir (a long acting insulin) 15 units was not administered at 7:30 a.m. on 5/2/22. Her 4:30 p.m. dose was not signed out as being given on 5/8, 5/13, 5/16, and 5/19/22. - Novolog flexpen (a fast acting		a) The resident's name and concern will be placed in a discreet location readily visible to care staff or alert charting reminder is turned on in the service planning program. b) Each resident placed on alert charting will be monitored for at least 48 hours following the initiation of alert charting. The Resident Care Director or designee will assign alert charting responsibilities and monitor the alert charting daily. There is to be an alert charting entry in the resident record each shift. c) Care staff will immediately notify the Resident Care Director or designee if the resident is exhibiting a change in condition or other reason for concern. d) The Resident Care Director will evaluate the resident prior to determining if the resident may be removed from alert	

	insulin) 13 units was not signed out as being administered at 7:30 a.m. on 5/2/22 and 11:30 a.m. on 5/7/22. The 4:30 p.m. dose was not signed out as being given on 5/8, 5/13, 5/16, and 5/19/22. Interview with the Resident Care Director on 6/15/22 at 2:42 p.m., indicated she could not provide further information and she was aware the medications were not signed out as ordered. This State Residential finding relates to Complaints IN00375944, IN00378128, IN00379613, and IN00380591. Based on record review and interview, the facility failed to ensure medications and insulin were given as ordered for 4 of 4 residents reviewed for medication administration. (Residents K, L, F, and M) Findings include: 1. Resident K's record was reviewed on 6/15/22 at 9:48 a.m. Diagnoses included, but were not limited to, dementia, type 2 diabetes mellitus, hypertension, and chronic kidney disease. The Level of Care Assessment, dated 5/26/22, indicated the resident had memory impairment and required occasional reminders and cueing. The resident received		charting. Changes in the resident's Service Plan will be made, as appropriate. **<u>Utilize Nurse/QMA to Nurse/QMA Communication Log</u>** **1.** **At the end of each shift, the Nurse/QMA** **reviews the end of shift charting from care staff. A report is provided to the on-coming** **Nurse/QMA using the Nurse/QMA to Nurse/QMA Communication Log.**	

	insulin injections three times daily and blood sugar checks three to four times daily. Physician's Orders, effective 5/31/22, indicated the resident was to receive Basaglar (a long acting insulin) inject 25 units subcutaneously once daily. The May 2022 Medication Administration Record (MAR), indicated the medication was not signed out as administered on 6/10/22 and 6/11/22 at 9:00 a.m. 2. Resident L's record was reviewed on 6/15/22 at 11:39 a.m. Diagnoses included, but were not limited to, major depressive disorder, hypertension, heart failure, and diabetes mellitus. The Level of Care Assessment, dated 5/2/22, indicated the resident was alert and oriented. The resident received insulin injections and blood sugar checks 1-2 times daily. The May 2022 Medication Administration Record (MAR), indicated the resident did not receive her medications on the following dates: -Humalog (a fast acting insulin) inject per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6		**2.** **The Nurses/QMAs communicate at the end of shift any pertinent medication information such as reported refusals, new orders, medications on hold, physician communication, labs, abnormal labs not acted on, change in status, or other concerns, using the Nurse/QMA to Nurse/QMA Communication Log.** **<u>In-Service for Licensed Clinical Staff regarding the following policies:</u>** . **Med 03 – Med Room Workflow** . **GP33-Qualified Medication Aides** . **When to Call Protocol – 24/7 access to on-call LPN**	

	units. There was no documentation the insulin was administered on 5/9/22 at 5:00 p.m. - Jardiance (a diabetic medication) 25 milligram (mg) tablet was not administered at 7:30 a.m. on 5/28, 5/29, 5/30, and 5/31/22. - Lantus solos (a long acting insulin) injection 46 units was not administered at 8:00 p.m. on 5/9, 5/11, 5/17, 5/18, 5/19, and 5/24/22. - Lumigan solution (an eye drop treatment for glaucoma) 0.01% was not administered at 8:00 p.m. on 5/9, 5/11, and 5/18/22. The June 2022 MAR, indicated the resident did not receive her medications on the following dates: - Humalog insulin inject per sliding scale was not administered on 6/1/22 at 5:00 p.m. - Jardiance 25 mg tablet was not administered on 6/1-6/15/22 at 7:30 a.m. The record indicated the medication was on hold as the resident needed a new prescription. - Entresto (a medication to treat heart failure) 24-26 mg tablet was not administered on 6/1-6/15/22 at 7:30 a.m. and 5:00 p.m. The record indicated		06/17/2022 and 08/05/2022	

	the medication was on hold as the resident needed a new prescription. The record lacked documentation of Physician follow up to fill the prescriptions for Jardiance and Entresto. Interview with the Resident Care Director on 6/16/22 at 2:39 p.m., indicated the Jardiance and Entresto medications were put on hold awaiting a new prescription for the medications. She was unable to find documentation of a follow up call or notification to the Physician. 3. Resident F's record was reviewed on 6/14/22 at 8:41 a.m. Diagnoses included, but were not limited to, Alzheimer's disease. A Level of Care Assessment, dated 4/19/22, indicated the resident had memory impairment and required constant reminders and cueing. The May 2022 Medication Administration Record (MAR), indicated the resident did not receive his medications on the following dates: - Atorvastatin (a medication for high cholesterol) 40 milligram (mg) tablet was not administered on 5/2, 5/11, 5/20, and 5/23/22 at 8:00 p.m.			

	- Carvedilol (a medication for high blood pressure) 6.25 mg tablet was not administered on 5/9/22 at 8:00 a.m. - Cilostazol (a medication to improve blood flow through blood vessels) 50 mg tablet was not administered at 8:00 a.m. on 5/9/22. - Clonazepam (an anticonvulsant medication) 0.5 mg tablet was not administered at 8:00 a.m. on 5/9/22. The dose at 2:00 p.m. was not administered on 5/9/22 and the dose at 8:00 p.m. was not administered on 5/2, 5/11, 5/20, and 5/23/22. - Memantine (a medication for dementia) 10 mg tablet was not administered at 8:00 a.m. on 5/9/22 and 5:00 p.m. on 5/13/22. - Rivastigmine (a medication for dementia) 13.3 mg/24 hour patch was not administered at 12:00 p.m. on 5/7/22 and 5/9/22. The June 2022 Medication Administration Record (MAR), indicated the resident did not receive his medications on the following dates: - Atorvastatin 40 mg tablet was not administered at 8:00 p.m. on 5/1/22 and 5/3/22. - Clonazepam 0.5 mg tablet was			

not administered at 8:00 p.m. on 5/1/22 and 5/3/22.

4. Resident M's record was reviewed on 6/15/22 at 9:57 a.m. Diagnoses included, but were not limited to, stroke, depression, hypertension, diabetes mellitus, seizure disorder, and dementia.

A Level of Care Assessment, dated 5/3/22, indicated the resident was cognitively intact, required insulin injections three times daily, and blood sugar checks 3-4 times daily.

The May 2022 Medication Administration Record (MAR) indicated the resident did not receive her medications on the following dates:

- Aspart insulin (a fast acting insulin) give per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6 units. The insulin was not signed out as administered at 7:30 a.m. on 5/2/22, 11:30 a.m. on 5/7/22, and 4:30 p.m. on 5/8, 5/13, 5/16, and 5/19/22.

- Levemir (a long acting insulin) 15 units was not administered at 7:30 a.m. on 5/2/22. Her 4:30 p.m. dose was not signed out as being given on 5/8, 5/13, 5/16, and 5/19/22.

- Novolog flexpen (a fast acting

	insulin) 13 units was not signed out as being administered at 7:30 a.m. on 5/2/22 and 11:30 a.m. on 5/7/22. The 4:30 p.m. dose was not signed out as being given on 5/8, 5/13, 5/16, and 5/19/22. Interview with the Resident Care Director on 6/15/22 at 2:42 p.m., indicated she could not provide further information and she was aware the medications were not signed out as ordered. This State Residential finding relates to Complaints IN00375944, IN00378128, IN00379613, and IN00380591.			
R 0245	Health Services - Offense 410 IAC 16.2-5-4(e)(5) (5) Injectable medications shall be given only by licensed personnel. Based on record review and interview, the facility failed to ensure injectable medications were given only by a licensed nurse and/or a QMA (Qualified Medication Aide) who had received specialized training in insulin administration for 3 of 3 residents reviewed for insulin administration. (Residents K, L, and M) Findings include: 1. Resident K's record was	R 0245	**Adhere to the following ISL Policies and Procedures:** **Med 21 – Administering and Assisting with Injections**	08/05/2022

	reviewed on 6/15/22 at 9:48 a.m. Diagnoses included, but were not limited to, dementia, type 2 diabetes mellitus, hypertension, and chronic kidney disease. The Level of Care Assessment, dated 5/26/22, indicated the resident had memory impairment and required occasional reminders and cueing. The resident received insulin injections three times daily and blood sugars were to be obtained three to four times daily. Physician's Orders, dated 5/31/22, indicated the resident was to receive Basaglar (a long acting insulin) inject 25 units subcutaneously once daily. The June 2022 Medication Administration Record (MAR), indicated the Basaglar insulin injection was signed out as administered on 6/9/22 at 9:00 a.m. by QMA 1. 2. Resident L's record was reviewed on 6/15/22 at 11:39 a.m. Diagnoses included, but were not limited to, major depressive disorder, hypertension, heart failure, and diabetes mellitus. The Level of Care Assessment, dated 5/2/22, indicated the resident was alert and oriented. The resident received insulin injections and blood sugars		physicians according to physician's orders and regulation. Qualified Medication Aides (QMA) must have successfully completed the optional Insulin Administration Education Module curriculum approved by the Division of Long-Term Care before a QMA may be administer insulin injections, as allowed, under nurse supervision. **GP 33 – Qualified Medication Aides** Medication shall be administered by licensed nursing personnel or qualified medication aides (QMA). QMAs must have completed the Qualified Medication Aide Certification Program administered by the Indiana Department of Health, Division of Healthcare Education and Quality. Prior to passing medications in the Community, QMAs must have successfully completed all training and competency requirements, required continuing education, and are on the Indiana Nurse Aide	

	were to be obtained 1-2 times daily. Physician's Orders, dated 10/1/21, indicated the resident was to receive Lantus solos (a long acting insulin) inject 46 units subcutaneously two times a day. The May 2022 Medication Administration Record (MAR), indicated the Lantus solos injection was signed out as administered on 5/1/22 at 7:30 a.m. by QMA 4. The medication was signed out as administered on 5/30/22 at 7:30 a.m. and 5:00 p.m. by QMA 3. The June 2022 MAR, indicated the Lantus solos injection was signed out as administered on 6/9/22 at 7:30 a.m. and 5:00 p.m. by QMA 1. Physician's Orders, dated 12/18/21, indicated the resident was to receive Humalog (a fast acting insulin) inject per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6 units. The June 2022 MAR, indicated the resident received 12 units of Humalog insulin for a blood sugar of 359 on 6/3/22 at 5:00 p.m. The insulin was administered by QMA 2.		Registry. Qualified Medication Aides (QMA) must have successfully completed the optional Insulin Administration Education Module curriculum approved by the Division of Long-Term Care before a QMA may be administer allowable insulin injections under nurse supervision. **Effective immediately and ongoing** **07/30/22** **1.** **Community will ensure staffing is comprised of appropriate QMA Insulin Certified or Licensed Practical Nurse is available to administer insulin as indicated in the EMAR for residents.** **2.** **Educate both ISL and agency QMA personnel regarding QMA Scope of Practice as it relates administering injectables without certification.** **3.**	

	3. Resident M's record was reviewed on 6/15/22 at 9:57 a.m. Diagnoses included, but were not limited to, stroke, depression, hypertension, diabetes mellitus, seizure disorder, and dementia. A Level of Care Assessment, dated 5/3/22, indicated the resident was cognitively intact, required insulin injections three times daily, and blood sugars were to be obtained 3-4 times daily. Physician's Orders, dated 3/3/22, indicated the resident was to receive Aspart insulin (a fast acting insulin) give per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6 units. The May 2022 Medication Administration Record (MAR) indicated the resident received 1 unit of insulin on 5/1/22 at 7:30 a.m. and 3 units at 4:30 p.m. The insulin had been signed out as being administered by QMA 3. On 5/19/22 at 11:30 a.m., the resident received 3 units of insulin. The insulin was signed out by QMA 5. The June 2022 MAR, indicated the resident received 3 units of insulin on 6/3/22 at 7:30 a.m. and 1 unit of insulin at 11:30		**Review all QMA credentials upon hiring through agency to ensure they are properly certified to administer insulin. If not, RCD must administer any insulin as needed.** **4. Have readily available binder that reflects the credentials for QMAs that have completed their Insulin Certification.** **Utilize Nurse/QMA to Nurse/QMA Communication Log** **1. At the end of each shift, the Nurse/QMA reviews the end of shift charting from care staff. A report is provided to the on-coming Nurse/QMA using the Nurse/QMA to Nurse/QMA Communication Log.**	

	a.m., the injection was signed out as administered by QMA 3. Physician's Orders, dated 2/20/22, indicated the resident was to receive Levemir (a long acting insulin) 15 units subcutaneously twice daily. The May 2022 MAR, indicated the Levemir injection was signed out as administered on 5/1/22 at 7:30 a.m. and 4:30 p.m. by QMA 3. The 4:30 p.m. dose was signed out as administered on 5/3 and 5/23/22 by QMA 3. The June 2022 MAR, indicated the Levemir injection was signed out as administered on 5/2/22 at 4:30 p.m., and on 5/3/22 at 7:30 a.m. and 4:30 p.m. by QMA 3. Physician's Orders, dated 3/2/22, indicated the resident was to receive a Novolog (a fast acting insulin) injection via a flexpen, 13 units three times daily. The May 2022 MAR, indicated the Novolog was signed out as administered on 5/1/22 at 7:30 a.m., 11:30 a.m., and 4:30 p.m. by QMA 3. On 5/19/22 at 11:30 a.m. the medication was signed out as administered by QMA 5.		**orders, medications on hold, physician communication, labs, abnormal labs not acted on, change in status, or other concerns, using the Nurse/QMA to Nurse/QMA Communication Log.** **3.** **In-Service for Licensed Clinical Staff regarding the following policies:** . **Med21-Administering and Assisting with Injections** . **GP33-Qualified Medication Aides** . **When to Call Protocol – 24/7 access to on-call LPN**	

	The June 2022 MAR, indicated the Novolog was signed out as administered on 6/2/22 at 4:30 p.m. by QMA 3. The record lacked documentation the insulin injections were administered by a licensed nurse and/or a QMA who had received training in insulin administration. The facility was unable to provide documentation that QMA 1, QMA 2, QMA 3, QMA 4, and QMA 5 had taken the state approved course to administer insulin as a QMA. Interview with the Executive Director and the Resident Care Director on 6/16/22 at 1:07 p.m., indicated they were unable to provide further information. This State Residential finding relates to Complaint IN00380591. Based on record review and interview, the facility failed to ensure injectable medications were given only by a licensed nurse and/or a QMA (Qualified Medication Aide) who had received specialized training in insulin administration for 3 of 3 residents reviewed for insulin administration. (Residents K, L, and M) Findings include: 1. Resident K's record was		representative.	

reviewed on 6/15/22 at 9:48 a.m. Diagnoses included, but were not limited to, dementia, type 2 diabetes mellitus, hypertension, and chronic kidney disease.

The Level of Care Assessment, dated 5/26/22, indicated the resident had memory impairment and required occasional reminders and cueing. The resident received insulin injections three times daily and blood sugars were to be obtained three to four times daily.

Physician's Orders, dated 5/31/22, indicated the resident was to receive Basaglar (a long acting insulin) inject 25 units subcutaneously once daily.

The June 2022 Medication Administration Record (MAR), indicated the Basaglar insulin injection was signed out as administered on 6/9/22 at 9:00 a.m. by QMA 1.

2. Resident L's record was reviewed on 6/15/22 at 11:39 a.m. Diagnoses included, but were not limited to, major depressive disorder, hypertension, heart failure, and diabetes mellitus.

The Level of Care Assessment, dated 5/2/22, indicated the resident was alert and oriented. The resident received insulin injections and blood sugars

were to be obtained 1-2 times daily.

Physician's Orders, dated 10/1/21, indicated the resident was to receive Lantus solos (a long acting insulin) inject 46 units subcutaneously two times a day.

The May 2022 Medication Administration Record (MAR), indicated the Lantus solos injection was signed out as administered on 5/1/22 at 7:30 a.m. by QMA 4. The medication was signed out as administered on 5/30/22 at 7:30 a.m. and 5:00 p.m. by QMA 3.

The June 2022 MAR, indicated the Lantus solos injection was signed out as administered on 6/9/22 at 7:30 a.m. and 5:00 p.m. by QMA 1.

Physician's Orders, dated 12/18/21, indicated the resident was to receive Humalog (a fast acting insulin) inject per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6 units.

The June 2022 MAR, indicated the resident received 12 units of Humalog insulin for a blood sugar of 359 on 6/3/22 at 5:00 p.m. The insulin was administered by QMA 2.

	3. Resident M's record was reviewed on 6/15/22 at 9:57 a.m. Diagnoses included, but were not limited to, stroke, depression, hypertension, diabetes mellitus, seizure disorder, and dementia. A Level of Care Assessment, dated 5/3/22, indicated the resident was cognitively intact, required insulin injections three times daily, and blood sugars were to be obtained 3-4 times daily. Physician's Orders, dated 3/3/22, indicated the resident was to receive Aspart insulin (a fast acting insulin) give per sliding scale: 0-150=0, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, and 401 and above=6 units. The May 2022 Medication Administration Record (MAR) indicated the resident received 1 unit of insulin on 5/1/22 at 7:30 a.m. and 3 units at 4:30 p.m. The insulin had been signed out as being administered by QMA 3. On 5/19/22 at 11:30 a.m., the resident received 3 units of insulin. The insulin was signed out by QMA 5. The June 2022 MAR, indicated the resident received 3 units of insulin on 6/3/22 at 7:30 a.m. and 1 unit of insulin at 11:30			

	a.m., the injection was signed out as administered by QMA 3. Physician's Orders, dated 2/20/22, indicated the resident was to receive Levemir (a long acting insulin) 15 units subcutaneously twice daily. The May 2022 MAR, indicated the Levemir injection was signed out as administered on 5/1/22 at 7:30 a.m. and 4:30 p.m. by QMA 3. The 4:30 p.m. dose was signed out as administered on 5/3 and 5/23/22 by QMA 3. The June 2022 MAR, indicated the Levemir injection was signed out as administered on 5/2/22 at 4:30 p.m., and on 5/3/22 at 7:30 a.m. and 4:30 p.m. by QMA 3. Physician's Orders, dated 3/2/22, indicated the resident was to receive a Novolog (a fast acting insulin) injection via a flexpen, 13 units three times daily. The May 2022 MAR, indicated the Novolog was signed out as administered on 5/1/22 at 7:30 a.m., 11:30 a.m., and 4:30 p.m. by QMA 3. On 5/19/22 at 11:30 a.m. the medication was signed out as administered by QMA 5.			

	The June 2022 MAR, indicated the Novolog was signed out as administered on 6/2/22 at 4:30 p.m. by QMA 3. The record lacked documentation the insulin injections were administered by a licensed nurse and/or a QMA who had received training in insulin administration. The facility was unable to provide documentation that QMA 1, QMA 2, QMA 3, QMA 4, and QMA 5 had taken the state approved course to administer insulin as a QMA. Interview with the Executive Director and the Resident Care Director on 6/16/22 at 1:07 p.m., indicated they were unable to provide further information. This State Residential finding relates to Complaint IN00380591.			
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 medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be	R 0246	Adhere to the following ISL Policies and Procedures: GP 33 – Qualified Medication Aides	08/05/2022

documented in the nursing notes indicating the time and date of the contact.

Based on record review and interview, the facility failed to ensure as needed (PRN) medications were authorized by a licensed nurse prior to administration with documentation noting the time of contact for 1 of 1 residents reviewed for PRN medications. (Resident L)

Finding includes:

Resident L's record was reviewed on 6/15/22 at 11:39 a.m. Diagnoses included, but were not limited to, major depressive disorder, hypertension, heart failure, and diabetes mellitus.

The Level of Care Assessment, dated 5/2/22, indicated the resident was alert and oriented.

Physician's Orders, dated 10/1/21, indicated the resident was to receive Acetaminophen (a pain medication) 500 milligrams (mg) PRN for pain.

The June 2022 Medication Administration Record (MAR), indicated an Acetaminophen tablet was signed out as administered on 6/2/22 at 6:27 a.m. by QMA 6. The medication was administered by QMA 1 on 6/9/22 at 4:00 p.m. and QMA 7

Medication
shall be administered by licensed nursing personnel or qualified medication
aides (QMA). QMAs must have completed the Qualified Medication Aide
Certification Program administered by the Indiana Department of Health, Division of Healthcare Education and Quality.

Prior to
passing medications in the Community, QMAs must have successfully completed
all training and competency requirements, required continuing education, and are on the Indiana Nurse Aide Registry. Qualified Medication Aides (QMA) must
have successfully completed the optional Insulin Administration Education Module curriculum approved by the Division of Long-Term Care before a QMA may
be administer allowable insulin injections under nurse supervision.

	at 10:34 p.m. The record lacked documentation of the QMAs receiving authorization from a licensed nurse to administer the PRN medication. Interview with the Resident Care Director on 6/16/22 at 1:07 p.m., indicated she was unable to provide further information regarding administration of PRN medications without prior licensed nurse authorization. This State Residential finding relates to Complaint IN00379613. Based on record review and interview, the facility failed to ensure as needed (PRN) medications were authorized by a licensed nurse prior to administration with documentation noting the time of contact for 1 of 1 residents reviewed for PRN medications. (Resident L) Finding includes: Resident L's record was reviewed on 6/15/22 at 11:39 a.m. Diagnoses included, but were not limited to, major depressive disorder, hypertension, heart failure, and diabetes mellitus.		must receive appropriate authorization for each administration of a PRN 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. Effective immediately and ongoing 07/30/22 **1.** **Community will ensure shifts staff with** **QMAs have access to Licensed Practical Nurse is available24/7 to authorize approval of PRNs.** **2.** **Educate both ISL and agency QMA** **personnel regarding QMA Scope of Practice per ISDH Guidelines and ISL Policy.** **3.** **Have readily available binder that** **reflects the credentials for QMAs that have completed**	

	The Level of Care Assessment, dated 5/2/22, indicated the resident was alert and oriented. Physician's Orders, dated 10/1/21, indicated the resident was to receive Acetaminophen (a pain medication) 500 milligrams (mg) PRN for pain. The June 2022 Medication Administration Record (MAR), indicated an Acetaminophen tablet was signed out as administered on 6/2/22 at 6:27 a.m. by QMA 6. The medication was administered by QMA 1 on 6/9/22 at 4:00 p.m. and QMA 7 at 10:34 p.m. The record lacked documentation of the QMAs receiving authorization from a licensed nurse to administer the PRN medication. Interview with the Resident Care Director on 6/16/22 at 1:07 p.m., indicated she was unable to provide further information regarding administration of PRN medications without prior licensed nurse authorization. This State Residential finding relates to Complaint IN00379613.		**their licensure.** **<u>Utilize Nurse/QMA to Nurse/QMA Communication Log</u>** **1.** **At the end of each shift, the Nurse/QMA reviews the end of shift charting from care staff. A report is provided to the on-coming Nurse/QMA using the Nurse/QMA to Nurse/QMA Communication Log.** **2.** **The Nurses/QMAs communicate at the end of shift any pertinent medication information such as reported refusals, new orders, medications on hold, physician communication, labs, abnormal labs not acted on, change in status, or other concerns, using the Nurse/QMA to Nurse/QMA Communication Log.**	

			<u>In-Service for Licensed Clinical Staff regarding the following policies:</u> . **GP33-Qualified Medication Aides** . **When to Call Protocol – 24/7 access to on-call LPN** 06/17/2022 and 08/05/2022	

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