STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE WEST	55 N MISSION DR, INDIANAPOLIS, , 46214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00381085. Complaint IN00381085 - Unsubstantiated due to lack of evidence. Unrelated deficiency is cited. Survey date: June 9 and 10, 2022. Facility number: 011840 Residential Census: 41 Summit Place West was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00381085. Quality review completed on June 20, 2022.	R 0000	R216 Residents C and D shall have an assessment completed for the ability to self-administer medications. Based upon the result of those assessments, orders will be obtained if indicated, service plans will be updated accordingly and any revisions shall be communicated to staff. All residents of the facility shall be audited for the correct and timely completion of a medication self-administration assessment to ensure if the resident is deemed competent to self-administer, orders are obtained, service plans are updated, and staff notified of those residents who will self-administer and of the medication(s) the respective resident(s) shall	

			be responsible to self-administer. In an effort to ensure compliance with evaluation of the residents' ability to self-administer medications, the facility policy has been reviewed and the applicable staff shall receive inservice training addressing compliance therewith. Additionally, staff shall be alerted that should a resident's condition change such that self-administration should be re-evaluated, administrative staff must be alerted to ensure timely re-evaluation. As a means to ensure ongoing compliance, following the aforementioned audits to confirm accuracy, the Director of Clinical Services/designee shall be responsible to maintain a listing of all residents deemed appropriate for self-administration (with orders and service plans in place), and shall ensure those residents continue to be appropriate through monthly review of the assessment for accuracy on an	

			ongoing basis. All newly admitted residents shall be assessed for the ability to self-administer. The Director of Clinical Services/designee shall be responsible to ensure order(s) in place, service plan addressed, and the newly admitted resident added to the list for monthly ongoing review.	
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observations, interviews, and record review, the facility failed to ensure	R 0216	R216 Residents C and D shall have an assessment completed for the ability to self-administer medications. Based upon the result of those assessments, orders will be obtained if indicated, service plans will be updated accordingly and any revisions shall be communicated to staff. All residents of the facility shall be audited for the correct and timely completion of a medication self-administration assessment to ensure if the resident is deemed competent to self-administer, orders are obtained, service plans are updated, and staff notified of those residents who will self-administer and of the	06/28/2022

residents with medications in their apartments had medication self-administration assessments indicating the residents could self-administer medications for 2 of 41 residents reviewed for service plans (Resident C and D).

Findings include:

1. On 6/9/22 at 10:20 a.m., Resident C was observed in his recliner. A medication, Diclofenac Sodium 1% Gel (prescribed topical medication used to relieve pain in joints) was observed on his table. Resident C indicated he used the medication for pain.

On 6/9/22 at 3:00 p.m., Resident C's record was reviewed. His diagnoses included but were not limited to Wernicke's encephalopathy (a degenerative brain disorder related to the lack of thiamine (vitamin B1)) and shoulder pain.

His physician's medication orders included, but were not limited to Diclofenac Sodium 1% Gel, apply to right shoulder every 6 hours as needed.

His service plan, dated 11/7/21, was provided by the Executive Director (ED), on 6/10/22 at 11:12 a.m. It indicated that Resident C was unable to take medications unless administered by someone else.

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	On 6/10/22 at 10:51 a.m., Resident C's medication self-administration assessment was requested. The documentation was not provided by the time of the survey exit. 2. On 6/9/22 at 10:10 a.m., Resident D was observed in her recliner. A nebulizer machine sitting on a shelf, with 2 boxes of DuoNeb nebulizer solution (a medication inhaled into the lungs), and 2 Symbicort inhalers (a medication inhaled into the lungs) were observed. During an interview with Resident D, on 6/9/22 at 10:15 a.m., Resident D indicated she requested to have these medications in her apartment because she did not want to bother staff all the time for these medications. On 6/9/22 at 12:42 p.m., Resident D's record was reviewed. Her diagnoses included, but were not limited to, COPD (a disease of the lungs), hypertension and chronic pain. Her physician's orders included, but were not limited to, DuoNeb 2.5-0.5 milligrams (mg)/3 milliliters (ml) solution (IPRAT-ALBUT 0.5-3(3.5) mg, give 1 vial via nebulizer 4 times daily, may keep at bedside (MKAB), and Symbicort 106-4.5 microgram (mcg) inhaler, inhale 2 puffs into the lungs, 2 times a		monthly review of the assessment for accuracy on an ongoing basis. All newly admitted residents shall be assessed for the ability to self-administer. The Director of Clinical Services/designee shall be responsible to ensure order(s) in place, service plan addressed, and the newly admitted resident added to the list for monthly ongoing review.	

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Her medication self-administration assessment, dated 9/3/21, was provided by the Director of Nursing (DON) on 6/10/22 at 9:05 a.m. It indicated that Resident D was unable to self-administer her medications in safe manner.

Her service plan, dated 6/1/22, was provided by the DON, on 6/10/22 at 9:05 a.m. It indicated that Resident D was unable to take medication unless administered by someone else.

A current policy titled, "Medications, Self-Administration," dated 9/17, was provided by Executive Director (ED), on 6/10/22 at 10:55 a.m. A review of this policy, indicated, " ...If the evaluation reveals the resident is capable of participation in self-administration, a physician order reflecting the same shall be obtained to specify which medications may be self-administered by the resident. Medication self-administration shall be addressed on the resident's plan of care...."

A current policy titled, "Medication Administration," dated 4/17, was provided by the DON on 6/10/22 at 11:21 a.m. A review of this policy, indicated, " ...Always observe the resident

taking their medication(s). Never permit medication to remain in the resident's room. Residents may not self-administer unless specifically authorized in writing by the attending physician, and then only in accordance with the facility procedures for self-administration...."

Based on observations, interviews, and record review, the facility failed to ensure residents with medications in their apartments had medication self-administration assessments indicating the residents could self-administer medications for 2 of 41 residents reviewed for service plans (Resident C and D).

Findings include:

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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