STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF GREENSBURG	1034 CROWN POINTE BLVD, GREENSBURG, , 47240

(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 a State Residential Licensure Survey. Survey date: November 23, 2021 Facility number: 011914 Residential Census: 17 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on November 29, 2021.	R 0000		
R 0299	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(3) (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy. 2. The clinical record for Resident 4 was reviewed on	R 0299	-The physician for the residents who had pharmacy recommendation will be notified by the DON or designee. All notifications will be documented in the residents' record. -The DON or designee will review all pharmacy recommendations for	12/10/2021

	11/23/21 at 10:23 A.M. Diagnoses included, but were not limited to, congestive heart failure, atrial fibrillation, angina, and heart failure. A "Consultant Pharmacist's Medication Regimen Review", dated 08/16/21, indicated the resident received pravastatin (a cholesterol medication) daily at 8:00 A.M. The pharmacy recommendation indicated the manufacturer recommended taking the medication during the evening, as statins worked best when given at that time. If appropriate for the resident, please consider changing the time of administration to 8:00 P.M., or at evening, or HS (hour of sleep) time of the facility. There was no indication the facility addressed the pharmacy recommendation. The resident's MAR (Medication Administration Record) for September and October 2021 were reviewed. The resident received the pravastatin medication daily at 8:00 A.M. During an interview on 11/23/21 at 10:44 A.M., the DON indicated medications were reviewed by the pharmacy offsite, and recommendations were sent to the facility for review. The facility then sent the recommendations to the residents' physicians for review. Recommendations should be		the last 3 reviews to ensure all recommendations have been provided to each resident's physician. The notification of the physicians will be documented in accordance with the facility policy. - In an effort to ensure continued compliance, all nursing staff will receive inservice training on facility policy regarding pharmacy recommendations. -The DON or designee will audit the pharmacy recommendations for the next three reviews to ensure all physicians have been notified of any recommendations. If there are findings the DON or designee will immediately correct the issue. The audit will continue until 100% compliance is obtained and maintained. -All systemic changes will be completed by December 10, 2021	

addressed by the physicians. If the physician did not agree with the recommendation, there would be documentation in the resident's record.

The current facility policy, titled "Medication Regimen Review", dated April 9, 2021, was provided by the DON on 11/23/21 at 11:08 A.M. The policy indicated, "...Irregularities in drug use and any other therapy recommendations will be reported to the Director of Nursing and attending physician...observations and recommendations that are noted may be properly addressed by the prescribing physician...The response will be recorded..."

Based on record review and interview, the facility failed to follow pharmacy recommendations for 2 of 7 residents reviewed. (Residents 2 and 4)

Findings include:

1. During an interview on 11/23/21 at 10:03 A.M., the DON (Director of Nursing) indicated when the pharmacy reviewed the residents' medications, they would send the recommendations to her in an email and she would review them with the physician. The consultant pharmacist reviewed the medications online. They did not physically come into the

building.

The clinical record for Resident 2 was reviewed on 11/23/21 at 10:15 A.M. Diagnoses included, but were not limited to, diabetes and Parkinson's disease.

A "Consultant Pharmacist's Medication Regime Review", dated 08/16/21, was provided by the DON on 11/23/21 at 11:08 A.M. The review indicated it was a second request for information documentation in regard to the resident's drug allergies. There was a check box to verify that either the resident had no allergies or to list the allergies. Both check boxes were left blank.

The physician's orders for September, October, and November 2021, were provided by the DON on 11/23/21 at 11:08 A.M. The orders lacked documentation of the resident's allergies.

During an interview on 11/23/21 at 10:45 A.M., the DON indicated the drug allergies should have been updated.

2. The clinical record for Resident 4 was reviewed on 11/23/21 at 10:23 A.M. Diagnoses included, but were not limited to, congestive heart failure, atrial fibrillation, angina, and heart failure.

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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