STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING ASSISTED LIVING COMMUNITY	2400 MARKET ST, CHARLESTOWN, , 47111

(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 IN00382220 and IN00384693. Complaint IN00382220 - Substantiated. State deficiency related to the allegations is cited at R0349. Complaint IN00384693 - Unsubstantiated. No deficiencies related to the allegations are cited. An unrelated deficiency is cited Survey date: July 18 and 19, 2022 Facility number: 012007 Residential Census: 83 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 26, 2022.	R 0000	Preparation and submission of this statement of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusion stated on the statement of deficiencies. This statement of correction is prepared and submitted solely because of requirements under state and federal laws. We cordially request a desk review regarding the alleged deficiencies in lieu of any revisit.	

R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview and record review, the facility failed to ensure misappropriation of resident property did not occur for 1 of 3 residents reviewed for resident rights. (Resident F) Findings include: The clinical record for Resident F was reviewed on 7/18/22 at 12:55 p.m. The diagnoses included, but were not limited to, anxiety and restlessness. The incident report, dated 7/10/22, indicated LPN (Licensed Practical Nurse) 4 had been suspended due to suspicion of misappropriation of medication. The physician's order, dated 5/11/22, indicated the resident was to receive Clonazepam (anti-anxiety medication) 0.5 mg (milligrams) twice daily at 4:00 a.m. and 8:00 p.m.	R 0064	Preparation and submission of this statement of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusion stated on the statement of deficiencies. This statement of correction is prepared and submitted solely because of requirements under state and federal laws. We cordially request a desk review regarding the alleged deficiencies in lieu of any revisit. I am requesting and IDR for this tag. Our policy Was followed for proper investigation when missing medication was identified. 1. Missing narcotic medication for resident F have been replaced at facility expense. 2. Narcotic audit to be completed for all residents receiving narcotic medications by 8/5/2022 to ensure all narcotics match sign out sheet by DON/Designee 3. QMA/LPN/RN in-serviced on resident rights,	08/12/2022

	Review of the July 2022 narcotic count sheet indicated LPN 4 signed out the resident's Clonazepam on 7/9/22 at 8:00 a.m. The July 2022 medication administration record lacked LPN 4's signature for confirmation that the medication was administered. During an interview on 7/18/22 at 3:26 p.m., Resident F indicated she keeps track of her medications. She takes her Clonazepam at 4:00 a.m. and 8:00 p.m. and she had never received a dose of her Clonazepam at 8:00 a.m. On 7/18/22 at 9:35 a.m., the Assistant Wellness Director provided a current copy of the document titled "Abuse, Prevention and Prohibition Policy" dated 4/2020. It included, but was not limited to, "Policy...The facility ...prohibits misappropriation of resident property...Definitions...Misappropriation of Resident Property is defined as the deliberate misplacement...temporary or permanent use of a resident's belongings...without the resident's consent...." Based on interview and record review, the facility failed to ensure misappropriation of resident property did not occur for 1 of 3 residents reviewed for		including misappropriation of personal items and medication administration, on 08/04/2022 by Executive Director 4. Narcotic count audits will be conducted by DON/Designee to identify any potential further incidents of misappropriation of property related to medications as follows: 1/week for 2 MONTHS, 2/MONTH for 4 MONTHS. Residents who receive PRNs will be interviewed weekly to confirm receipt of medication 3/week for 60 days then 2/week for 60 days, then 1/week for 60 days. ED/Designee and DON/Designee will review audits with QA Committee monthly x3 months for identified issues. QA Committee will determine if audits necessitate extension past 3 months and will continue to review audit results monthly for duration of the extended timeframe as applicable. Criteria for stopping audits includes no holes in narcotic records in the past 90 days (MAR, Count sheets). Audits would continue if any resident	

	resident rights. (Resident F) Findings include: The clinical record for Resident F was reviewed on 7/18/22 at 12:55 p.m. The diagnoses included, but were not limited to, anxiety and restlessness. The incident report, dated 7/10/22, indicated LPN (Licensed Practical Nurse) 4 had been suspended due to suspicion of misappropriation of medication. The physician's order, dated 5/11/22, indicated the resident was to receive Clonazepam (anti-anxiety medication) 0.5 mg (milligrams) twice daily at 4:00 a.m. and 8:00 p.m. Review of the July 2022 narcotic count sheet indicated LPN 4 signed out the resident's Clonazepam on 7/9/22 at 8:00 a.m. The July 2022 medication administration record lacked LPN 4's signature for confirmation that the medication was administered.		indicated they did not receive PRN medications in the last 90 days.	

	During an interview on 7/18/22 at 3:26 p.m., Resident F indicated she keeps track of her medications. She takes her Clonazepam at 4:00 a.m. and 8:00 p.m. and she had never received a dose of her Clonazepam at 8:00 a.m. On 7/18/22 at 9:35 a.m., the Assistant Wellness Director provided a current copy of the document titled "Abuse, Prevention and Prohibition Policy" dated 4/2020. It included, but was not limited to, "Policy...The facility ...prohibits misappropriation of resident property...Definitions...Misappropriation of Resident Property is defined as the deliberate misplacement...temporary or permanent use of a resident's belongings...without the resident's consent...."			
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible.	R 0349	Preparation and submission of this statement of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or of the correctness of the conclusion stated on the statement of deficiencies. This statement of correction is prepared and submitted solely because of requirements under state and federal laws. We cordially request a desk review regarding	08/12/2022

(4) Systematically organized.

Based on interview and record review, the facility failed to ensure a resident's (Resident B) medical record accurately reflected current orders for 1 of 3 residents reviewed for medical records.

Findings include:

The clinical record for Resident B was reviewed on 7/18/22 at 10:11 a.m. The diagnoses included, but were not limited to, diabetes and chronic pain.

The physician's order, dated 6/3/21, indicated the resident was to receive Oxycodone (narcotic pain medication) HCl (hydrochloride) 15 mg (milligrams) routinely 4 times a day for pain.

The nurse note, dated 4/9/22 and untimed, indicated the resident refused to go to her pain management appointment on 4/8/22. She refused 2 doses of her pain medication due to only having 2 doses left.

Review of the April 2022 medication administration record, between 4/12/22 and 4/30/22, indicated the resident's pain medication was not available to administer.

Review of the May 2022 medication administration

the alleged deficiencies in lieu of any revisit. I am requesting and IDR for this tag. Our policy does not indicate a d/c order for a medication is required when the medication is not available. Medication was identified as not given by MAR documentation and Physician notified,

1.
Resident B was discharge to hospital.

2.
Med cart audit completed by DON/Designee to identify any residents who did not receive medication as ordered on 8/3/2022

3.
Nurses and QMA’s in-serviced by DON/Designee on medication administration, including the 5 rights of medication administration and process to follow if medication is not available on 08/04/2022.

4. HCC
or designee to audit medication cart for any residents who did not receive
medication as ordered 1/week for 2 months, 2x/month for 2 months, 1x/month for
2 months. ED/Designee and DON/Designee
will review audits with QA Committee monthly x3 months for identified
issues. QA Committee will

	record, between 5/1/22 and 5/11/22, indicated the resident's pain medication was not available to administer and to discontinue until a new script from the pain management clinic was received. The clinical record lacked documentation of an order to discontinue the pain medication. During an interview on 7/19/22 at 1:10 p.m., the Wellness Director indicated she could not find an order to discontinue the pain medication. During an interview on 7/19/22 at 2:15 p.m., Nurse Practitioner 6 indicated she was aware the resident was out of the pain medication. She refused to write an order as the resident was to follow up with the pain clinic every month for the script. She did write an order for palliative care, however, the resident refused. This State tag relates to Complaint IN00382220 Based on interview and record review, the facility failed to ensure a resident's (Resident B) medical record accurately reflected current orders for 1 of 3 residents reviewed for medical records. Findings include: The clinical record for Resident		determine if audits necessitate extension past 3 months and will continue to review audit results monthly for duration of the extended timeframe as applicable. Criteria for stopping or continuing audits are as follows: Any residents with medications being unavailable for any reason would cause audits to continue	

B was reviewed on 7/18/22 at 10:11 a.m. The diagnoses included, but were not limited to, diabetes and chronic pain.

The physician's order, dated 6/3/21, indicated the resident was to receive Oxycodone (narcotic pain medication) HCl (hydrochloride) 15 mg (milligrams) routinely 4 times a day for pain.

The nurse note, dated 4/9/22 and untimed, indicated the resident refused to go to her pain management appointment on 4/8/22. She refused 2 doses of her pain medication due to only having 2 doses left.

Review of the April 2022 medication administration record, between 4/12/22 and 4/30/22, indicated the resident's pain medication was not available to administer.

Review of the May 2022 medication administration record, between 5/1/22 and 5/11/22, indicated the resident's pain medication was not available to administer and to discontinue until a new script from the pain management clinic was received.

The clinical record lacked documentation of an order to discontinue the pain medication.

During an interview on 7/19/22 at 1:10 p.m., the Wellness

	Director indicated she could not find an order to discontinue the pain medication. During an interview on 7/19/22 at 2:15 p.m., Nurse Practitioner 6 indicated she was aware the resident was out of the pain medication. She refused to write an order as the resident was to follow up with the pain clinic every month for the script. She did write an order for palliative care, however, the resident refused. This State tag relates to Complaint IN00382220			

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