STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT GRANGER	6330 N FIR RD, GRANGER, , 46530

(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 IN00370977 & IN00367946. Complaint IN00370977 - Substantiated State deficiencies related to the allegations are cited at R0297. Complaint IN00367946 - Unsubstantiated due to lack of evidence. Survey date: January 18 and 19, 2022 Facility number: 012229 Residential Census: 122 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review January 24, 2022.	R 0000		
R 0297	Pharmaceutical Services - Noncompliance	R 0297	What corrective action(s) will be accomplished for those residents found to	02/28/2022

	410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on record review and interview, the facility failed to ensure ordered medications were readily available and administered for 6 of 6 residents whose medications were reviewed. (Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G) Findings include: 1. A record review was completed on, 1/18/2022 at 9:45 A.M. Resident B's diagnoses included, but were not limited to: altered mental status, anxiety, hypertension and chronic kidney disease Resident B's current medication orders included: acetaminophen three times a day, amlodipine (high blood pressure med) daily, aspirin (anti inflammatory) daily, calcium (supplement) twice a day, and mirtazapine (antidepressant) daily. A MAR (Medication		have been affected by the deficient practice; Any resident that is affected will have their medication pulled from the EDK or nurse will contact PCP for hold orders until medication is available through pharmacy or EDK -How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; An Audit was performed by Wellness Director on all cycle fill medications and new orders. There are no residents at this time waiting for their refill medications. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Process will be put in place for all Nursing staff to follow up and ensure all of their charting for medication pass is completed, an all nursing in-service will be	

	Administration Record), dated January 2022, indicated Resident B did not receive the acetaminophen on 1/5, and 1/13 and did not receive the following medications on 1/9/2022; acetaminophen, amlodipine, aspirin, calcium, and the mirtazapine. 2. A record review was completed on 1/18/2022 at 10:04 A.M. Resident C's diagnoses included, but were not limited to: dementia, hypertension, osteoarthritis and repeated falls. Resident C's current medication orders included: diltiazem (high blood pressure) three times daily, hydralazine (high blood pressure) three times daily, memantine (dementia medication) twice daily, and vitamin B-6 & B-1 (supplements) daily. A MAR, dated December 2021, indicated Resident C did not receive the following medications: hydralazine on 12/30, and 12/31 x 2 doses and vitamin B-6. The reason for not receiving the medications was documented as awaiting delivery. A MAR, dated January 2022, indicated Resident C did not receive the following medications: hydralazine, diltiazem, menantine, vitamin B		conducted to review all processes on re-ordering medications from outside pharmacy's and process of EDK use, and what to do in a delay is identified and proper documentation if this event occurs. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and -By what date the systemic changes will be completed. Starting February 7th 2022 the Wellness Director and/or designee will audit the MAR and pharmacy refill requests weekly Mon-Fri for 4 weeks, then random 3x/wk for 2 months. This will be completed by 5/16/2022. Audit will include processing new orders and refill requests, verify medication is available, if not available follow up on availability and proper documentation of all information in ALIS.	

1, and vitamin B 6 on 1/4/2022.

3. A record review was completed on, 1/18/2022 at 11:13 A.M. Resident D's diagnoses included, but were not limited to: hypertension, diabetes, dementia and depression.

Resident D's current medication orders included: vitamin D 3 (supplement) daily, levothyroxine (hypothyroid medication) daily, pravastatin (high cholesterol medication) daily, artificial tears four times a day, and omega 3 (fat reducer) daily.

A MAR, dated January 2022, indicated Resident D did not receive the following medications: vitamin D 3 and levothyroxine on 1/6, pravastatin and omega 3 on 1/10, and artificial tears on 1/5 and 1/9/2022.

4. A record review was completed on, 1/18/2022 at 11:38 A.M. Resident E's diagnoses included, but were not limited to: vascular dementia, hypertension and Alzheimer's disease.

Resident E's current medication orders included: acetaminophen three times a day, buspirone (anxiety medication) three times a day and hydrocodone (narcotic pain medication) daily.

A MAR, dated January 2022, indicated Resident E did not receive the following medications: acetaminophen and buspirone on 1/5 and 1/13, and hydrocodone on 1/15, 1/16, 1/17 and 1/19/2022. The MAR indicated the reason hydrocodone was not administered was awaiting delivery and need new script sent to pharmacy. The Nurse had called regarding delivery, but the medication was still not at the facility.

5. A record review was completed on, 1/18/2022 at 11:58 A.M. Resident F's diagnoses included, but were not limited to: dementia, Alzheimer's disease, anxiety and hypothyroidism.

Resident F's current medication orders included: amlodipine (high blood pressure) daily, Lantus insulin twice a day, levothyroxine (thyroid medication) daily, lorazepam (sedative) daily, mometasone (steroid) daily, and sertraline (antidepressant) daily, and Novolog (insulin) three times a day.

A MAR, dated January 2022, indicated Resident F did not receive the following medications: amlodipine on 1/10, 1/13, 1/15, and 1/19; levothyroxine on 1/10, 1/13, 1/15, and 1/17; loazepam on

1/10; mometasone on 1/17 and 1/19; sertraline on 1/10, 1/13, 1/15, 1/17 and 1/19. The reason for the medications not being administered was documented as awaiting delivery The Lantus and Novolog insulins were not documented as being given on 1/1, 1/2, 1/7, 1/9, 1/11, 1/12, 1/16 and 1/18/2022.

6. A record review was completed on 1/19/2022 at 10:45 A.M. Resident G's current diagnoses included, but were not limited to: dementia and hypothyroidism.

Resident G's current medication orders included: lorazepam (sedative) three times a day, Quetiapine (anti psychotic) daily,and trazadone (antidepressant) daily.

A MAR, dated January 2020, indicated Resident G did not receive the following medications: lorazepam on 1/5, 1/6, and 1/13//2022. On 1/10, 1/11 and 1/13. The reason for not receiving the medication was documented as awaiting delivery.

During an interview, on 1/19/2022 at 10:22 A.M., QMA 5 indicated when the MAR had a line drawn in the medication box, that meant the medication was not signed and was unable to determine if the medication has been given. QMA 5

indicated if a medication was not in the medication cart she would look at the list of medications in the EDK (emergency drug kit), inform the Nurse and maybe call the pharmacy to see if a new script was needed. She indicated the QMA's are not allowed to pull any medications from the EDK.

During an interview, on 1/19/2022 at 10:47 A.M., the Director of Nursing indicated they had been having trouble getting medications in and the medications should have been pulled from the EDK. If the MAR had a line in the box, then the medication had not been given.

On 1/19/2022 at 11:06 A.M., the Director of Nursing provided the policy titled,"Medication Availability", dated 8/1/2017, and indicated the policy was the one currently used by the facility. The policy indicated"...The purpose of the Medication Availability Policy is to establish a process to have all currently ordered medications available for the resident. ...All current ordered medications will be available and given pursuant to licensed Healthcare provider's orders. ...The Wellness Director or Designee is responsible for obtaining newly ordered medication or refills for medications and treatment orders, unless otherwise agreed

upon with the resident family or legally responsible party in accordance with the Pharmacy Service Agreement Addendum to the Residency Agreement. Documentation: 1. The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administers the medication report off-duty without first recording the administration of any medications...."

On 1/19/2022 at 11:56 A.M., the Director of Nursing provided the policy titled, Medication Ordering and Receiving Form Pharmacy", dated 2007, and indicated the policy was the one currently use by the facility. The policy indicated"... D. Medications are not borrowed from other residents. The ordered medication is obtained either from the emergency box or from the provider pharmacy. F. The emergency supply is maintained at as designated area, along with a list of supply contents as follows: 1) Emergency non-parenteral medications are kept with other emergency medications is a sealed portable container/locked

in a med room or cabinet). 4. Emergency controlled substances are kept in a sealed, portable container in locked drawer in locked med cart or double locked in med room. I. Use of emergency medication is noted on the resident's mediation administration record (MAR)...."

This State finding is related to complaint IN00370977.

Based on record review and interview, the facility failed to ensure ordered medications were readily available and administered for 6 of 6 residents whose medications were reviewed. (Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G)

Findings include:

1. A record review was completed on, 1/18/2022 at 9:45 A.M. Resident B's diagnoses included, but were not limited to: altered mental status, anxiety, hypertension and chronic kidney disease

Resident B's current medication orders included: acetaminophen three times a day, amlodipine (high blood pressure med) daily, aspirin (anti inflammatory) daily, calcium (supplement) twice a day, and mirtazapine (antidepressant) daily.

A MAR (Medication

Administration Record), dated January 2022, indicated Resident B did not receive the acetaminophen on 1/5, and 1/13 and did not receive the following medications on 1/9/2022; acetaminophen, amlodipine, aspirin, calcium, and the mirtazapine.

2. A record review was completed on 1/18/2022 at 10:04 A.M. Resident C's diagnoses included, but were not limited to: dementia, hypertension, osteoarthritis and repeated falls.

Resident C's current medication orders included: diltiazem (high blood pressure) three times daily, hydralazine (high blood pressure) three times daily, memantine (dementia medication) twice daily, and vitamin B-6 & B-1 (supplements) daily.

A MAR, dated December 2021, indicated Resident C did not receive the following medications: hydralazine on 12/30, and 12/31 x 2 doses and vitamin B-6. The reason for not receiving the medications was documented as awaiting delivery.

A MAR, dated January 2022, indicated Resident C did not receive the following medications: hydralazine, diltiazem, menantine, vitamin B

1, and vitamin B 6 on 1/4/2022.

3. A record review was completed on, 1/18/2022 at 11:13 A.M. Resident D's diagnoses included, but were not limited to: hypertension, diabetes, dementia and depression.

Resident D's current medication orders included: vitamin D 3 (supplement) daily, levothyroxine (hypothyroid medication) daily, pravastatin (high cholesterol medication) daily, artificial tears four times a day, and omega 3 (fat reducer) daily.

A MAR, dated January 2022, indicated Resident D did not receive the following medications: vitamin D 3 and levothyroxine on 1/6, pravastatin and omega 3 on 1/10, and artificial tears on 1/5 and 1/9/2022.

4. A record review was completed on, 1/18/2022 at 11:38 A.M. Resident E's diagnoses included, but were not limited to: vascular dementia, hypertension and Alzheimer's disease.

Resident E's current medication orders included: acetaminophen three times a day, buspirone (anxiety medication) three times a day and hydrocodone (narcotic pain medication) daily.

A MAR, dated January 2022, indicated Resident E did not receive the following medications: acetaminophen and buspirone on 1/5 and 1/13, and hydrocodone on 1/15, 1/16, 1/17 and 1/19/2022. The MAR indicated the reason hydrocodone was not administered was awaiting delivery and need new script sent to pharmacy. The Nurse had called regarding delivery, but the medication was still not at the facility.

5. A record review was completed on, 1/18/2022 at 11:58 A.M. Resident F's diagnoses included, but were not limited to: dementia, Alzheimer's disease, anxiety and hypothyroidism.

Resident F's current medication orders included: amlodipine (high blood pressure) daily, Lantus insulin twice a day, levothyroxine (thyroid medication) daily, lorazepam (sedative) daily, mometasone (steroid) daily, and sertraline (antidepressant) daily, and Novolog (insulin) three times a day.

A MAR, dated January 2022, indicated Resident F did not receive the following medications: amlodipine on 1/10, 1/13, 1/15, and 1/19; levothyroxine on 1/10, 1/13, 1/15, and 1/17; loazepam on

1/10; mometasone on 1/17 and 1/19; sertraline on 1/10, 1/13, 1/15, 1/17 and 1/19. The reason for the medications not being administered was documented as awaiting delivery The Lantus and Novolog insulins were not documented as being given on 1/1, 1/2, 1/7, 1/9, 1/11, 1/12, 1/16 and 1/18/2022.

6. A record review was completed on 1/19/2022 at 10:45 A.M. Resident G's current diagnoses included, but were not limited to: dementia and hypothyroidism.

Resident G's current medication orders included: lorazepam (sedative) three times a day, Quetiapine (anti psychotic) daily,and trazadone (antidepressant) daily.

A MAR, dated January 2020, indicated Resident G did not receive the following medications: lorazepam on 1/5, 1/6, and 1/13//2022. On 1/10, 1/11 and 1/13. The reason for not receiving the medication was documented as awaiting delivery.

During an interview, on 1/19/2022 at 10:22 A.M., QMA 5 indicated when the MAR had a line drawn in the medication box, that meant the medication was not signed and was unable to determine if the medication has been given. QMA 5

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	in a med room or cabinet). 4. Emergency controlled substances are kept in a sealed, portable container in locked drawer in locked med cart or double locked in med room. I. Use of emergency medication is noted on the resident's mediation administration record (MAR)...." This State finding is related to complaint IN00370977.			

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