

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2022
NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN, PLAINFIELD, , 46168		
(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 IN00375925. Complaint IN00375925 - Substantiated. State Residential deficiencies related to the allegations is cited at R0036 and R0241. Survey dates: March 31 and April 01, 2022 Facility number: 012394 Residential Census: 97 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 7, 2022.	R 0000		
R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately consult the resident ' s physician and the resident ' s legal	R 0036	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	04/29/2022

representative when the facility has noticed:

(1) a significant decline in the resident ' s physical, mental, or psychosocial status; or

(2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.

Based on record review and interview, the facility failed to ensure physician notification of a below normal blood glucose level that resulted in severe hypoglycemia and hospitalization for 1 of 3 residents reviewed for physician notification of change of medical condition.

Findings include:

On March 31, 2022 at 1:05 p.m., Resident B's closed clinical records were reviewed. Current diagnoses, dated February 2022, indicated high blood pressure and arthritis.

The most current Service Plan, dated July 18, 2021, indicated Resident B was not diabetic.

A blood glucose level, drawn on January 27, 2022, indicated blood sugars were low at 56. Below the reference range of 99.

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.

It is the intent of this facility to ensure that upon change of any medical condition physician notification is completed.

Corrective Action: Residents and families are now being notified of medical condition change along with medical condition change specifically related to blood glucose levels. Licensed staff in-service will be educated by 4/29/22 for Residents Rights and Physician\Family notification on condition changes.

Identification of other residents: [All residents have the potential to be affected by the deficient practice.](#) An audit of the last 30 days of 100% of residents will be conducted to determine if there have been recent condition changes and if notification was

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Nurse's Notes, dated January 27, 2022 at 1:00 p.m., indicated a blood sugar level that had been drawn that morning was 56. The resident was in her room folding laundry and exhibited no signs or symptoms of low blood sugar. The laboratory results had been faxed to Resident B's medical doctor.

Clinical record notes, dated January 27, 2022 through February 02, 2022, lacked documentation of Resident B's physician having been notified of the low blood sugar level of 56.

During an interview, on April 01, 2022 at 9:30 a.m., the Clinical Coordinator indicated there was no documentation of Resident B's physician having been notified and responded to the below normal blood glucose level that had been drawn on January 27, 2022.

Nurses Notes, dated February 02, 2022 at 8:30 p.m., indicated Resident B was transported to a local acute care hospital after having been found unresponsive in her apartment.

Hospital records, dated February 02, 2022, indicated Resident B arrived with a blood sugar of "41 severe hypoglycemia [severely below normal blood sugar]" and a

made to MD and family. Notifications as appropriate will be made in accordance with the audit findings. These audits will be completed by 4/29/2022.

Measures: Upon orientation with new staff, training will be provided regarding MD\family notification of condition change. All licensed nurses in the community will be educated on the state regulation and Community Policy entitled "Significant Condition Change and Notification." All community licensed nursing staff will be educated by 4/29/2022 and agency licensed nurses will be educated prior to their scheduled shift. An audit tool will be completed to monitor blood glucose levels and to ensure that MD\family notification is completed per "Significant Condition Change and Notification" Policy. DON\Designee will monitor audit tool 5 days a week for one month, 3 days a week for 1 month, then weekly for one month.

Executive Director \ Designee, in collaboration with Director of Nursing/Designee

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body temperature of 94.46 degrees Fahrenheit
"hypothermia [severe below normal body temperature]" due to a "severe hypoglycemic event [severely low blood sugar]." Resident B remained hospitalized February 02 through February 10, 2022.

On April 01, 2022 at 11:30 a.m., the Clinical Coordinator provided the facility's current "Significant Condition Change & Notification" undated policy. A review of the policy indicated, "Purpose - To ensure...medical practitioner are notified of resident changes such as those listed below...Abnormal Blood Glucose results."

This State Residential tag relates to Complaint IN00375925.

Based on record review and interview, the facility failed to ensure physician notification of a below normal blood glucose level that resulted in severe hypoglycemia and hospitalization for 1 of 3 residents reviewed for physician notification of change of medical condition.

Findings include:

On March 31, 2022 at 1:05 p.m., Resident B's closed clinical records were reviewed. Current diagnoses, dated February 2022, indicated high

will review audits with QA Committee monthly x 3 months and will continue to review audit results monthly for duration of the extended timeframe as applicable.

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blood pressure and arthritis.

The most current Service Plan, dated July 18, 2021, indicated Resident B was not diabetic.

A blood glucose level, drawn on January 27, 2022, indicated blood sugars were low at 56. Below the reference range of 99.

Nurse's Notes, dated January 27, 2022 at 1:00 p.m., indicated a blood sugar level that had been drawn that morning was 56. The resident was in her room folding laundry and exhibited no signs or symptoms of low blood sugar. The laboratory results had been faxed to Resident B's medical doctor.

Clinical record notes, dated January 27, 2022 through February 02, 2022, lacked documentation of Resident B's physician having been notified of the low blood sugar level of 56.

During an interview, on April 01, 2022 at 9:30 a.m., the Clinical Coordinator indicated there was no documentation of Resident B's physician having been notified and responded to the below normal blood glucose level that had been drawn on January 27, 2022.

Nurses Notes, dated February 02, 2022 at 8:30 p.m., indicated

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	Resident B was transported to a local acute care hospital after having been found unresponsive in her apartment. Hospital records, dated February 02, 2022, indicated Resident B arrived with a blood sugar of "41 severe hypoglycemia [severely below normal blood sugar]" and a body temperature of 94.46 degrees Fahrenheit "hypothermia [severe below normal body temperature]" due to a "severe hypoglycemic event [severely low blood sugar]." Resident B remained hospitalized February 02 through February 10, 2022. On April 01, 2022 at 11:30 a.m., the Clinical Coordinator provided the facility's current "Significant Condition Change & Notification" undated policy. A review of the policy indicated, "Purpose - To ensure...medical practitioner are notified of resident changes such as those listed below...Abnormal Blood Glucose results." This State Residential tag relates to Complaint IN00375925.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of	R 0241	Preparation and submission of this statement of correction does not constitute an admission or agreement by the provider of the truth of	04/29/2022

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residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows:

(1) Medication shall be administered by licensed nursing personnel or qualified medication aides.

Based on observation, record review, and interview, the facility failed to ensure a resident (Resident B) had not ingested medication prescribed to another resident (Resident A) which resulted in severe hypoglycemia that required 8 acute care inpatient hospital days for 1 of 1 resident reviewed for significant medication error; and the facility failed to ensure insulin and glaucoma eye drops were administered as prescribed to a resident (Resident D) for 1 of 5 residents observed during medication pass.

Findings include:

1. Admission documentation provided by the Clinical Coordinator, on April 01, 2022 at 9:30 a.m., indicated Resident A and Resident B resided together in an apartment. "Medication Management" services were provided to both Resident A and Resident B. During an interview at that time, the Clinical Coordinator indicated medication

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.

It is the intent of this facility to ensure that residents are not given\ingest medication prescribed to another resident.

Corrective Action: Licensed staff in-service will be held by 4/29/2022 for "Specific Procedures for all Medications" and "Specific Protocol related to insulin injection".

Identification of Other Residents: All residents have the potential to be affected by the deficient practice that have medications administered by facility licensed staff. An audit of resident medication over the last 30 days will be completed to ensure proper medication administration and\or insulin injection was completed. These audits will be

management services had been provided to Resident A and Resident B throughout their stay at the residential facility.

a. On March 31, 2022 at 1:05 p.m., Resident B's closed clinical records were reviewed. Current diagnoses, dated February 2022, indicated high blood pressure and arthritis.

The most current Service Plan, dated July 18, 2021, indicated Resident B was not diabetic.

Current physician orders, dated June 01, 2021, indicated Resident B was not prescribed glimepiride (anti-diabetic medication used to treat type 2 diabetes).

A blood glucose level, drawn on January 27, 2022, indicated blood sugars were low at 56. Below the reference range of 99.

Nurses Notes, dated February 02, 2022 at 8:30 p.m., indicated Resident B was transported to a local acute care hospital after having been found unresponsive in her apartment.

Hospital records, dated February 02, 2022, indicated Resident B arrived with a blood sugar of "41 severe hypoglycemia [severely below normal blood sugar]" and a body temperature of 94.46 degrees Fahrenheit

completed by 4/29/2022.

Measures: Upon orientation with new staff, training will be provided regarding MD\family notification of condition change. All licensed nurses in the community will be educated on the state regulation and Community Policy entitled "Specific Procedures for all Medications" and "Specific Protocol related to insulin injection". All community licensed nursing staff will be educated by 4/29/2022 and agency licensed nurses will be educated prior to their scheduled shift. An audit tool will be completed to monitor medication administration\insulin injection. DON\Designee will monitor audit tools and medication administration of 2 residents 5 days a week for one month, 2 residents 3 days a week for 1 month, then 2 residents weekly for one month.

Executive Director \ Designee, in collaboration with Director of Nursing/Designee will review audits with QA

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"hypothermia [severe below normal body temperature]" due to a "severe hypoglycemic event [severely low blood sugar]." A toxicology report, dated February 02, 2022, indicated, "Glimepiride Present ... concentration indicates a recent ingestion." Resident B remained hospitalized from February 02, through February 10, 2022.

A review of the Nursing Drug Handbook, dated 2014, indicated glimepiride is an anti-diabetic medication used to treat type 2 diabetes. Serious side effects were low blood sugar, " ...below 70 mg/dL [hypoglycemia]...Life threatening side effect is hypothermia, body temperature below 94 degrees Fahrenheit"

b. Resident A's closed clinical records were reviewed on March 31, 2022 at 1:25 p.m. Diagnoses included but were not limited to diabetes mellitus. Resident A's most current service plan, dated March 05, 2020, indicated "Is Resident Diabetic? Yes." Current physician orders, dated January 2022 and February 2022, indicated Resident A was prescribed glimepiride 4 mg daily to be taken every morning. Medication Administration Records, dated January 01 to 31, 2022 and February 01 and 02, 2022, indicated glimepiride was documented as given each

Committee monthly x 3 months and will continue to review audit results monthly for duration of the extended timeframe as applicable.

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day.

On March 31, 2022 at 10:10 a.m., Resident A and B's family member was interviewed. During the interview the family member indicated there was a Ring Camera in the apartment, in plain sight, to observe their parents. There had been times, more than once, Resident A's medications were left in the apartment by staff without supervision of the resident taking them. This concern had been communicated to staff at the facility.

On April 01, 2022 at 11:30 a.m., the Clinical Coordinator provided the current copy of the facility's "Specific Procedures for All Medications" dated May 21, 2018 and revised date of May 20, 2020. A review of the policy indicated, "...Identify resident before administering medication...Administer medication and remain with resident while medication is swallowed."

2. On March 31, 2022 at 12:00 p.m. Resident D's medication administration was observed. During the observation Resident D was administered 10 units of NovoLog (insulin) via an unprimed/unprepared FlexPen and Simbrinza (glaucoma medication) 2 drops to each eye.

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Review, on April 01, 2022 at 9:55 a.m., of Resident D's March 2022 medication orders indicated, "NOVOLOG FLEXPEN inject 16 units at lunch 12:00 p.m. and Simbrinza instill 1 drop into both eyes at 12:00 p.m."

On April 01, 2022 at 11:30 am., the Clinical Coordinator was interviewed. During the interview the Clinical Coordinator indicated Resident D's March 2022 medication orders were current.

Review, on April 01, 2022, on NovoLog FlexPen information at www.novolog.com indicated, "Preparing your Novolog FlexPen...Doing the airshot before each injection. Small amounts of air may collect in the cartridge during normal use. To avoid injection air and ensure proper dosing: Turn the dose selector to 2 units. Hold your Flexpen with the needle pointing up, and tap the cartridge gently a few times, which moves the air bubbles to the top. Press the push-button all the way in until the dose selector is back to 0. A drop of insulin should appear at the tip of the needle...."

This State Residential tag relates to Complaint IN00375925.

Based on observation, record review, and interview, the facility

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failed to ensure a resident (Resident B) had not ingested medication prescribed to another resident (Resident A) which resulted in severe hypoglycemia that required 8 acute care inpatient hospital days for 1 of 1 resident reviewed for significant medication error; and the facility failed to ensure insulin and glaucoma eye drops were administered as prescribed to a resident (Resident D) for 1 of 5 residents observed during medication pass.

Findings include:

1. Admission documentation provided by the Clinical Coordinator, on April 01, 2022 at 9:30 a.m., indicated Resident A and Resident B resided together in an apartment. "Medication Management" services were provided to both Resident A and Resident B. During an interview at that time, the Clinical Coordinator indicated medication management services had been provided to Resident A and Resident B throughout their stay at the residential facility.

a. On March 31, 2022 at 1:05 p.m., Resident B's closed clinical records were reviewed. Current diagnoses, dated February 2022, indicated high blood pressure and arthritis.

The most current Service Plan, dated July 18, 2021, indicated Resident B was not diabetic.

Current physician orders, dated June 01, 2021, indicated Resident B was not prescribed glimepiride (anti-diabetic medication used to treat type 2 diabetes).

A blood glucose level, drawn on January 27, 2022, indicated blood sugars were low at 56. Below the reference range of 99.

Nurses Notes, dated February 02, 2022 at 8:30 p.m., indicated Resident B was transported to a local acute care hospital after having been found unresponsive in her apartment.

Hospital records, dated February 02, 2022, indicated Resident B arrived with a blood sugar of "41 severe hypoglycemia [severely below normal blood sugar]" and a body temperature of 94.46 degrees Fahrenheit "hypothermia [severe below normal body temperature]" due to a "severe hypoglycemic event [severely low blood sugar]." A toxicology report, dated February 02, 2022, indicated, "Glimepiride Present ... concentration indicates a recent ingestion." Resident B remained hospitalized from February 02, through February 10, 2022.

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A review of the Nursing Drug Handbook, dated 2014, indicated glimepiride is an anti-diabetic medication used to treat type 2 diabetes. Serious side effects were low blood sugar, " ...below 70 mg/dL [hypoglycemia]...Life threatening side effect is hypothermia, body temperature below 94 degrees Fahrenheit"

b. Resident A's closed clinical records were reviewed on March 31, 2022 at 1:25 p.m. Diagnoses included but were not limited to diabetes mellitus. Resident A's most current service plan, dated March 05, 2020, indicated "Is Resident Diabetic? Yes." Current physician orders, dated January 2022 and February 2022, indicated Resident A was prescribed glimepiride 4 mg daily to be taken every morning. Medication Administration Records, dated January 01 to 31, 2022 and February 01 and 02, 2022, indicated glimepiride was documented as given each day.

On March 31, 2022 at 10:10 a.m., Resident A and B's family member was interviewed. During the interview the family member indicated there was a Ring Camera in the apartment, in plain sight, to observe their parents. There had been times, more than once, Resident A's medications were left in the

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apartment by staff without supervision of the resident taking them. This concern had been communicated to staff at the facility.

On April 01, 2022 at 11:30 a.m., the Clinical Coordinator provided the current copy of the facility's "Specific Procedures for All Medications" dated May 21, 2018 and revised date of May 20, 2020. A review of the policy indicated, "...Identify resident before administering medication...Administer medication and remain with resident while medication is swallowed."

2. On March 31, 2022 at 12:00 p.m. Resident D's medication administration was observed. During the observation Resident D was administered 10 units of NovoLog (insulin) via an unprimed/unprepared FlexPen and Simbrinza (glaucoma medication) 2 drops to each eye.

Review, on April 01, 2022 at 9:55 a.m., of Resident D's March 2022 medication orders indicated, "NOVOLOG FLEXPEN inject 16 units at lunch 12:00 p.m. and Simbrinza instill 1 drop into both eyes at 12:00 p.m."

On April 01, 2022 at 11:30 am., the Clinical Coordinator was interviewed. During the

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interview the Clinical Coordinator indicated Resident D's March 2022 medication orders were current.

Review, on April 01, 2022, on NovoLog FlexPen information at www.novolog.com indicated, "Preparing your Novolog FlexPen...Doing the airshot before each injection. Small amounts of air may collect in the cartridge during normal use. To avoid injection air and ensure proper dosing: Turn the dose selector to 2 units. Hold your Flexpen with the needle pointing up, and tap the cartridge gently a few times, which moves the air bubbles to the top. Press the push-button all the way in until the dose selector is back to 0. A drop of insulin should appear at the tip of the needle...."

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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