STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE II, LLC	4411 PARK PLACE DR, FORT WAYNE, , 46845

(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 dates: November 12, 13, and 14, 2025. Facility number: 012582 Census Bed Type: Residential: 106 Total: 106 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed November 20, 2025.	R 0000		
R 0246	Health Services - Deficiency 410 IAC 16.2-5-4(e)(6) (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must	R 0246	**The nurses and QMA's have been in-serviced and we will continue to in-service regarding PRN medication administration and requiring a authorization by a licensed nurse or physician.**	12/05/2025

receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.

Based on interview and record review, the facility failed to ensure documentation of nurse authorization prior to a qualified medical assistant (QMA) administering pro re nata (PRN) medication for 2 of 4 residents reviewed. (Resident 2 and Resident 7)

Findings include:

1. Resident 2's record review began on 11/12/2025 at 10:22 AM. Diagnoses included a history of dementia.

A review of physician orders, dated 10/10/2025, indicated to give Ativan 0.5 mg three times a day (TID) PRN for anxiety and agitation.

A review of Resident 2's PRN Medication Administration Record (MAR) indicated QMA 4 administered Ativan 0.5 mg on 10/31/2025 at 6:07 PM, on 10/20/2025 at 9:38 PM, and on 10/20/2025 at 8:21 PM. The PRN administration report did not indicate nurse authorization was received prior to the PRN being administered. A progress

All residents that have PRN order and a QMA assigned to the hall had the potential to be affected. Other residents were effected. All current employees in nursing department have been in serviced that QMA's must get approval from a licensed nurse or physician in order to administer a PRN medication.

The Executive Director/Wellness Director scheduled a mandatory staff in-service to be attended by staff to provide education on our PRN medication administration policy. A systematic change was implemented with our EMR system- QMA's will be prompted to document the nurse/physician that approved the PRN administration.

	note authorizing QMA 4 to administer the PRN could not be located. A review of Resident 2's PRN MAR indicated QMA 4 administered Tylenol 650 mg on 8/25/2025 at 7:06 PM for a headache. The PRN administration report did not indicate nurse authorization was received prior to the PRN being administered. A progress note authorizing QMA 4 to administer the PRN could not be located. 2. Resident 7's record was reviewed on 11/12/2025 at 10:45 AM. Diagnoses included a history of right breast cancer. A review of physician orders, dated 10/10/2025, indicated to give Ondansetron Tab 4 mg every 8 hours as needed for nausea and vomiting. A review of Resident 7's PRN MAR indicated QMA 5 administered Ondansetron 4 mg on 11/02/2025 at 8:38 AM. The PRN administration report did not indicate nurse authorization was received prior to the PRN being administered. A progress note authorizing QMA 5 to administer the PRN could not be located. In an interview, on 11/13/2025 at 11:31 AM, LPN 3 indicated when a QMA requested a PRN, nurses would either sign out and give the medication to the QMA		**Documentation of attendance will be retained in the In-service binder in the Executive Directors Office. We will continue to educate on the PRN medication administration policy on all new nursing employees upon hire, weekly for 3 months, bi weekly for 6 months and monthly thereafter.**	

to administer to a resident, or they would document in a nurse's note the QMA requested a PRN and they approved it. LPN 3 indicated she would complete an assessment on the resident to make sure the medication was needed prior to authorizing a QMA to administer a PRN

In an interview, on 11/13/2025 at 11:49 AM, the Executive Director (ED) indicated the facility was aware of the lack of documentation for nurses authorization of PRN medication prior to a QMA administrating. The ED indicated they were having an in-service that day with all QMAs to review the procedure for administering PRNs and documenting nurse approval. The ED further indicated she also contacted their medication administration record (MAR) company and requested an additional drop-down field be added to PRNs so that a nurse must sign off on all PRNs in the MAR.

A current policy dated 6/14, provided by the ED, indicated, "When it is determined that a resident requires a PRN medication, proper administration medication procedures must be followed. PRN medication may be administered only upon authorization by a licensed nurse or physician. All contacts

with physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact ..." and " ...QMAs must document who authorized administration."

Based on interview and record review, the facility failed to ensure documentation of nurse authorization prior to a qualified medical assistant (QMA) administering pro re nata (PRN) medication for 2 of 4 residents reviewed. (Resident 2 and Resident 7)

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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 SIGNATUREKristin Townsley	TITLEExecutive Director	(X6) DATE12/09/2025