STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT 30TH	5651 E 30TH STREET, INDIANAPOLIS, , 46218

(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 IN00394010. Complaint IN00394010 - Substantiated. State deficiencies related to the allegations are cited at R0296 and R0297. Survey date: November 17, 2022 Facility number: 013347 Residential Census: 112 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on November 21, 2022	R 0000	**Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. This Plan of Correction is the facility's Allegation of Compliance.**	
R 0296	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(b) (b) The facility shall maintain clear	R 0296	**R 296** **Corrective Action to be Accomplished:** Resident D and	12/30/2022

	written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff. Based on interview and record review, the facility failed to ensure residents who were deemed not capable to self-administer medications were not documented as having medications self-administered for 2 of 5 residents reviewed for medication administration. (Resident D and Resident B) Findings include: 1. The clinical record for Resident D was reviewed on 11/17/22 at 2:40 p.m. The diagnoses included, but were not limited to, anxiety, chronic back pain, depression, Lupus, psychosis, post-traumatic stress disorder, and schizoaffective disorder. A Level of Service Assessment/Evaluation, dated 8/28/22, indicated Resident D required staff assistance with medication administration. That included prescribed inhalation therapy of nebuilzers and metered dose inhalers. A physician order, dated 4/12/22, was noted for Advair 500/50; inhale 1 puff by mouth twice daily. A physician order, dated		B had no adverse event related to alleged deficiency practice. **Identifications of others:** All residents that have medication administration have the potential to be affected by this alleged deficiency **Measures/Systemic changes:** The Director of Nursing and/or designee will educate clinical staff on self-medication assessment and Medication Administration policy to ensure their plan of care is followed and appropriate interventions are used to meet the resident's needs. **Monitoring:** The Director of Nursing/designee will conduct an audit of 5% of the current resident's apartments to ensure no medication is left unattended and medication administration is being followed: (3) three times weekly for one month; and then two (2) times monthly thereafter for three (3) months. Any deficiencies found in the audits will be corrected at the time discovered and retraining provided to staff or	

	5/18/22, was noted for Albuterol 90 micrograms per inhalation; administer 2 puffs by mouth four times daily. The October of 2022 electronic medication administration record (EMAR) indicated Resident D self-administered Advair on 10/12/22, 10/13/22, 10/14/22, and 10/15/22. The October of 2022 EMAR indicated Resident D self-administered Albuterol inhaler on 10/12/22, 10/13/22, 10/14/22, 10/15/22, and 10/29/22. The November of 2022 EMAR indicated Resident D self-administered Advair on 11/5/22, 11/6/22, 11/7/22, 11/11/22, and 11/13/22. The November of 2022 EMAR indicated Resident D self-administered Albuterol inhaler on 11/5/22, 11/6/22, 11/7/22, 11/11/22, 11/12/22, and 11/13/22. 2. The clinical record for Resident B was reviewed on 11/17/22 at 2:38 p.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, chronic back pain, impaired cognition, heart failure, and anemia. A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident B		additional monitoring conducted, as necessary, to ensure compliance. Audits will be reviewed at monthly QA meeting and make recommendations if deficiencies remain a pattern. QA committee will determine length of audit, no less than 6 months. **Completion By:** Corrections will be completed by December 30, 2022	

	required staff assistance with medication administration. A physician order, dated 6/12/18, was noted for Combivent Respimat inhaler; 1 puff 4 times daily. A physician order, dated 7/14/20, was noted for Symbicort 80-4.5 micrograms inhaler: inhale 2 puffs twice daily. The October of 2022 EMAR indicated Resident B self-administered Combivent Respimat inhaler on 10/14/22, 10/15/22, 10/27/22, and 10/29/22. The October of 2022 EMAR indicated Resident B self-administered Symbicort inhaler on 10/15/22, 10/20/22, and 10/29/22. The November of 2022 EMAR indicated Resident B self-administered Combivent Respimat inhaler on 11/7/22, 11/8/22, 11/11/22, 11/12/22, and 11/13/22. The November of 2022 EMAR indicated Resident B self-administered Symbicort inhaler on 11/6/22, 11/7/22, and 11/11/22. A policy titled "Medication Management, Administration, & Storage", revised 3/23/22, was provided by the Administrator on			

	11/17/22 at 5:08 p.m. The policy indicated the following, "...A. Assessment...1. The Director of Nursing, or licensed nurse designee, will assess the resident's ability to self-administer daily medications utilizing the Self-Medication Assessment...The medication assessment will be reviewed biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate...2. If a resident is assessed as Needing Assistance with Medication Administration, it is the responsibility of the licensed nurse or Qualified Medication Aide (QMA) to administer the medications to the resident...." This State tag relates to Complaint IN00394010. Based on interview and record review, the facility failed to ensure residents who were deemed not capable to self-administer medications were not documented as having medications self-administered for 2 of 5 residents reviewed for medication administration. (Resident D and Resident B) Findings include: 1. The clinical record for Resident D was reviewed on 11/17/22 at 2:40 p.m. The			

diagnoses included, but were not limited to, anxiety, chronic back pain, depression, Lupus, psychosis, post-traumatic stress disorder, and schizoaffective disorder.

A Level of Service Assessment/Evaluation, dated 8/28/22, indicated Resident D required staff assistance with medication administration. That included prescribed inhalation therapy of nebuilzers and metered dose inhalers.

A physician order, dated 4/12/22, was noted for Advair 500/50; inhale 1 puff by mouth twice daily.

A physician order, dated 5/18/22, was noted for Albuterol 90 micrograms per inhalation; administer 2 puffs by mouth four times daily.

The October of 2022 electronic medication administration record (EMAR) indicated Resident D self-administered Advair on 10/12/22, 10/13/22, 10/14/22, and 10/15/22.

The October of 2022 EMAR indicated Resident D self-administered Albuterol inhaler on 10/12/22, 10/13/22, 10/14/22, 10/15/22, and 10/29/22.

The November of 2022 EMAR indicated Resident D self-administered Advair on

	11/5/22, 11/6/22, 11/7/22, 11/11/22, and 11/13/22. The November of 2022 EMAR indicated Resident D self-administered Albuterol inhaler on 11/5/22, 11/6/22, 11/7/22, 11/11/22, 11/12/22, and 11/13/22. 2. The clinical record for Resident B was reviewed on 11/17/22 at 2:38 p.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, chronic back pain, impaired cognition, heart failure, and anemia. A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident B required staff assistance with medication administration. A physician order, dated 6/12/18, was noted for Combivent Respimat inhaler; 1 puff 4 times daily. A physician order, dated 7/14/20, was noted for Symbicort 80-4.5 micrograms inhaler: inhale 2 puffs twice daily. The October of 2022 EMAR indicated Resident B self-administered Combivent Respimat inhaler on 10/14/22, 10/15/22, 10/27/22, and 10/29/22. The October of 2022 EMAR			

	indicated Resident B self-administered Symbicort inhaler on 10/15/22, 10/20/22, and 10/29/22. The November of 2022 EMAR indicated Resident B self-administered Combivent Respimat inhaler on 11/7/22, 11/8/22, 11/11/22, 11/12/22, and 11/13/22. The November of 2022 EMAR indicated Resident B self-administered Symbicort inhaler on 11/6/22, 11/7/22, and 11/11/22. A policy titled "Medication Management, Administration, & Storage", revised 3/23/22, was provided by the Administrator on 11/17/22 at 5:08 p.m. The policy indicated the following, "...A. Assessment...1. The Director of Nursing, or licensed nurse designee, will assess the resident's ability to self-administer daily medications utilizing the Self-Medication Assessment...The medication assessment will be reviewed biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate...2. If a resident is assessed as Needing Assistance with Medication Administration, it is the responsibility of the licensed nurse or Qualified Medication			

	Aide (QMA) to administer the medications to the resident...." This State tag relates to Complaint IN00394010.			
R 0297	Pharmaceutical Services - Noncompliance 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 observation, interview, and record review, the facility failed to ensure medications were administered timely, (Resident C), and per physicians' orders for 4 of 5 residents reviewed for medication administration (Resident B, C, D, and E). Findings include: 1a. The clinical record for Resident C was reviewed on 11/17/22 at 1:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus, neuropathy, hypertension, and hyperlipidemia.	R 0297	**R297 Pharmaceutical Services** **Corrective Action to be Accomplished:** Resident B, C, D and E had no adverse events related to alleged deficiencies. **Identifications of others:** All residents that have medication administration have the potential to be affected by this alleged deficiency. **Measures/Systemic changes:** The Director of Nursing and/or designee will in-service nurses and QMA's on Medication Management, Administration and Storage policy and completing proper documentation of medication administration by December 30, 2022. **Monitoring:** The Director of Nursing and/or designee will	12/30/2022

A Self Medication Assessment, dated 5/23/22, indicated Resident C prefers to have staff administer medications.

A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident C required staff assistance with medication administration.

An interview conducted with Resident C, on 11/17/22 at 12:50 p.m., indicated he had not received his 8:00 a.m. medications yet. It was almost 1:00 p.m. and "it happens all the time".

An interview conducted with Qualified Medication Aide (QMA) 2, on 11/17/22 at 12:56 p.m., indicated she was working the floors to where Resident C resided but was not permitted to administer medications to him based on a previous allegation between QMA 2 and Resident C. After that she was instructed by the previous Director of Nursing to not enter his apartment and have another staff member provide his medications.

An interview conducted with QMA 4, on 11/17/22 at 1:00 p.m., indicated she was working on the floors to where Resident C didn't reside. She did not administer morning medications to Resident C.

The electronic medication

audit EMAR 3x weekly x 1 month, then monthly x 5 months. Any missing documentation will be entered to correctly reflect outcome of administration. Audits will be reviewed at monthly QA meeting and make recommendations if deficiencies remain a pattern. QA committee will determine length of audit, no less than 6 months.

Completion By: December 30, 2022

	administration record (EMAR) for November of 2022 indicated 11 medications scheduled for 8:00 a.m. were not signed off as administered for Resident C. 1b. The EMAR for October of 2022 noted 35 holes to where medications were not administered. There were 12 physician orders for medications noted on the EMAR. The EMAR for November of 2022 noted 20 holes to where medications were not administered. There were 12 physician orders for medications noted on the EMAR. 2. The clinical record for Resident B was reviewed on 11/17/22 at 2:38 p.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, chronic back pain, impaired cognition, heart failure, and anemia. A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident B required staff assistance with medication administration.			

The EMAR for October of 2022 noted 186 holes to where medications and/or blood glucose testing were not administered. There were 18 physician orders for medications and/or blood glucose testing noted on the EMAR.

The EMAR for November of 2022 noted 71 holes to where medications and/or blood glucose testing were not administered. There were 18 physician orders for medications and/or blood glucose testing noted on the EMAR.

3. The clinical record for Resident D was reviewed on 11/17/22 at 2:40 p.m. The diagnoses included, but were not limited to, anxiety, chronic back pain, depression, Lupus, psychosis, post-traumatic stress disorder, and schizoaffective disorder.

A Level of Service Assessment/Evaluation, dated 8/28/22, indicated Resident D required staff assistance with medication administration.

The EMAR for October of 2022 noted 139 holes to where medications were not administered. There were 26 physician orders noted on the EMAR.

The EMAR for November of 2022 noted 80 holes to where medications were not

administered. There were 25 physician orders noted on the EMAR.

4. The clinical record for Resident E was reviewed on 11/17/22 at 3:20 p.m. The diagnoses included, but were not limited to, anxiety, shortness of breath, hypertension, chronic pain, and diabetes mellitus.

A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident E required staff assistance with medication administration.

A service plan, updated 10/11/22, indicated Resident E needed staff to administer medication.

The EMAR for October of 2022 noted 72 holes to where medications and/or blood glucose testing were not administered. There were 25 physician orders noted on the EMAR.

The EMAR for November of 2022 noted 43 holes to where medications and/or blood glucose testing were not administered. There were 24 physician orders noted on the EMAR.

A policy titled "Medication Management, Administration, & Storage", revised 3/23/22, was provided by the Administrator on 11/17/22 at 5:08 p.m. The policy

indicated the following, "...A. Assessment...1. The Director of Nursing, or licensed nurse designee, will assess the resident's ability to self-administer daily medications utilizing the Self-Medication Assessment...The medication assessment will be reviewed biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate...2. If a resident is assessed as Needing Assistance with Medication Administration, it is the responsibility of the licensed nurse or Qualified Medication Aide (QMA) to administer the medications to the resident...B. Medication Administration: Medication administration shall be administered as ordered by the resident's physician and shall be administered by a licensed nurse or a QMA...."

This State tag relates to Complaint IN00394010.

Based on observation, interview, and record review, the facility failed to ensure medications were administered timely, (Resident C), and per physicians' orders for 4 of 5 residents reviewed for medication administration (Resident B, C, D, and E).

Findings include:

1a. The clinical record for Resident C was reviewed on 11/17/22 at 1:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus, neuropathy, hypertension, and hyperlipidemia.

A Self Medication Assessment, dated 5/23/22, indicated Resident C prefers to have staff administer medications.

A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident C required staff assistance with medication administration.

An interview conducted with Resident C, on 11/17/22 at 12:50 p.m., indicated he had not received his 8:00 a.m. medications yet. It was almost 1:00 p.m. and "it happens all the time".

An interview conducted with Qualified Medication Aide (QMA) 2, on 11/17/22 at 12:56 p.m., indicated she was working the floors to where Resident C resided but was not permitted to administer medications to him based on a previous allegation between QMA 2 and Resident C. After that she was instructed by the previous Director of Nursing to not enter his apartment and have another staff member provide his medications.

An interview conducted with QMA 4, on 11/17/22 at 1:00 p.m., indicated she was working on the floors to where Resident C didn't reside. She did not administer morning medications to Resident C.

The electronic medication administration record (EMAR) for November of 2022 indicated 11 medications scheduled for 8:00 a.m. were not signed off as administered for Resident C.

1b. The EMAR for October of 2022 noted 35 holes to where medications were not administered. There were 12 physician orders for medications noted on the EMAR.

The EMAR for November of 2022 noted 20 holes to where medications were not administered. There were 12 physician orders for medications

noted on the EMAR.

2. The clinical record for Resident B was reviewed on 11/17/22 at 2:38 p.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, chronic back pain, impaired cognition, heart failure, and anemia.

A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident B required staff assistance with medication administration.

The EMAR for October of 2022 noted 186 holes to where medications and/or blood glucose testing were not administered. There were 18 physician orders for medications and/or blood glucose testing noted on the EMAR.

The EMAR for November of 2022 noted 71 holes to where medications and/or blood glucose testing were not administered. There were 18 physician orders for medications and/or blood glucose testing noted on the EMAR.

3. The clinical record for Resident D was reviewed on 11/17/22 at 2:40 p.m. The diagnoses included, but were not limited to, anxiety, chronic back pain, depression, Lupus, psychosis, post-traumatic stress disorder, and schizoaffective

disorder.

A Level of Service Assessment/Evaluation, dated 8/28/22, indicated Resident D required staff assistance with medication administration.

The EMAR for October of 2022 noted 139 holes to where medications were not administered. There were 26 physician orders noted on the EMAR.

The EMAR for November of 2022 noted 80 holes to where medications were not administered. There were 25 physician orders noted on the EMAR.

4. The clinical record for Resident E was reviewed on 11/17/22 at 3:20 p.m. The diagnoses included, but were not limited to, anxiety, shortness of breath, hypertension, chronic pain, and diabetes mellitus.

A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident E required staff assistance with medication administration.

A service plan, updated 10/11/22, indicated Resident E needed staff to administer medication.

The EMAR for October of 2022 noted 72 holes to where medications and/or blood

glucose testing were not administered. There were 25 physician orders noted on the EMAR.

The EMAR for November of 2022 noted 43 holes to where medications and/or blood glucose testing were not administered. There were 24 physician orders noted on the EMAR.

A policy titled "Medication Management, Administration, & Storage", revised 3/23/22, was provided by the Administrator on 11/17/22 at 5:08 p.m. The policy indicated the following, "...A. Assessment...1. The Director of Nursing, or licensed nurse designee, will assess the resident's ability to self-administer daily medications utilizing the Self-Medication Assessment...The medication assessment will be reviewed biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate...2. If a resident is assessed as Needing Assistance with Medication Administration, it is the responsibility of the licensed nurse or Qualified Medication Aide (QMA) to administer the medications to the resident...B. Medication Administration: Medication administration shall be administered as ordered by

	the resident's physician and shall be administered by a licensed nurse or a QMA...." This State tag relates to Complaint IN00394010.			

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