STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND TERRACE OF CARMEL	689 PRO MED LANE, CARMEL, , 46032

(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 IN00375116 and IN00374554. Complaint IN00375116 - Substantiated. State deficiencies related to the allegations are cited at R0349. Complaint IN00374554 - Substantiated. No deficiencies related to the allegation are cited. Survey date: March 16, 2022 Facility number: 013510 Residential Census: 67 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on March 22, 2022.	R 0000		
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4)	R 0349	Please reference the enclosed “plan of correction” for the survey conducted on March	04/06/2022

	(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. (4) Systematically organized. Based on interview and record review, the facility failed to ensure the Medication/Treatment Administration Records (MAR/TAR) were signed off for 2 of 5 residents reviewed for medication administration and documentation. (Residents C and D) Findings include: 1. The record for Resident C was reviewed on March 16, 2022 at 2:35 p.m. Diagnoses included, but were not limited to, hypertension (high blood pressure), benign prostatic hyperplasia (BPH-prostate gland enlargement) and atrial fibrillation (abnormal heart beat).		16th, 2022. I am respectfully requesting desk compliance for this survey response. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of true facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and executed because it is required by the Indiana State Department of Health. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** For residents C & D it could be implied the medications were administered as evidenced by no adverse side effects or indication by blood pressure, lab, or other metrics following review of resident chart. Residents C & D were immediately assessed upon survey exit on March 16th and continued to be at baseline with no negative outcome from the alleged deficient practice. Nurse on duty was educated on the policy of medication administration prior to surveyor	

A physician's order, initiated on 10/01/2021, indicated to check the resident's blood pressure with 6:00 a.m. medications, every day for hypertension.

A physician's order, initiated on 07/03/21, indicated to administer 5 milligrams (mg) of Lisinopril (a medication used to treat hypertension) daily. The medication was to be held if the systolic heart rate was under 100.

A physician's order, initiated on 02/16/2019, indicated to administer Protonix DR (a medication used to treat reflux) 40 mg daily.

A physician's order, initiated on 08/02/2020, indicated to administer Tamsulosin 0.4 mg in the morning for benign hyperplasia with lower urinary tract symptoms.

A physician's order, initiated on 10/01/2021, indicated to administer Torsemide (a medication used to treat edema/ fluid overload) 20 mg in the morning.

A physician's order, initiated on 09/23/21, indicated to administer metoprolol (a medication used to treat heart failure) 25 mg twice a day.

A physician's order, initiated on 07/21/21, indicated to apply Tubigrips (a tubular elastic

exit.

How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? On April 1st, 2022 a report was generated utilizing the electronic administration record to indicate any further physician orders
that were not signed off as administered or task completed. Any further
residents with potential to be affected were reviewed and no adverse actions or
side effects were noted following the missed task or administration. Nurse on
duty was educated on the policy of medication administration prior to surveyor
exit.

**What measures will be put into place or what systemic changes the facility will make to ensure the
deficient practice does not recur and how it will be monitored:** This facility utilizes the electronic administration record to check off tasks and medications being administered. A reporting tool
has been added to the

	bandage designed to provide tissue support and compression in the treatment of conditions such as edema) in the morning, per resident preference. The MARs/TARs for Resident C, dated February 2022 and March 2022, were missing documentation for the following medications, monitoring or treatments: There was no documentation of a blood pressure check on February 14, 2022, March 07, 2022 and March 12, 2022 at 6:00 a.m. There was no documentation for the administration, refusal, or holding of Lisinopril on February 14, 2022, March 07, 2022 and March 12, 2022 at 6:00 a.m. There was no documentation for the administration, refusal or holding of Protonix on February 14, 2022 at 6:00 a.m. There was no documentation for the administration, refusal or holding of Tamsulosin on February 14, 2022 at 6:00 a.m. There was no documentation for the administration, refusal or holding of torsemide on February 14, 2022 at 6:00 a.m. There was no documentation for the administration, refusal or holding of metoprolol on February 14, 2022, March 07,		dashboard of the executive director, health and wellness director and care team manager. This dashboard will be reviewed in stand up meetings for the day prior and weekly with the executive director and health and wellness director to track compliance trends. Further, all data will be gathered for a Quality Assurance and Improvement Program reviewed monthly with the executive director, health and wellness director, and regional support nurse or designee. If continued medications or tasks are not being signed off for refusal, the health and wellness director or designee will contact the physician for further instruction for option of discontinuing or other resident or physician preference. The nursing leaders have been trained on how to utilize the leave option in the medical administration record to indicate the medication or task has been held instead of not administered. Staff and contractors responsible for medication	

	2022 and March 12, 2022 at 6:00 a.m. There was no documentation for the administration, refusal or holding of Tubigrips on February 14, 2022, March 07, 2022 and March 12, 2022 at 6:00 a.m. 2. The record for Resident D was reviewed on March 16, 2022 at 12:45 p.m. Diagnosis included, but were not limited to, chronic obstructive pulmonary disease (COPD-a chronic inflammatory lung disease which causes obstructed airflow from the lungs), acute and chronic respiratory failure with hypoxia (not enough oxygen in the blood) and low back pain. A physician's order, initiated on 02/07/2022, indicated to administer tramadol (a medication used to treat pain) 50 mg every six hours for pain. A physician's order, initiated on 02/28/22, indicated to administer Symbicort 160-4.5 microgram (mcg) via inhaler, two puffs twice a day for COPD. A physician's order, initiated on 01/31/22, indicated to administer thiamine (a supplement) 100 mg twice a day for thiamine deficiency. A physician's order, initiated on 03/04/22, indicated to administer amoxicillin (an antibiotic) 500 mg three times a		administration will be trained on the medication attestation form used in the event a medication or task was completed but not electronically noted. A medication administration policy and procedure has been loaded into the electronic medical record secure conversation format where every individual that signs in to administer medications will read the policy prior to administering medication. This format will allow all those responsible for administrating medication and tasks to review the policy rather employed by the community or a contractor. **What date will the corrective actions be put into place?** Staff on duty on time of nurse exit were educated on March 17th. A review of all resident medication and task administration was reviewed on	

	day for seven days. A physician's order, initiated on 01/31/22, indicated to administer verapamil (a medication used to treat high blood pressure, chest pain and irregular heart beat) 40 mg three times a day. The medication was to be held if the systolic blood pressure was less than 100. The MARs/TARs for Resident D, dated February 2022 and March 2022, were missing documentation for the following medications or monitoring: There was no documentation for the administration, refusal or holding of tramadol on February 16, 2022 at 6:00 p.m. and March 04, 2022 at 6:00 p.m. There was no documentation for the administration, refusal or holding of Symbicort on March 06, 2022 at 5:00 p.m. There was no documentation for the administration, refusal or holding of thiamine on March 06, 2022 at 5:00 p.m. There was no documentation for the administration, refusal or holding of amoxicillin on March 06, 2022 at 5:00 p.m. There was no documentation for the administration, refusal or holding of verapamil on March 06, 2022 at 5:00 p.m. and there		April 1st and subsequently corrected. The addition of daily, weekly, and monthly review of records have been completed by April 25th. Medication administration policy was uploaded for all contractor and staff review on April 25th. The weekly review of medication and task administration will continue for 6 months with quality assurance and improvement program continuing indefinitely as part of community standards.	

was no documented blood pressure reading.

During an interview, on March 16, 2022 at 2:56 p.m., Staff 1 indicated it was standard practice to sign off on the MAR/TAR after medications and/or treatments are completed.

A current facility policy, titled "Medication Documentation," dated July 22, 2020 and provided by the District Corporate Support on March 16, 2022 at 2:58 p.m., indicated "...Documentation in the...MAR...includes all medications administered, or when medications were not administered, to include any reasons for non-administration...Medication refused: To indicate that medication was refused, the team member should...write a capitol R in the same box...or select appropriate box...To indicated the medication was held, the team member should...write a capitol H in the same box...or select the appropriate box..."

This State finding relates to Complaint IN00375116.

Based on interview and record review, the facility failed to ensure the Medication/Treatment Administration Records

(MAR/TAR) were signed off for 2 of 5 residents reviewed for medication administration and documentation. (Residents C and D)

Findings include:

1. The record for Resident C was reviewed on March 16, 2022 at 2:35 p.m. Diagnoses included, but were not limited to, hypertension (high blood pressure), benign prostatic hyperplasia (BPH-prostate gland enlargement) and atrial fibrillation (abnormal heart beat).

A physician's order, initiated on 10/01/2021, indicated to check the resident's blood pressure with 6:00 a.m. medications, every day for hypertension.

A physician's order, initiated on 07/03/21, indicated to administer 5 milligrams (mg) of Lisinopril (a medication used to treat hypertension) daily. The medication was to be held if the systolic heart rate was under 100.

A physician's order, initiated on 02/16/2019, indicated to administer Protonix DR (a medication used to treat reflux) 40 mg daily.

A physician's order, initiated on 08/02/2020, indicated to administer Tamsulosin 0.4 mg in the morning for benign hyperplasia with lower urinary

tract symptoms.

A physician's order, initiated on 10/01/2021, indicated to administer Torsemide (a medication used to treat edema/ fluid overload) 20 mg in the morning.

A physician's order, initiated on 09/23/21, indicated to administer metoprolol (a medication used to treat heart failure) 25 mg twice a day.

A physician's order, initiated on 07/21/21, indicated to apply Tubigrips (a tubular elastic bandage designed to provide tissue support and compression in the treatment of conditions such as edema) in the morning, per resident preference.

The MARs/TARs for Resident C, dated February 2022 and March 2022, were missing documentation for the following medications, monitoring or treatments:

There was no documentation of a blood pressure check on February 14, 2022, March 07, 2022 and March 12, 2022 at 6:00 a.m.

There was no documentation for the administration, refusal, or holding of Lisinopril on February 14, 2022, March 07, 2022 and March 12, 2022 at 6:00 a.m.

There was no documentation for

the administration, refusal or holding of Protonix on February 14, 2022 at 6:00 a.m.

There was no documentation for the administration, refusal or holding of Tamsulosin on February 14, 2022 at 6:00 a.m.

There was no documentation for the administration, refusal or holding of torsemide on February 14, 2022 at 6:00 a.m.

There was no documentation for the administration, refusal or holding of metoprolol on February 14, 2022, March 07, 2022 and March 12, 2022 at 6:00 a.m.

There was no documentation for the administration, refusal or holding of Tubigrips on February 14, 2022, March 07, 2022 and March 12, 2022 at 6:00 a.m.

2. The record for Resident D was reviewed on March 16, 2022 at 12:45 p.m. Diagnosis included, but were not limited to, chronic obstructive pulmonary disease (COPD-a chronic inflammatory lung disease which causes obstructed airflow from the lungs), acute and chronic respiratory failure with hypoxia (not enough oxygen in the blood) and low back pain.

A physician's order, initiated on 02/07/2022, indicated to administer tramadol (a medication used to treat pain)

50 mg every six hours for pain.

A physician's order, initiated on 02/28/22, indicated to administer Symbicort 160-4.5 microgram (mcg) via inhaler, two puffs twice a day for COPD.

A physician's order, initiated on 01/31/22, indicated to administer thiamine (a supplement) 100 mg twice a day for thiamine deficiency.

A physician's order, initiated on 03/04/22, indicated to administer amoxicillin (an antibiotic) 500 mg three times a day for seven days.

A physician's order, initiated on 01/31/22, indicated to administer verapamil (a medication used to treat high blood pressure, chest pain and irregular heart beat) 40 mg three times a day. The medication was to be held if the systolic blood pressure was less than 100.

The MARs/TARs for Resident D, dated February 2022 and March 2022, were missing documentation for the following medications or monitoring:

There was no documentation for the administration, refusal or holding of tramadol on February 16, 2022 at 6:00 p.m. and March 04, 2022 at 6:00 p.m.

There was no documentation for

the administration, refusal or holding of Symbicort on March 06, 2022 at 5:00 p.m.

There was no documentation for the administration, refusal or holding of thiamine on March 06, 2022 at 5:00 p.m.

There was no documentation for the administration, refusal or holding of amoxicillin on March 06, 2022 at 5:00 p.m.

There was no documentation for the administration, refusal or holding of verapamil on March 06, 2022 at 5:00 p.m. and there was no documented blood pressure reading.

During an interview, on March 16, 2022 at 2:56 p.m., Staff 1 indicated it was standard practice to sign off on the MAR/TAR after medications and/or treatments are completed.

A current facility policy, titled "Medication Documentation," dated July 22, 2020 and provided by the District Corporate Support on March 16, 2022 at 2:58 p.m., indicated "...Documentation in the...MAR...includes all medications administered, or when medications were not administered, to include any reasons for non-administration...Medication refused: To indicate that medication was refused, the

	team member should...write a capitol R in the same box...or select appropriate box...To indicated the medication was held, the team member should...write a capitol H in the same box...or select the appropriate box..." This State finding relates to Complaint IN00375116.			

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