STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWNPOINTE OF HARTFORD CITY	100 INDEPENDENCE PARKWAY, HARTFORD CITY, , 47348

(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 14 and 15, 2022 Facility number: 013578 Residential Census: 16 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on November 17, 2022.	R 0000		
R 0304	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(e) (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially	R 0304	R304-All residents had the potential to be affected by this deficient practice. The corrective action taken on 11/15/22; was placing all resident's who self-administer medications, into secured/locked storage totes, in their individual apartments. Any resident with a schedule II medication continues to be double locked in the	11/16/2022

constructed box, cabinet, or mobile drug storage unit.

Based on observation, interview, and record review, the facility failed to ensure the medication cart was secured from unauthorized personnel for 3 of 5 residents observed during staff reminders with medication self-administration. (Residents 6, 15 and 16)

Findings include:

1. Resident 16's clinical record was reviewed on 11/14/22 at 11:01 a.m. Her medication self-administration assessment, dated 10/3/22, indicated the resident self-administered medications after set up by the pharmacy (medications were placed in packets for each scheduled medication administration time) and with staff reminders. The medications were secured in the medication cart.

A medication administration record, provided by the Director of Nursing (DON) on 11/14/22 at 2:38 p.m., indicated the resident received a dose of ibuprofen (pain medication) on 11/3/22 and 11/6/22. The medication was signed off as self-administered and effective by Certified Nurse Aide (CNA) 3.

During an observation of the

resident apartment. The Administrator & Health Services Director have reviewed & updated all resident self-administer assessments for the appropriate storage location. This was completed on 11/16/22. The Medication Assessment form has been updated to indicate that the administrator or designee will check for proper storage of resident medications on admission and anytime a resident's self-administer status changes. This corrective action will be ongoing to ensure quality assurance.

MEDICATION SELF-ADMINISTRATION ASSESSMENT

Resident Name:_____
_____
Date:_____

1.
Cognitive ability: Adequate ð Limited ð Not Adequate ð

If limited or not adequate, indicate reasons:
_____
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resident's self-administration of medication with staff reminder on 11/15/22 at 7:52 a.m., CNA 3 unlocked the medication cart. She identified and procured the resident's medication packet for 8:00 a.m. She provided the resident with the packet for administration.

2. During a medication observation, on 11/15/22 at 8:13 a.m., CNA 3 unlocked the medication cart. She located, identified and procured medication packets from the medication cart for Resident 15. She entered the resident's room and provided the resident with the packets obtained from the medication cart for administration.

Resident 15's clinical record was reviewed on 11/15/22 at 11:01 a.m. His medication self-administration assessment, dated 9/10/22, indicated the resident self-administered medications after the medications were set up by the pharmacy and with staff reminders. The medications were stored in a locked tote in the resident's room.

3. During a medication observation, on 11/15/22 at 7:46 a.m., CNA 3 unlocked the medication cart. She located, identified, and tore off Resident 6's medication packets from a medication packet roll for 8:00

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2.
Resident totally independent in medication
administration and is responsible to choose from personal supply. Thus, recognizes medications, acknowledges rationale for use, and understands times
of needed administration.

Yes ð Noð

OR

Resident responsible for self-administration after the responsible party/designee fills a weekly pill
dispenser/box used to assist in proper medication
administration on a daily basis.

Yes ð No ð

OR

Resident responsible for self-administration after receiving medication packet prepared by the pharmacy.

Yes ð Noð

3.
List any physical limitations to safe
administration (e.g. concerns

a.m. She provided the resident with the packets for administration.

The resident's clinical record was reviewed on 11/15/22 at 11:39 a.m. His medication self-administration assessment, dated 10/26/22, indicated the resident self-administered medications after set up by the pharmacy. The medications were secured in the medication cart.

During an interview, on 11/14/22 at 3:58 p.m., the DON indicated the CNAs had a key to the medication cart and access to the residents' medications, since the residents self-administered medications.

During an interview, on 11/15/22 at 7:46 a.m., CNA 3 indicated all the residents were able to self-administer medications. She had a key to the medication cart to obtain the medications for many of the residents. Some residents stored medications in their rooms in a locked tote.

During an interview, on 11/15/22 at 11:51 a.m., the Administrator indicated a nurse checked the medications prior to them being placed in the facility medication cart. She indicated the CNAs had a key to the medication cart to provide medications to the residents who self-administer.

Review of a current facility

with complexity, manipulation, etc.)
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4.
Resident receives staff reminders to self-administer medications.
Yes
ð No ð

5.
Special medication needs:
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6.
List method of storage that will be utilized in an effort to safeguard other residents from risk or hazard:
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	policy, updated 10/22, titled "Medication Self-Administration/Administration/Storage" and provided by the DON on 11/15/22 at 9:24 a.m., indicated the following: " ...Procedure ...2.) Staff will discuss with resident and resident's family member the storage of medication in the locked medication cart for administration or in a locked cabinet in the resident's apartment to self-administer ..." A current facility policy, updated 10/22, titled "Pharmacy/Medication Delivery/ Distribution" and provided by the Administrator on 11/14/22 at 10:36 a.m., indicated " ...Medications shall be secured in the medication cart if resident is an administration or taken to resident's apartment if resident can self-administer medications ..." Review of the Indiana Nurse Aide Curriculum, updated 11/19/15 and retrieved from www.in.gov/health/files/Indiana_Nurse_Aide_Curriculum.pdf, indicated the following: "...Standard 14...The nurse aide will not administer any medications...." Based on observation, interview, and record review, the facility failed to ensure the medication cart was secured from unauthorized personnel for		***Administrator to verify proper storage and sign***: _____ _____ _ 7. Physician order in place for medications to be self-administered. Yes ð No ð _____ _____ Signature of Licensed Nurse _____ _____ _____ _____ **RE-ASSESSMENT** Resident continues to exhibit ability to self-administer medications in a safe manner per method indicated above. Yes ð No ð Resident continues to store or maintain medications in a manner that prevents risk or hazard to other residents. Yes ð No ð	

3 of 5 residents observed during staff reminders with medication self-administration. (Residents 6, 15 and 16)

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During an observation of the resident's self-administration of medication with staff reminder on 11/15/22 at 7:52 a.m., CNA 3 unlocked the medication cart. She identified and procured the resident's medication packet for 8:00 a.m. She provided the resident with the packet for

Resident will continue to self-administer medications as ordered by the physician thru next review. Yes ð No ð

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Signature of Licensed Nurse Date

administration.

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3. During a medication observation, on 11/15/22 at 7:46 a.m., CNA 3 unlocked the medication cart. She located, identified, and tore off Resident 6's medication packets from a medication packet roll for 8:00 a.m. She provided the resident with the packets for administration.

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dated 10/26/22, indicated the resident self-administered medications after set up by the pharmacy. The medications were secured in the medication cart.

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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