

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER GENTRY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 901 S HASTINGS DR, BLOOMINGTON, , 47401			
(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: April 30 and May 1, 2024 Facility number: 013766 Residential Census: 89 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed May 6, 2024.	R 0000			
R 0026	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(a) (a) Residents have the right to have their rights recognized by the licensee. The licensee shall establish written policies regarding residents ' rights and responsibilities in accordance with this article and shall be responsible, through the administrator, for their	R 0026	R 026 What corrective action will be accomplished for those residents found to have been affected by the deficient practice. -The facility will ensure that a	05/25/2024	

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implementation. These policies and any adopted additions or changes thereto shall be made available to the resident, staff, legal representative, and general public. Each resident shall be advised of residents ' rights prior to admission and shall signify, in writing, upon admission and thereafter if the residents ' rights are updated or changed. There shall be documentation that each resident is in receipt of the described residents ' rights and responsibilities. A copy of the residents ' rights must be available in a publicly accessible area. The copy must be in at least 12-point type and a language the resident understands.

Based on observation, interview, and record review, the facility failed to ensure a copy of the Residents' Rights were available in a publicly accessible area for 2 of 2 days during the survey.

Findings include:

On 4/30/24 at 10:45 a.m., no posting of Residents' Rights were observed in the facility.

On 5/1/24 at 12:15 p.m., no posting of the Residents' Rights were observed in the facility.

On 5/1/24 at 12:30 p.m., the Executive Director indicated the Residents' Rights were not available in a publicly accessible area.

copy of the Resident's Rights are available in a publicly accessible area at all times. No residents were affected by this practice.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.

-The facility will ensure that a copy of the Resident's Rights are posted at all times so that no residents are affected.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.

-The Administrator or designee will check monthly and maintain audit that the Resident's Rights are available is publicly available.

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On 5/1/24 at 1:01 p.m., the Executive Director provided a copy of the facility's policy, "Resident Rights," dated 6/14, and indicated it was the policy currently being used. A review of the policy did not indicate the Residents' Rights were to be available in a publicly accessible area.

Based on observation, interview, and record review, the facility failed to ensure a copy of the Residents' Rights were available in a publicly accessible area for 2 of 2 days during the survey.

Findings include:

On 4/30/24 at 10:45 a.m., no posting of Residents' Rights were observed in the facility.

On 5/1/24 at 12:15 p.m., no posting of the Residents' Rights were observed in the facility.

On 5/1/24 at 12:30 p.m., the Executive Director indicated the Residents' Rights were not available in a publicly accessible area.

On 5/1/24 at 1:01 p.m., the Executive Director provided a copy of the facility's policy, "Resident Rights," dated 6/14, and indicated it was the policy currently being used. A review of the policy did not indicate the Residents' Rights were to be available in a publicly accessible

How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place and the effective date.

-Monthly at QA meeting it will be verified that the Resident's Rights is publicly available.

Effective date is May 25, 2024

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	area.			
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. During observation, interview and record review, the facility failed to follow infection control standards by failing to perform hand hygiene or wear gloves during the administration of eye drops for 1 of 5 residents reviewed for medication administration. (Resident 8, QMA 1) Findings include: On 5/1/24 at 12:20 p.m., during medication administration, Qualified Medication Aide 1 (QMA) was observed to place eye drops into Resident 8's right eye. No hand hygiene was observed beforehand and no gloves were observed to be worn during administration. Resident 8's clinical record was reviewed on 5/1/24 at 12:30 p.m. The diagnoses included, but were not limited to, type II diabetes mellitus and dementia.	R 0406	R406 What corrective action will be accomplished for those residents found to have been affected by the deficient practice. -The facility will maintain infection control practice to include hand hygiene or wear gloves during the administration of eye drops. The residents was not affected by this practice. -The QMA received corrective instruction and verified her knowledge of proper infection control practice when administering eye drops. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. -No others residents were affected. All medication	05/25/2024

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FORM APPROVED

OMB NO. 0938-0391

Physician orders, dated 5/1/24, for Resident 8 indicated "... prednisolone [a steroid] ac [acetate] 1% [percent] eye drop, instill 1 drop in right eye four times a day ..."

During an interview on 5/1/24 at 12:21 p.m., QMA 1 indicated she should have worn gloves when administering eye drops to Resident 8's right eye.

On 5/1/24 at 1:13 p.m., the Director of Wellness (DOW) provided the facility's policy, "Medication Administration" with a reviewed date of 4/2023, and indicated it was the policy currently being used by the facility. A review of the policy did not indicate wearing gloves while administering eye drops. The DOW further indicated the facility did not have a policy on administering eye drops.

During observation, interview and record review, the facility failed to follow infection control standards by failing to perform hand hygiene or wear gloves during the administration of eye drops for 1 of 5 residents reviewed for medication administration. (Resident 8, QMA 1)

Findings include:

On 5/1/24 at 12:20 p.m., during medication administration, Qualified Medication Aide 1

[administration staff will be in serviced on proper infection control procedures to follow for medication administration including administering eye drops.](#)

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.

-After all medication administration staff are in serviced on proper infection control procedures to follow for medication administration including administering eye drops, nurse manager or designee will observe the administration of eye drops to ensure proper infection control practices weekly for four weeks and periodically thereafter.

How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place and

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(QMA) was observed to place eye drops into Resident 8's right eye. No hand hygiene was observed beforehand and no gloves were observed to be worn during administration.

Resident 8's clinical record was reviewed on 5/1/24 at 12:30 p.m. The diagnoses included, but were not limited to, type II diabetes mellitus and dementia.

Physician orders, dated 5/1/24, for Resident 8 indicated "... prednisolone [a steroid] ac [acetate] 1% [percent] eye drop, instill 1 drop in right eye four times a day ..."

During an interview on 5/1/24 at 12:21 p.m., QMA 1 indicated she should have worn gloves when administering eye drops to Resident 8's right eye.

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-Nurse management and Administrator or designee will monitor compliance in infection control by periodic review and monthly audit review in QA meeting. Effective date May 25, 2024

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

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instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE