

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/04/2023	
NAME OF PROVIDER OR SUPPLIER PRIMROSE OF NEWBURGH		STREET ADDRESS, CITY, STATE, ZIP CODE 9800 LINCOLN AVE, NEWBURGH, , 47630					
(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: October 2, 3, 4, 2023 Facility number: 013846 Residential Census: 62 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 17, 2023.	R 0000					
R 0034	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(i) (i) The facility will distribute to each resident upon admission the state developed written description of law concerning advance directives. Based on observation, interview, and record review, the facility failed to clarify a	R 0034	Ro34 Residents' Rights 1 The DON/ED made list of all residents residing in assisted living and memory care units. Verified POST form declaration and matched it to the electronic charting ALIS. Any POST form declarations that did		10/27/2023		

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Resident's code status for 1 of 2 residents reviewed for self administration. A Resident's current Physician Orders did not match the signed "INDIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)" form. (Resident 24) Finding includes: During record review on 10/3/23 at 9:04 A.M., Resident 3's diagnoses included, but were not limited to chronic kidney disease and hyperlipidemia. Current Physician's Orders for the month of October included, but were not limited to, code status: full code. Resident 24's POST signed form, dated 2/25/2020, indicated, "Do Not Attempt Resuscitation/ DNR." During an interview on 10/3/23 at 8:48 A.M., Qualified Medication Aide (QMA) 7 was unsure of Resident 24's code status. At that time, the Assistant Director of Nursing (ADON) indicated that Resident 24 was a full code and Cardiopulmonary Resuscitation (CPR) would be initiated. During an interview on 10/3/23 at 8:57 A.M., the Director of Nursing (DON) indicated the red sticker on Resident 24's chart indicated she was a DNR. At that time, she indicated the	not match the electronic charting system, copies were sent to contracted pharmacy to be updated. 2 All residents have the potential to be affected by this noncompliance. This DON and ADON of Primrose Community verified through all paper charts the POST form declarations of every resident in assisted living and memory care. The DON and ADON then checked in the electronic charting system that POST form and current code status matched physician orders. Any forms that did not match the electronic charting system were updated and sent to contracted pharmacy for orders to match. 3 The DON / ED have made a checklist for all new move ins to be checked on admission date. By January of 2024 this facility will no longer have paper charts, everything will be uploaded into the electronic charting system. This checklist will be done by someone other than the admitting nurse to verify all has
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Physician's Orders should match the POST form.

On 10/3/23 at 1:50 P.M., the DON indicated it was the facility's policy to verify the Physician's Orders and POST form match.

Based on observation, interview, and record review, the facility failed to clarify a Resident's code status for 1 of 2 residents reviewed for self administration. A Resident's current Physician Orders did not match the signed "INDIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)" form. (Resident 24)

Finding includes:

During record review on 10/3/23 at 9:04 A.M., Resident 3's diagnoses included, but were not limited to chronic kidney disease and hyperlipidemia.

Current Physician's Orders for the month of October included, but were not limited to, code status: full code.

Resident 24's POST signed form, dated 2/25/2020, indicated, "Do Not Attempt Resuscitation/ DNR."

During an interview on 10/3/23 at 8:48 A.M., Qualified Medication Aide (QMA) 7 was unsure of Resident 24's code status. At that time, the

been entered correctly on admission.

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	Assistant Director of Nursing (ADON) indicated that Resident 24 was a full code and Cardiopulmonary Resuscitation (CPR) would be initiated. During an interview on 10/3/23 at 8:57 A.M., the Director of Nursing (DON) indicated the red sticker on Resident 24's chart indicated she was a DNR. At that time, she indicated the Physician's Orders should match the POST form. On 10/3/23 at 1:50 P.M., the DON indicated it was the facility's policy to verify the Physician's Orders and POST form match.			
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff	R 0117	R 117 1 CPR policy reviewed without change. The DON/ED scheduled CPR and 1st aide class for the first opening for November 2, 2023. All employees with expired CPR/1st aide or that do not have sufficient 1st aide verification are in this scheduled class. 2 The DON will monitor expiration dates of all nursing staff CPR and 1st aide	11/02/2023

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person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.

Based on an interview and record review, the facility failed to ensure a Cardiopulmonary Resuscitation (CPR) and First Aid (FA) certified staff member was present on all shifts for 4 of 7 days reviewed.

Finding includes:

On 10/4/23 at 9:00 A.M., the staffing schedules were reviewed for 9/25/23 through 10/1/23. The staffing schedule lacked a CPR certified staff member for the following date:

9/29/23 (10:00pm- 12:00am)

9/30/23 (12:00am- 6:00am)

The staffing schedule lacked a First Aid certified staff member for the following dates:

9/25/23 (12:00am- 6:00am),
(6:30pm- 12:00am)

9/26/23 (12:00am- 6:00am)

status biannually and schedule classes as needed before any staff expire.

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9/29/23 (10:00pm- 12:00am)

9/30/23 (12:00am- 6:00am)

During an interview on 10/4/23 at 9:03 A.M., the Director of Nursing (DON) indicated that there should be a FA and CPR staff in the building at all times.

On 10/4/23 at 12:00 P.M., a current Life Safety Training policy, dated 1/1/2015 was provided and indicated, " ...At least one staff member who has CPR and First Aid training/certification should be on duty at all times unless otherwise required by state regulation ..."

Based on an interview and record review, the facility failed to ensure a Cardiopulmonary Resuscitation (CPR) and First Aid (FA) certified staff member was present on all shifts for 4 of 7 days reviewed.

Finding includes:

On 10/4/23 at 9:00 A.M., the staffing schedules were reviewed for 9/25/23 through 10/1/23. The staffing schedule lacked a CPR certified staff member for the following date:

9/29/23 (10:00pm- 12:00am)

9/30/23 (12:00am- 6:00am)

The staffing schedule lacked a First Aid certified staff member

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	for the following dates: 9/25/23 (12:00am- 6:00am), (6:30pm- 12:00am) 9/26/23 (12:00am- 6:00am) 9/29/23 (10:00pm- 12:00am) 9/30/23 (12:00am- 6:00am) During an interview on 10/4/23 at 9:03 A.M., the Director of Nursing (DON) indicated that there should be a FA and CPR staff in the building at all times. On 10/4/23 at 12:00 P.M., a current Life Safety Training policy, dated 1/1/2015 was provided and indicated, " ...At least one staff member who has CPR and First Aid training/certification should be on duty at all times unless otherwise required by state regulation ..."			
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living.	R 0216	R 216 Evaluation 1 The ED/ DON sent out a memo to residents and families of residents to notify all residents who do not self-administer medications cannot keep OTC medications in their rooms, nor will the staff be leaving medications at bedside unless there is an order to do	11/07/2023

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(3) The resident ' s weight taken on admission and semiannually thereafter.

(4) If applicable, the resident ' s ability to self-administer medications.

(d) The evaluation shall be documented in writing and kept in the facility.

Based on observation, record review, and interview, the facility failed to ensure appropriate assessments for residents were obtained for 1 of 8 residents failed to have a thorough and complete evaluation for self-administration of medication.

Findings include:

On 10/2/23 at 9:37 A.M., a white pill was found in Resident 13's room. A box of GasX was found at the bedside that time.

On 10/3/23 at 9:02 A.M., Resident 13's clinical record was reviewed. Diagnoses included, but were not limited to, hypertension, hypothyroidism, kidney disease.

Current physician orders include, but not limited to, staff to give medications dated 1/13/22.

A self-medication assessment dated 1/13/22, indicated the

so. The DON/ED checked all self-administration orders and made sure all had updated assessments for self-administering. Resident 13 did want to be able to have medications at bedside. The DON has gotten orders for resident to keep at bedside.

2

All residents have the potential to be affected by this noncompliance. The DON/ED checked all self-administration orders and made sure all had updated assessments for self-administering. Resident 13 did want to be able to have medications at bedside. The DON has gotten orders for resident to keep at bedside.

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The DON/ED will be holding an in-service on November 7th to clarify self-administration residents and those that do not have orders. If the resident does not have a MKAB side order, they are not to leave medications at bedside.

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resident did not want to self-medicate.

During an interview on 10/2/23 at 9:40 A.M., Resident 13 indicated the pill was left from that morning and she had forgotten to take the medication.

During an interview on 10/2/23 at 9:57 A.M., ADON (Assistant Director of Nursing) indicated Resident 13 will refuse to take medications. ADON indicated if the resident is awake and alert, she will leave medications and come back and see if the resident has taken them. She indicated that she is not supposed to leave medications at the bedside.

During an interview on 10/3/23 at 8:40 A.M., Resident 13 indicated she would usually take pills. The staff would leave the gummies, occasionally. Yesterday, the nurse did leave the thyroid pill. She did not hear her leave the pill.

During an interview on 10/3/23 at 11:27 A.M., the DON (Director of Nursing) indicated medication should not be left in residents room unless the resident has a self medication assessment completed.

A current policy "Resident Medication/Treatment " revise date 5/31/23 was provided by the dietary manager. The policy indicated " ... it's the policy to

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strive to adhere to all applicable State Licensing Regulations and Local Requirements as well as the Nurse Practice Act in the preservation of health and wellness ... of residents.

Procedure 1.. some residents may prefer to manage all or part of their medications without staff assistance. If this is the case, first verify that resident's physician has indicated the resident is capable of self administration By checking "yes" on the physician admission orders/plan of care."

Based on observation, record review, and interview, the facility failed to ensure appropriate assessments for residents were obtained for 1 of 8 residents failed to have a thorough and complete evaluation for self-administration of medication.

Findings include:

On 10/2/23 at 9:37 A.M., a white pill was found in Resident 13's room. A box of GasX was found at the bedside that time.

On 10/3/23 at 9:02 A.M., Resident 13's clinical record was reviewed. Diagnoses included, but were not limited to, hypertension, hypothyroidism, kidney disease.

Current physician orders include, but not limited to, staff to give medications dated

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During an interview on 10/2/23 at 9:40 A.M., Resident 13 indicated the pill was left from that morning and she had forgotten to take the medication.

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During an interview on 10/3/23 at 11:27 A.M., the DON (Director of Nursing) indicated medication should not be left in residents room unless the resident has a self medication assessment completed.

A current policy "Resident

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	Medication/Treatment " revise date 5/31/23 was provided by the dietary manager. The policy indicated " ... it's the policy to strive to adhere to all applicable State Licensing Regulations and Local Requirements as well as the Nurse Practice Act in the preservation of health and wellness ... of residents. Procedure 1.. some residents may prefer to manage all or part of their medications without staff assistance. If this is the case, first verify that resident's physician has indicated the resident is capable of self administration By checking "yes" on the physician admission orders/plan of care."			
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 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. 4. On 10/3/23 at 10:06 A.M., Resident 13's clinical record was reviewed. Diagnoses	R 0246	R246 health services 1 The DON/ED or elected staff will monitor QMA passing PRN medications that need nurse approval by printing reports for prn medication administration weekly for four weeks, and then monitored monthly indefinitely. 2 All residents have the potential to be affected by this deficiency. QMAs will ask a nurse prior to dispensing PRN medications	11/18/2023

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included, but were not limited to, rheumatoid arthritis and hypertension.

July 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen (Tylenol) ES 500 MG (milligram), give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zanaflex (tizanidine) 2 MG, give 1 tablet once daily as needed for muscle spasms, dated 6/1/23

Resident 13's July 2023 MAR (Medication Administration Record) was reviewed and indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

7/4/23 "Acetaminophen 2 tabs [tablets] po [by mouth] pain, headache" administered by QMA 7

7/8/23 "Acetaminophen 2 ... pain in low back ... " administered by QMA 7

7/8/23 "Acetaminophen 2 tabs po pain low back ... " administered by QMA 7

7/22/23 "Acetaminophen 500mg 2 tabs and Zanaflex ... lower back pain and prior to dialysis

and note it in the MAR who verified every time a PRN is dispensed. Any findings will be brought to quality assurance.

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The DON/ED or elected staff will monitor QMA passing PRN medications that need nurse approval by printing reports for prn medication administration weekly for four weeks, and then monitored monthly indefinitely.

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[sic]" administered by QMA 7

7/23/23 "Acetaminophen 500 mg 2 tabs for general pain ... Zanaflex 2 mg po PRN prior to dylaxis [sic] for pain " administered by QMA 7

August 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen ES (Tylenol) 500 MG, give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG, give 1 tablet by mouth every 8 hours as needed for nausea, dated 4/11/22

Zanaflex (tizanidine) 2 MG, give 1 tablet once daily as needed for muscle spasms, dated 6/1/23

Resident 13's August 2023 MAR was reviewed and indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

8/2/23 "Zofran 4 MG upset stomach ... Tylenol 500 [mg] 2 po [for] headache" administered by QMA 21

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8/5/23 "Tylenol 2 500 MG ...
Zanaflex PRN [for] muscle pain
r/t [related to] dialysis"
administered by QMA 7

8/6/23 "Ondansetron 4 MG [for]
nausea" administered by QMA 7

8/17/23 "Ondansetron 4 MG po
[for] c/o [complaints of] nausea"
administered by QMA 7

8/18/23 "Tylenol 2 500 MG and
Zanaflex [for] c/o po [sic]
increased pain ... " administered
by QMA 7

September 2023 Physician's
Orders included, but were not
limited to, the following PRN
medications:

Acetaminophen ES (Tylenol)
500 MG, give 2 tablets by mouth
every 6 hours as needed for
pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG,
give 1 tablet by mouth every 8
hours as needed for nausea,
dated 4/11/22

Resident 13's September 2023
MAR was reviewed and
indicated the following
medications were administered
to Resident 13 by a QMA
without a nurse co-signature
documented:

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9/21/23 "Tylenol 2 tabs [1000 MG] p/o c/o pain [and] ondestron [sic] 4 MG p/o c/o nausea" administered by QMA 7

During an interview on 10/4/23 at 8:37 A.M., the DON (Director of Nursing) indicated when a QMA gave a PRN medication, they should get authorization from a nurse and that nurse should co-sign on the MAR sheet. She indicated generally authorization is given by phone or verbally. At that time, she indicated it would be the facility's policy for the authorizing nurse to co-sign with the QMA when administering a PRN medication.

On 10/4/23 at 8:37 A.M., a current Administration of Medication Policy, revised 12/31/18, was provided by the DON and indicated " ... 15. Assisting with PRN (i.e., as needed) medications is done only by designated, authorized community staff. Medication Aides may not administer PRN medications without the prior authorization of the licensed nurse. When PRN medications are administered, the following documentation and communication is provided: Date, time, dose, and route of administration, Complaints or symptoms for which the medication was given (document on back of MAR), Results achieved from giving

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the dose and time results were noted (document on back of MAR), Signature and initials of person recording administration and effects ... "

Based on observation, interview, and record review, the facility failed to ensure as needed (PRN) medications administered by a Qualified Medication Aid (QMA) were authorized by a licensed nurse for 4 of 7 resident records reviewed. (Resident 22, Resident 12, Resident 13, Resident 26)

Findings include:

1. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension.

Physician orders included, but were not limited to:

Zolpidem (a sedative) 5mg (milligrams) 1 tablet as needed at bedtime, dated 5/17/23 and discontinued 6/23/23.

A controlled drug use record for Zolpidem 5mg as needed from 6/16/23 through 8/11/23 indicated the medication had been administered on 6/8/23 and 7/16/23 by QMA 21. The record lacked an authorization by a licensed nurse prior to being administered.

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2. On 10/3/23 at 8:50 A.M., Resident 12's clinical record was reviewed. Diagnosis included, but was not limited to, dementia.

Current physician orders included, but were not limited to:

Tramadol HCL (a pain medication) 50mg twice daily as needed, dated 8/2/23.

Resident 12's Medication Administration Record (MAR) for 8/2023 indicated Tramadol 50mg was administered 8/3/23 by QMA 17. The record lacked an authorization by a licensed nurse prior to being administered.

A controlled drug use record for Tramadol 50mg twice a day as needed from 8/3/23 through 8/28/23 indicated the medication had been administered on 8/11/23, 8/14/23, and 8/22/23 by QMA 35. The record lacked an authorization by a licensed nurse prior to being administered.

3. On 10/3/23 at 1:00 P.M., Resident 26's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension.

Physician orders included, but were not limited to:

Trazadone (an antidepressant)

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and sedative) 50mg as needed at bedtime, dated 2/20/23 and discontinued 7/26/23.

Resident 26's MAR for 2/2023 indicated Trazadone 50mg was administered 2/26/23 by QMA 9. The record lacked an authorization by a licensed nurse prior to being administered.

4. On 10/3/23 at 10:06 A.M., Resident 13's clinical record was reviewed. Diagnoses included, but were not limited to, rheumatoid arthritis and hypertension.

July 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen (Tylenol) ES 500 MG (milligram), give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zanaflex (tizanidine) 2 MG, give 1 tablet once daily as needed for muscle spasms, dated 6/1/23

Resident 13's July 2023 MAR (Medication Administration Record) was reviewed and indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

7/4/23 "Acetaminophen 2 tabs

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[tablets] po [by mouth] pain,
headache" administered by
QMA 7

7/8/23 "Acetaminophen 2 ...
pain in low back ... "
administered by QMA 7

7/8/23 "Acetaminophen 2 tabs
po pain low back ... "
administered by QMA 7

7/22/23 "Acetaminophen 500mg
2 tabs and Zanaflex ... lower
back pain and prior to dialysis
[sic]" administered by QMA 7

7/23/23 "Acetaminophen 500
mg 2 tabs for general pain ...
Zanaflex 2 mg po PRN prior to
dialysis [sic] for pain "
administered by QMA 7

August 2023 Physician's Orders
included, but were not limited to,
the following PRN medications:

Acetaminophen ES (Tylenol)
500 MG, give 2 tablets by mouth
every 6 hours as needed for
pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG,
give 1 tablet by mouth every 8
hours as needed for nausea,
dated 4/11/22

Zanaflex (tizanidine) 2 MG, give
1 tablet once daily as needed
for muscle spasms, dated
6/1/23

Resident 13's August 2023
MAR was reviewed and

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indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

8/2/23 "Zofran 4 MG upset stomach ... Tylenol 500 [mg] 2 po [for] headache" administered by QMA 21

8/5/23 "Tylenol 2 500 MG ... Zanaflex PRN [for] muscle pain r/t [related to] dialysis" administered by QMA 7

8/6/23 "Ondansetron 4 MG [for] nausea" administered by QMA 7

8/17/23 "Ondansetron 4 MG po [for] c/o [complaints of] nausea" administered by QMA 7

8/18/23 "Tylenol 2 500 MG and Zanaflex [for] c/o po [sic] increased pain ... " administered by QMA 7

September 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen ES (Tylenol) 500 MG, give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG, give 1 tablet by mouth every 8 hours as needed for nausea, dated 4/11/22

Resident 13's September 2023

MAR was reviewed and indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

9/21/23 "Tylenol 2 tabs [1000 MG] p/o c/o pain [and] ondestron [sic] 4 MG p/o c/o nausea" administered by QMA 7

During an interview on 10/4/23 at 8:37 A.M., the DON (Director of Nursing) indicated when a QMA gave a PRN medication, they should get authorization from a nurse and that nurse should co-sign on the MAR sheet. She indicated generally authorization is given by phone or verbally. At that time, she indicated it would be the facility's policy for the authorizing nurse to co-sign with the QMA when administering a PRN medication.

On 10/4/23 at 8:37 A.M., a current Administration of Medication Policy, revised 12/31/18, was provided by the DON and indicated " ... 15. Assisting with PRN (i.e., as needed) medications is done only by designated, authorized community staff. Medication Aides may not administer PRN medications without the prior authorization of the licensed nurse. When PRN medications are administered, the following documentation and

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communication is provided:
Date, time, dose, and route of administration, Complaints or symptoms for which the medication was given (document on back of MAR), Results achieved from giving the dose and time results were noted (document on back of MAR), Signature and initials of person recording administration and effects ... "

Based on observation, interview, and record review, the facility failed to ensure as needed (PRN) medications administered by a Qualified Medication Aid (QMA) were authorized by a licensed nurse for 4 of 7 resident records reviewed. (Resident 22, Resident 12, Resident 13, Resident 26)

Findings include:

1. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension.

Physician orders included, but were not limited to:

Zolpidem (a sedative) 5mg (milligrams) 1 tablet as needed at bedtime, dated 5/17/23 and discontinued 6/23/23.

A controlled drug use record for Zolpidem 5mg as needed from 6/16/23 through 8/11/23

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indicated the medication had been administered on 6/8/23 and 7/16/23 by QMA 21. The record lacked an authorization by a licensed nurse prior to being administered.

2. On 10/3/23 at 8:50 A.M., Resident 12's clinical record was reviewed. Diagnosis included, but was not limited to, dementia.

Current physician orders included, but were not limited to:

Tramadol HCL (a pain medication) 50mg twice daily as needed, dated 8/2/23.

Resident 12's Medication Administration Record (MAR) for 8/2023 indicated Tramadol 50mg was administered 8/3/23 by QMA 17. The record lacked an authorization by a licensed nurse prior to being administered.

A controlled drug use record for Tramadol 50mg twice a day as needed from 8/3/23 through 8/28/23 indicated the medication had been administered on 8/11/23, 8/14/23, and 8/22/23 by QMA 35. The record lacked an authorization by a licensed nurse prior to being administered.

3. On 10/3/23 at 1:00 P.M., Resident 26's clinical record was reviewed. Diagnosis

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included, but was not limited to, hypertension.

Physician orders included, but were not limited to:

Trazadone (an antidepressant and sedative) 50mg as needed at bedtime, dated 2/20/23 and discontinued 7/26/23.

Resident 26's MAR for 2/2023 indicated Trazadone 50mg was administered 2/26/23 by QMA 9. The record lacked an authorization by a licensed nurse prior to being administered.

4. On 10/3/23 at 10:06 A.M., Resident 13's clinical record was reviewed. Diagnoses included, but were not limited to, rheumatoid arthritis and hypertension.

July 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen (Tylenol) ES 500 MG (milligram), give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zanaflex (tizanidine) 2 MG, give 1 tablet once daily as needed for muscle spasms, dated 6/1/23

Resident 13's July 2023 MAR (Medication Administration Record) was reviewed and

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indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

7/4/23 "Acetaminophen 2 tabs [tablets] po [by mouth] pain, headache" administered by QMA 7

7/8/23 "Acetaminophen 2 ... pain in low back ... " administered by QMA 7

7/8/23 "Acetaminophen 2 tabs po pain low back ... " administered by QMA 7

7/22/23 "Acetaminophen 500mg 2 tabs and Zanaflex ... lower back pain and prior to dialysis [sic]" administered by QMA 7

7/23/23 "Acetaminophen 500 mg 2 tabs for general pain ... Zanaflex 2 mg po PRN prior to dialysis [sic] for pain " administered by QMA 7

August 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen ES (Tylenol) 500 MG, give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG, give 1 tablet by mouth every 8 hours as needed for nausea, dated 4/11/22

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Zanaflex (tizanidine) 2 MG, give
1 tablet once daily as needed
for muscle spasms, dated
6/1/23

Resident 13's August 2023
MAR was reviewed and
indicated the following
medications were administered
to Resident 13 by a QMA
without a nurse co-signature
documented:

8/2/23 "Zofran 4 MG upset
stomach ... Tylenol 500 [mg] 2
po [for] headache" administered
by QMA 21

8/5/23 "Tylenol 2 500 MG ...
Zanaflex PRN [for] muscle pain
r/t [related to] dialysis"
administered by QMA 7

8/6/23 "Ondansetron 4 MG [for]
nausea" administered by QMA 7

8/17/23 "Ondansetron 4 MG po
[for] c/o [complaints of] nausea"
administered by QMA 7

8/18/23 "Tylenol 2 500 MG and
Zanaflex [for] c/o po [sic]
increased pain ... " administered
by QMA 7

September 2023 Physician's
Orders included, but were not
limited to, the following PRN
medications:

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Acetaminophen ES (Tylenol)
500 MG, give 2 tablets by mouth
every 6 hours as needed for
pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG,
give 1 tablet by mouth every 8
hours as needed for nausea,
dated 4/11/22

Resident 13's September 2023
MAR was reviewed and
indicated the following
medications were administered
to Resident 13 by a QMA
without a nurse co-signature
documented:

9/21/23 "Tylenol 2 tabs [1000
MG] p/o c/o pain [and]
ondestron [sic] 4 MG p/o c/o
nausea" administered by QMA 7

During an interview on 10/4/23
at 8:37 A.M., the DON (Director
of Nursing) indicated when a
QMA gave a PRN medication,
they should get authorization
from a nurse and that nurse
should co-sign on the MAR
sheet. She indicated generally
authorization is given by phone
or verbally. At that time, she
indicated it would be the
facility's policy for the
authorizing nurse to co-sign with
the QMA when administering a
PRN medication.

On 10/4/23 at 8:37 A.M., a
current Administration of
Medication Policy, revised
12/31/18, was provided by the
DON and indicated " ... 15.

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Assisting with PRN (i.e., as needed) medications is done only by designated, authorized community staff. Medication Aides may not administer PRN medications without the prior authorization of the licensed nurse. When PRN medications are administered, the following documentation and communication is provided: Date, time, dose, and route of administration, Complaints or symptoms for which the medication was given (document on back of MAR), Results achieved from giving the dose and time results were noted (document on back of MAR), Signature and initials of person recording administration and effects ... "

Based on observation, interview, and record review, the facility failed to ensure as needed (PRN) medications administered by a Qualified Medication Aid (QMA) were authorized by a licensed nurse for 4 of 7 resident records reviewed. (Resident 22, Resident 12, Resident 13, Resident 26)

Findings include:

1. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension.

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Physician orders included, but were not limited to:

Zolpidem (a sedative) 5mg (milligrams) 1 tablet as needed at bedtime, dated 5/17/23 and discontinued 6/23/23.

A controlled drug use record for Zolpidem 5mg as needed from 6/16/23 through 8/11/23 indicated the medication had been administered on 6/8/23 and 7/16/23 by QMA 21. The record lacked an authorization by a licensed nurse prior to being administered.

2. On 10/3/23 at 8:50 A.M., Resident 12's clinical record was reviewed. Diagnosis included, but was not limited to, dementia.

Current physician orders included, but were not limited to:

Tramadol HCL (a pain medication) 50mg twice daily as needed, dated 8/2/23.

Resident 12's Medication Administration Record (MAR) for 8/2023 indicated Tramadol 50mg was administered 8/3/23 by QMA 17. The record lacked an authorization by a licensed nurse prior to being administered.

A controlled drug use record for Tramadol 50mg twice a day as needed from 8/3/23 through 8/28/23 indicated the

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medication had been administered on 8/11/23, 8/14/23, and 8/22/23 by QMA 35. The record lacked an authorization by a licensed nurse prior to being administered.

3. On 10/3/23 at 1:00 P.M., Resident 26's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension.

Physician orders included, but were not limited to:

Trazadone (an antidepressant and sedative) 50mg as needed at bedtime, dated 2/20/23 and discontinued 7/26/23.

Resident 26's MAR for 2/2023 indicated Trazadone 50mg was administered 2/26/23 by QMA 9. The record lacked an authorization by a licensed nurse prior to being administered.

4. On 10/3/23 at 10:06 A.M., Resident 13's clinical record was reviewed. Diagnoses included, but were not limited to, rheumatoid arthritis and hypertension.

July 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen (Tylenol) ES 500 MG (milligram), give 2 tablets by mouth every 6 hours

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as needed for pain/fever, dated
3/14/22

Zanaflex (tizanidine) 2 MG, give
1 tablet once daily as needed
for muscle spasms, dated
6/1/23

Resident 13's July 2023 MAR
(Medication Administration
Record) was reviewed and
indicated the following
medications were administered
to Resident 13 by a QMA
without a nurse co-signature
documented:

7/4/23 "Acetaminophen 2 tabs
[tablets] po [by mouth] pain,
headache" administered by
QMA 7

7/8/23 "Acetaminophen 2 ...
pain in low back ... "
administered by QMA 7

7/8/23 "Acetaminophen 2 tabs
po pain low back ... "
administered by QMA 7

7/22/23 "Acetaminophen 500mg
2 tabs and Zanaflex ... lower
back pain and prior to dialysis
[sic]" administered by QMA 7

7/23/23 "Acetaminophen 500
mg 2 tabs for general pain ...
Zanaflex 2 mg po PRN prior to
dialysis [sic] for pain "
administered by QMA 7

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August 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen ES (Tylenol) 500 MG, give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG, give 1 tablet by mouth every 8 hours as needed for nausea, dated 4/11/22

Zanaflex (tizanidine) 2 MG, give 1 tablet once daily as needed for muscle spasms, dated 6/1/23

Resident 13's August 2023 MAR was reviewed and indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

8/2/23 "Zofran 4 MG upset stomach ... Tylenol 500 [mg] 2 po [for] headache" administered by QMA 21

8/5/23 "Tylenol 2 500 MG ... Zanaflex PRN [for] muscle pain r/t [related to] dialysis" administered by QMA 7

8/6/23 "Ondansetron 4 MG [for] nausea" administered by QMA 7

8/17/23 "Ondansetron 4 MG po [for] c/o [complaints of] nausea" administered by QMA 7

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8/18/23 "Tylenol 2 500 MG and Zanaflex [for] c/o po [sic] increased pain ... " administered by QMA 7

September 2023 Physician's Orders included, but were not limited to, the following PRN medications:

Acetaminophen ES (Tylenol) 500 MG, give 2 tablets by mouth every 6 hours as needed for pain/fever, dated 3/14/22

Zofran (ondansetron) 4 MG, give 1 tablet by mouth every 8 hours as needed for nausea, dated 4/11/22

Resident 13's September 2023 MAR was reviewed and indicated the following medications were administered to Resident 13 by a QMA without a nurse co-signature documented:

9/21/23 "Tylenol 2 tabs [1000 MG] p/o c/o pain [and] ondestron [sic] 4 MG p/o c/o nausea" administered by QMA 7

During an interview on 10/4/23 at 8:37 A.M., the DON (Director of Nursing) indicated when a QMA gave a PRN medication, they should get authorization from a nurse and that nurse should co-sign on the MAR sheet. She indicated generally authorization is given by phone or verbally. At that time, she indicated it would be the

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facility's policy for the authorizing nurse to co-sign with the QMA when administering a PRN medication.

On 10/4/23 at 8:37 A.M., a current Administration of Medication Policy, revised 12/31/18, was provided by the DON and indicated " ... 15. Assisting with PRN (i.e., as needed) medications is done only by designated, authorized community staff. Medication Aides may not administer PRN medications without the prior authorization of the licensed nurse. When PRN medications are administered, the following documentation and communication is provided: Date, time, dose, and route of administration, Complaints or symptoms for which the medication was given (document on back of MAR), Results achieved from giving the dose and time results were noted (document on back of MAR), Signature and initials of person recording administration and effects ... "

Based on observation, interview, and record review, the facility failed to ensure as needed (PRN) medications administered by a Qualified Medication Aid (QMA) were authorized by a licensed nurse for 4 of 7 resident records reviewed. (Resident 22, Resident 12, Resident 13,

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Resident 26)

Findings include:

1. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension.

Physician orders included, but were not limited to:

Zolpidem (a sedative) 5mg (milligrams) 1 tablet as needed at bedtime, dated 5/17/23 and discontinued 6/23/23.

A controlled drug use record for Zolpidem 5mg as needed from 6/16/23 through 8/11/23 indicated the medication had been administered on 6/8/23 and 7/16/23 by QMA 21. The record lacked an authorization by a licensed nurse prior to being administered.

2. On 10/3/23 at 8:50 A.M., Resident 12's clinical record was reviewed. Diagnosis included, but was not limited to, dementia.

Current physician orders included, but were not limited to:

Tramadol HCL (a pain medication) 50mg twice daily as needed, dated 8/2/23.

Resident 12's Medication Administration Record (MAR) for 8/2023 indicated Tramadol

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	50mg was administered 8/3/23 by QMA 17. The record lacked an authorization by a licensed nurse prior to being administered. A controlled drug use record for Tramadol 50mg twice a day as needed from 8/3/23 through 8/28/23 indicated the medication had been administered on 8/11/23, 8/14/23, and 8/22/23 by QMA 35. The record lacked an authorization by a licensed nurse prior to being administered. 3. On 10/3/23 at 1:00 P.M., Resident 26's clinical record was reviewed. Diagnosis included, but was not limited to, hypertension. Physician orders included, but were not limited to: Trazadone (an antidepressant and sedative) 50mg as needed at bedtime, dated 2/20/23 and discontinued 7/26/23. Resident 26's MAR for 2/2023 indicated Trazadone 50mg was administered 2/26/23 by QMA 9. The record lacked an authorization by a licensed nurse prior to being administered.			
R 0273	Food and Nutritional Services - Deficiency	R 0273	R273- food and nutritional services Opened food to be labeled and	11/07/2023

	410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food was labeled and the dishwasher was being tested for proper sanitization in accordance with professional standards for food service safety for 2 of 2 kitchens observed. Food was not labeled or dated after it was opened, and the low temperature dishwasher was not tested for effective use of sanitizing solutions. (Main Kitchen, Memory Care Kitchen) Findings include: 1. During the initial Memory Care Kitchen observation on 10/2/23 at 9:04 A.M., the following was observed: 24 cookie dough squares were wrapped in saran wrap without a label in the freezer. The same was observed on 10/3/23 at 9:09 A.M. 3 frozen pizzas in a plastic bag without a label in the freezer.		dated after opening. ED/DD will implement label/date audit checklist daily for 30 days, every other day for 30 days and 1 time per week for 30 days. dishwasher to be tested daily per shift for effective use of sanitizing solution. The high temp dishwasher should temp in range of 160-180 and the low temp dishwasher should temp in range of 50-100. The daily temps will be recorded in logbook at each testing. ED/DD will implement dishwasher test audit checklist daily for 30 days, every other day for 30 days and 1 time per week for 30 days.	
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The same was observed on 10/3/23 at 9:09 A.M.

Breaded squares in a brown bag open to air without a label in the freezer.

The same was observed on 10/3/23 at 9:09 A.M.

Peas in a plastic bag without a label in the freezer.

The same was observed on 10/3/23 at 9:09 A.M.

The lids to 6 spice containers were open.

The same was observed on 10/3/23 at 9:09 A.M.

A black square bowl with bread crumbs was covered with saran wrap without a label in the dry storage pantry.

A bag of pasta was wrapped in saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

A gray bag was folded and wrapped in saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

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2 22-qt (quart) plastic bins without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

Bag of brown sugar was folded and wrapped in saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

Bag of cream soup base open to air without a label in the dry storage pantry.

5 packages of tortilla shells wrapped in saran wrap without a label in the dry storage pantry.

A plastic bin of rice covered with saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

A plastic bowl with onions and 2 yellow peppers in the dry storage pantry. The yellow peppers were bruised and wrinkly.

2 4-qt square plastic tubs filled with white powder without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

A round 4-qt plastic bin covered

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with saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

Beef wrapped in saran wrap without a label in the refrigerator.

2 packages of deli meat wrapped in saran wrap without a label in the refrigerator.

A stack of square cheese wrapped in saran wrap without a label in the refrigerator.

A bag of shredded cheese wrapped in saran wrap without a label in the refrigerator.

A square tin filled with brown circles covered in saran wrap without a label in the refrigerator.

2. During the initial Main Kitchen observation on 10/2/23 at 9:40 A.M., the following was observed:

A square 22-qt plastic container without a label in the dry storage pantry.

The same was observed on 10/3/23 at 8:53 A.M.

A circle 22-qt plastic container without a label in the dry storage pantry.

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The same was observed on 10/3/23 at 8:53 A.M.

A box of bananas without a label in the dry storage pantry. The bananas were brown.

The same was observed on 10/3/23 at 8:53 A.M.

A box of green peppers and yellow peppers without a label in the dry storage pantry. The peppers were wrinkly.

The wrinkly peppers were observed loose on the wire shelf on 10/3/23 at 8:53 A.M.

A bag of brown grain wrapped in saran wrap without a label in the dry storage pantry.

The same was observed 10/3/23 at 8:53 A.M.

The lids to 13 spice containers were open.

The same was observed on 10/3/23 at 8:53 A.M.

A bag of brown squares without a label in the freezer.

The same was observed on 10/3/23 at 8:53 A.M.

On 10/4/23 at 9:25 A.M., the Kitchen Manager indicated that after a food product is opened, it should be labeled with what it is, the used by date, the opened date, and when the item was

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received in the facility.

3. On 10/2/23 at 9:04 A.M., Cook 5 indicated she was unsure how to test the dishwasher for the concentration of sanitization chemicals using test strips. She also indicated she was not sure about if test results were supposed to be logged somewhere and that there were no logs located in the kitchen that she was aware of. She indicated that she made sure dishes were kept clean by prewashing them and then running them through the dishwasher twice.

On 10/3/23 at 9:09 A.M., Cook 5 indicated she had asked the kitchen manager for help to test the dishwasher, but neither were able to figure it out. She indicated that she was unaware of the requirements for checking or logging the dishwasher.

On 10/3/23 at 2:45 P.M., the Kitchen Manager indicated they did not have the proper test strips for the dishwasher because she thought it was a hot water temperature dishwasher.

On 10/4/23 at 8:44 A.M., Cook 5 indicated a representative from the company came by the facility to show staff how to test the dishwasher for the concentration of sanitization

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chemicals. At that time, a cycle was ran and a test strip was used. Cook 5 indicated the result was supposed to be logged in the Log Book in the kitchen; however, at that time there were no sheets in the binder.

On 10/2/23 at 9:40 A.M., the Kitchen Manager indicated the dishwashers should be tested once per shift and logged on the dishwasher log sheet in the Log Binder.

On 10/4/23 at 8:21 A.M., a current Washing and Sanitizing Dishes / Utensils policy, undated, indicated "Ensure that the machine reaches...the appropriate ppm (parts per million) for the sanitizer ... Monitor and document daily using the Dish Machine Temperature Log".

On 10/3/23 at 10:01 A.M., a current Labeling and Dating Foods (Date Marking) policy, dated 2016, indicated "once a package is opened, it will be re-dated with the date the item was opened".

Based on observation, interview, and record review, the facility failed to ensure food was labeled and the dishwasher was being tested for proper sanitization in accordance with professional standards for food service safety for 2 of 2 kitchens

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observed. Food was not labeled or dated after it was opened, and the low temperature dishwasher was not tested for effective use of sanitizing solutions. (Main Kitchen, Memory Care Kitchen)

Findings include:

1. During the initial Memory Care Kitchen observation on 10/2/23 at 9:04 A.M., the following was observed:

24 cookie dough squares were wrapped in saran wrap without a label in the freezer.

The same was observed on 10/3/23 at 9:09 A.M.

3 frozen pizzas in a plastic bag without a label in the freezer.

The same was observed on 10/3/23 at 9:09 A.M.

Breaded squares in a brown bag open to air without a label in the freezer.

The same was observed on 10/3/23 at 9:09 A.M.

Peas in a plastic bag without a label in the freezer.

The same was observed on 10/3/23 at 9:09 A.M.

The lids to 6 spice containers were open.

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The same was observed on 10/3/23 at 9:09 A.M.

A black square bowl with bread crumbs was covered with saran wrap without a label in the dry storage pantry.

A bag of pasta was wrapped in saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

A gray bag was folded and wrapped in saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

2 22-qt (quart) plastic bins without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

Bag of brown sugar was folded and wrapped in saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

Bag of cream soup base open to air without a label in the dry storage pantry.

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5 packages of tortilla shells wrapped in saran wrap without a label in the dry storage pantry.

A plastic bin of rice covered with saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

A plastic bowl with onions and 2 yellow peppers in the dry storage pantry. The yellow peppers were bruised and wrinkly.

2 4-qt square plastic tubs filled with white powder without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

A round 4-qt plastic bin covered with saran wrap without a label in the dry storage pantry.

The same was observed on 10/3/23 at 9:09 A.M.

Beef wrapped in saran wrap without a label in the refrigerator.

2 packages of deli meat wrapped in saran wrap without a label in the refrigerator.

A stack of square cheese wrapped in saran wrap without a label in the refrigerator.

A bag of shredded cheese

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wrapped in saran wrap without a label in the refrigerator.

A square tin filled with brown circles covered in saran wrap without a label in the refrigerator.

2. During the initial Main Kitchen observation on 10/2/23 at 9:40 A.M., the following was observed:

A square 22-qt plastic container without a label in the dry storage pantry.

The same was observed on 10/3/23 at 8:53 A.M.

A circle 22-qt plastic container without a label in the dry storage pantry.

The same was observed on 10/3/23 at 8:53 A.M.

A box of bananas without a label in the dry storage pantry. The bananas were brown.

The same was observed on 10/3/23 at 8:53 A.M.

A box of green peppers and yellow peppers without a label in the dry storage pantry. The peppers were wrinkly.

The wrinkly peppers were observed loose on the wire shelf on 10/3/23 at 8:53 A.M.

A bag of brown grain wrapped in saran wrap without a label in the

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dry storage pantry.

The same was observed
10/3/23 at 8:53 A.M.

The lids to 13 spice containers
were open.

The same was observed on
10/3/23 at 8:53 A.M.

A bag of brown squares without
a label in the freezer.

The same was observed on
10/3/23 at 8:53 A.M.

On 10/4/23 at 9:25 A.M., the
Kitchen Manager indicated that
after a food product is opened, it
should be labeled with what it is,
the used by date, the opened
date, and when the item was
received in the facility.

3. On 10/2/23 at 9:04 A.M.,
Cook 5 indicated she was
unsure how to test the
dishwasher for the
concentration of sanitization
chemicals using test strips. She
also indicated she was not sure
about if test results were
supposed to be logged
somewhere and that there were
no logs located in the kitchen
that she was aware of. She
indicated that she made sure
dishes were kept clean by
prewashing them and then
running them through the
dishwasher twice.

On 10/3/23 at 9:09 A.M., Cook 5

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indicated she had asked the kitchen manager for help to test the dishwasher, but neither were able to figure it out. She indicated that she was unaware of the requirements for checking or logging the dishwasher.

On 10/3/23 at 2:45 P.M., the Kitchen Manager indicated they did not have the proper test strips for the dishwasher because she thought it was a hot water temperature dishwasher.

On 10/4/23 at 8:44 A.M., Cook 5 indicated a representative from the company came by the facility to show staff how to test the dishwasher for the concentration of sanitization chemicals. At that time, a cycle was ran and a test strip was used. Cook 5 indicated the result was supposed to be logged in the Log Book in the kitchen; however, at that time there were no sheets in the binder.

On 10/2/23 at 9:40 A.M., the Kitchen Manager indicated the dishwashers should be tested once per shift and logged on the dishwasher log sheet in the Log Binder.

On 10/4/23 at 8:21 A.M., a current Washing and Sanitizing Dishes / Utensils policy, undated, indicated "Ensure that the machine reaches...the

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	appropriate ppm (parts per million) for the sanitizer ... Monitor and document daily using the Dish Machine Temperature Log". On 10/3/23 at 10:01 A.M., a current Labeling and Dating Foods (Date Marking) policy, dated 2016, indicated "once a package is opened, it will be re-dated with the date the item was opened".			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. (1) The supervisor must be one (1) of the following: (A) A dietitian. (B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management. (C) A graduate of a dietetic	R 0274	Dining director is enrolled in SERV safe class through ivy tech for November 16, 2023	11/16/2023

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technician program approved by the American Dietetic Association.

(D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.

(E) An individual with training and experience in food service supervision and management.

(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.

(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.

Based on interview and record review, the facility failed to follow job description requirements for kitchen staff certification for 1 of 1 kitchen staff reviewed. (Kitchen Manager)

Finding includes:

On 10/3/23 at 8:53 A.M., the Kitchen Manager indicated she did not have any current valid certifications. She indicated her SERVsafe certification expired over 5 years ago. She indicated

that she needed to call [name of school] to enroll in the 6 week course to become recertified.

On 10/3/23 at 10:28 A.M., employee files were reviewed. The Kitchen Manager began employment with the facility on 10/4/19.

On 10/4/23 at 8:53 A.M., the Administrator indicated it was the facility policy that the Kitchen Manager maintain a current SERVsafe certificate which was the only certification the Kitchen Manager was required to have. She further indicated that it had just been brought to her attention that the Kitchen Manager's certification was expired.

Based on interview and record review, the facility failed to follow job description requirements for kitchen staff certification for 1 of 1 kitchen staff reviewed. (Kitchen Manager)

Finding includes:

On 10/3/23 at 8:53 A.M., the Kitchen Manager indicated she did not have any current valid certifications. She indicated her SERVsafe certification expired over 5 years ago. She indicated that she needed to call [name of school] to enroll in the 6 week course to become recertified.

On 10/3/23 at 10:28 A.M.,

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	employee files were reviewed. The Kitchen Manager began employment with the facility on 10/4/19. On 10/4/23 at 8:53 A.M., the Administrator indicated it was the facility policy that the Kitchen Manager maintain a current SERVsafe certificate which was the only certification the Kitchen Manager was required to have. She further indicated that it had just been brought to her attention that the Kitchen Manager's certification was expired.			
R 0302	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(6) (6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength. Based on observation and interview the facility failed to provide proper storage of medications of 3 of 4 medication carts. Numerous unlabeled pills found in several drawers in 2 of	R 0302	R 302 pharmaceutical services 1 Community will monitor medication carts and medication storage rooms for loose pills, OTC medications are labeled, and no medications on counters in supply rooms by visually checking twice a week for two months, then weekly for two months, and once a month indefinitely. Any findings will be brought to quality assurance. 2 All residents have the potential to be affected by this deficiency. Community	11/07/2023

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4 medication carts. There were also numerous improperly labeled over the counter medications in 3 of 4 medication carts. (Medication cart for 100 Hall, Medication cart 200 Hall, 1 of 2 Medication carts for Memory Care unit)

Findings include:

On 10/2/23 at 10:00 A.M., during an observation of the 200 Hall Medication Cart the following loose pills and unlabeled over the counter medications were observed:

2 Bottles of Equate
Acetaminophen 500 mg for [room number] and has first name, no label.

1 bottle of D3 1000 units with [name] but no room number or label

1 bottle of Colace for [name]

1 bottle of Multivitamin with [room number] no label or name

1 tube of Volteran cream in box with [room number], no label or name

1 bottle of Tylenol 8 hour has [initials] no label or room number.

1 insulin pen for [room number and name] but no label

1 bottle of TUMS Smoothie

will monitor medication carts and medication storage rooms for loose pills, OTC medications are labeled, and no medications on counters in supply rooms by visually checking twice a week for two months, then weekly for two months, and once a month indefinitely. Any findings will be brought to quality assurance.

3
DON or designated employee will check medication carts and medication rooms visually and will document on designated sheet. The findings, corrections, and monitoring will be discussed at our monthly QA meeting.

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[room number] no label

2 boxes of Mucinex have [name]
no room number or label.

1 bottle of One a Day has
[name] no room number label.

1 bottle of Tylenol 500 MG has
[name and dose] no label.

1 bottle of D3 [name] no room
number or label

1 bottle of Centrum [name] no
room number or label

The following loose pill:

1 small round tan pill

On 10/2/23 at 10:39 A.M.,
during an observation of the 100
Hall medication chart the
following loose pills and
unlabeled over the counter
medications were found:

1 loose white pill with E

½ small round pink pill

1/2 oblong white pill

1 small round yellow pill with TV

1 small round white pill

1/2 large round pill

1 blue/tan capsule with G 23312

1 large oblong white pill with
L484

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1 small yellow pill

1 oblong white pill

1 oblong pink pill with 894

1 large white pill

1 white capsule with CME 29

Over the counter medications:

1 bottle of Melatonin 5 mg no name, room number or label.

1 bottle of Veggie Capsules no name, room number or label.

1 box of Refresh Drops with [name] no room number or label.

On 10/2/23 at 1:06 P.M., during an observation of the medication carts on the Memory Unit 1 of 2 carts had the following unlabeled over the counter medications in several drawers:

1 bottle of melatonin 5 mg [name].

1 bottle of Coq10 200 mg with no number or label.

1 bottle of CoQ 50 mg [name].

1 bottle of One of Day vitamins with no name or label.

1 bottle of D3 1000 units with no name or label.

On 10/3/23 at 9:59 A.M., during

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an observation of the first-floor medication room the following over the counter medications were observed in an overflow medication cart:

1 bottle of Baby Aspirin for [name] or label.

1 bottle of juice plus for [name], no label.

1 bottle of Calcium 500 mg with label.

During an interview on 10/2/23 at 10:10 A.M., Registered Nurse (RN) 4 indicated pills should not be left loose. He should place them in a drug buster solution or in the sharp's container. They do not notify anyone of loose pills unless it is controlled.

During an interview on 10/2/23 at 10:24 A.M., RN 4 indicated the family may sometimes bring in over the counter medications (OTC), but there needs to be an order. The staff should label the medication with a permanent marker and include the resident's name and DOB (Date of Birth). He thought the DOB was the resident's ID (identification) family.

During an interview on 10/2/23 at 10:41 A.M., ADON indicated all meds should have a label, the resident's name, and what is ordered.

During an interview on 10/3/23

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at 10:06 A.M., the RN 4 indicated there usually is a label for all over the counter medications that has the resident's name, room number, medication name, dose, route, and physician name.

On 10/3/23 at 10:07 A.M., a current policy "Medication Labeling" dated 12/10/21 was provided by the dietary manager. The policy indicated " ...procedures. E non prescriptions medications (i.e., over the counter) medications dispensed to a pursuant to a physician/ prescriber order are labeled in accordance with prescription label requirement ..."

On 10/3/23 at 10:07 A.M., a current policy "Medication Storage" revised on 12/31/18 was provided by the dietary manager. The policy indicated" ... procedure 7. Medications that are ... contaminated ... and those that are not in containers and those that are in containers that arewithout secure closures are immediately removed from the locked medication storage are and disposed of in accordance with the community policy and procedures."

Based on observation and interview the facility failed to provide proper storage of medications of 3 of 4 medication

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carts. Numerous unlabeled pills found in several drawers in 2 of 4 medication carts. There were also numerous improperly labeled over the counter medications in 3 of 4 medication carts. (Medication cart for 100 Hall, Medication cart 200 Hall, 1 of 2 Medication carts for Memory Care unit)

Findings include:

On 10/2/23 at 10:00 A.M., during an observation of the 200 Hall Medication Cart the following loose pills and unlabeled over the counter medications were observed:

2 Bottles of Equate Acetaminophen 500 mg for [room number] and has first name, no label.

1 bottle of D3 1000 units with [name] but no room number or label

1 bottle of Colace for [name]

1 bottle of Multivitamin with [room number] no label or name

1 tube of Volteran cream in box with [room number], no label or name

1 bottle of Tylenol 8 hour has [initials] no label or room number.

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1 insulin pen for [room number and name] but no label

1 bottle of TUMS Smoothie [room number] no label

2 boxes of Mucinex have [name] no room number or label.

1 bottle of One a Day has [name] no room number label.

1 bottle of Tylenol 500 MG has [name and dose] no label.

1 bottle of D3 [name] no room number or label

1 bottle of Centrum [name] no room number or label

The following loose pill:

1 small round tan pill

On 10/2/23 at 10:39 A.M., during an observation of the 100 Hall medication chart the following loose pills and unlabeled over the counter medications were found:

1 loose white pill with E

½ small round pink pill

1/2 oblong white pill

1 small round yellow pill with TV

1 small round white pill

1/2 large round pill

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1 blue/tan capsule with G 23312

1 large oblong white pill with
L484

1 small yellow pill

1 oblong white pill

1 oblong pink pill with 894

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1 white capsule with CME 29

Over the counter medications:

1 bottle of Melatonin 5 mg no
name, room number or label.

1 bottle of Veggie Capsules no
name, room number or label.

1 box of Refresh Drops with
[name] no room number or
label.

On 10/2/23 at 1:06 P.M., during
an observation of the
medication carts on the Memory
Unit 1 of 2 carts had the
following unlabeled over the
counter medications in several
drawers:

1 bottle of melatonin 5 mg
[name].

1 bottle of Coq10 200 mg with
no number or label.

1 bottle of CoQ 50 mg [name].

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1 bottle of One of Day vitamins with no name or label.

1 bottle of D3 1000 units with no name or label.

On 10/3/23 at 9:59 A.M., during an observation of the first-floor medication room the following over the counter medications were observed in an overflow medication cart:

1 bottle of Baby Aspirin for [name] or label.

1 bottle of juice plus for [name], no label.

1 bottle of Calcium 500 mg with label.

During an interview on 10/2/23 at 10:10 A.M., Registered Nurse (RN) 4 indicated pills should not be left loose. He should place them in a drug buster solution or in the sharp's container. They do not notify anyone of loose pills unless it is controlled.

During an interview on 10/2/23 at 10:24 A.M., RN 4 indicated the family may sometimes bring in over the counter medications (OTC), but there needs to be an order. The staff should label the medication with a permanent marker and include the resident's name and DOB (Date of Birth). He thought the DOB was the resident's ID (identification) family.

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During an interview on 10/2/23 at 10:41 A.M., ADON indicated all meds should have a label, the resident's name, and what is ordered.

During an interview on 10/3/23 at 10:06 A.M., the RN 4 indicated there usually is a label for all over the counter medications that has the resident's name, room number, medication name, dose, route, and physician name.

On 10/3/23 at 10:07 A.M., a current policy "Medication Labeling" dated 12/10/21 was provided by the dietary manager. The policy indicated "...procedures. E non prescriptions medications (i.e., over the counter) medications dispensed to a pursuant to a physician/ prescriber order are labeled in accordance with prescription label requirement ..."

On 10/3/23 at 10:07 A.M., a current policy "Medication Storage" revised on 12/31/18 was provided by the dietary manager. The policy indicated "... procedure 7. Medications that are ... contaminated ... and those that are not in containers and those that are in containers that arewithout secure closures are immediately removed from the locked medication storage are and disposed of in accordance with

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	the community policy and procedures."			
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. Based on observation, interview, and record review, the facility failed to take precautions to prevent foodborne illness. Unpasteurized eggs were used to prepare soft cooked eggs served to residents per request for an average of 10 to 15 residents who regularly request soft cooked eggs. These residents were routinely served unpasteurized eggs with runny yolks putting the residents at risk of contracting salmonella (a bacterial infection affecting the intestinal tract). A serious adverse outcome is likely to occur because the non-pasteurized eggs are not cooked through. Finding includes: On 10/2/23 at 9:04 A.M. in the Memory Care Kitchen, 28 whole eggs in a tray and 5 whole eggs in a square metal container	R 0406	R406 infection control No unpasteurized eggs will be used for cooking. ED/DD will implement an audit checklist for all truck deliveries to oversee that pasteurized eggs are being delivered. audit will be conducted 2 times per week for 30 days, then 1 time per week for 30 days.	12/30/2023

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were observed. The eggs did not have a "P" stamped on them. At that time, Cook 5 indicated she was unsure whether the eggs were pasteurized or not. She further indicated the eggs were brought over from the Main Kitchen a tray at a time as needed.

On 10/2/23 at 9:40 A.M. in the Main Kitchen, 22 whole eggs in a tray and a box of unopened [name of company] Grade AA large loose whole eggs was observed. The eggs did not have "P" stamped on them and the box was not marked as pasteurized. A warning on the box indicated "to prevent illness from bacteria: keep eggs refrigerated, cook eggs until yolk are firm, and cook foods containing eggs thoroughly". At that time, the Kitchen Manager indicated that the whole eggs were not pasteurized. She indicated that they serve soft, cooked eggs to 10 to 15 residents per day on request.

On 10/2/23 at 11:08 A.M., the Kitchen Manager indicated she called [company name] and the eggs that the facility has been ordering were not pasteurized. At that time she indicated that she was not present during breakfast and was not sure who received soft, cooked eggs that morning.

"Salmonella and Eggs" CDC

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(Centers for Disease Control and Prevention) website, "Salmonella bacteria can spread from chickens and other live poultry to their eggs, and eating raw or undercooked eggs can cause Salmonella illness. Most people who get sick from Salmonella have diarrhea, fever, vomiting, and stomach cramps. Salmonella can spread to the bloodstream and cause a life-threatening infection. Salmonella can be life-threatening for vulnerable populations such as the elderly and those in nursing homes due to their compromised health status which lowers the body's ability to fight germs and sickness. Pasteurized eggs have been heated to a high enough temperature for a long enough time to kill Salmonella".

A list of residents who regularly order soft, cooked eggs was requested and not provided.

On 10/3/23 at 10:07 A.M., a Use of Shell Eggs and Pasteurized Egg Products policy was provided, dated 2016, and indicated "pasteurized eggs or egg products shall be used when eggs are served undercooked and for fried eggs".

Based on observation, interview, and record review, the facility failed to take precautions to prevent foodborne illness.

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Unpasteurized eggs were used to prepare soft cooked eggs served to residents per request for an average of 10 to 15 residents who regularly request soft cooked eggs. These residents were routinely served unpasteurized eggs with runny yolks putting the residents at risk of contracting salmonella (a bacterial infection affecting the intestinal tract).

A serious adverse outcome is likely to occur because the non-pasteurized eggs are not cooked through.

Finding includes:

On 10/2/23 at 9:04 A.M. in the Memory Care Kitchen, 28 whole eggs in a tray and 5 whole eggs in a square metal container were observed. The eggs did not have a "P" stamped on them. At that time, Cook 5 indicated she was unsure whether the eggs were pasteurized or not. She further indicated the eggs were brought over from the Main Kitchen a tray at a time as needed.

On 10/2/23 at 9:40 A.M. in the Main Kitchen, 22 whole eggs in a tray and a box of unopened [name of company] Grade AA large loose whole eggs was observed. The eggs did not have "P" stamped on them and the box was not marked as pasteurized. A warning on the

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box indicated "to prevent illness from bacteria: keep eggs refrigerated, cook eggs until yolk are firm, and cook foods containing eggs thoroughly". At that time, the Kitchen Manager indicated that the whole eggs were not pasteurized. She indicated that they serve soft, cooked eggs to 10 to 15 residents per day on request.

On 10/2/23 at 11:08 A.M., the Kitchen Manager indicated she called [company name] and the eggs that the facility has been ordering were not pasteurized. At that time she indicated that she was not present during breakfast and was not sure who received soft, cooked eggs that morning.

"Salmonella and Eggs" CDC (Centers for Disease Control and Prevention) website, "Salmonella bacteria can spread from chickens and other live poultry to their eggs, and eating raw or undercooked eggs can cause Salmonella illness. Most people who get sick from Salmonella have diarrhea, fever, vomiting, and stomach cramps. Salmonella can spread to the bloodstream and cause a life-threatening infection. Salmonella can be life-threatening for vulnerable populations such as the elderly and those in nursing homes due to their compromised health status which lowers the body's

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	ability to fight germs and sickness. Pasteurized eggs have been heated to a high enough temperature for a long enough time to kill Salmonella". A list of residents who regularly order soft, cooked eggs was requested and not provided. On 10/3/23 at 10:07 A.M., a Use of Shell Eggs and Pasteurized Egg Products policy was provided, dated 2016, and indicated "pasteurized eggs or egg products shall be used when eggs are served undercooked and for fried eggs".			
R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of	R 0410	R 410 Infection control 1 The DON / ED pulled a list of all move ins from 2023 and checked that all had 2 step TB. Those residents that did not receive the 2-step received immediately. All residents that moved in 2023 that did not have documentation of 2 step TB testing restarted the 2-step process immediately. 2 All residents have the potential to be affected by this noncompliance. Those	11/07/2023

repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

Based on interview, observation, and record review, the facility failed to ensure a two step tuberculin (TB) skin test was completed for 3 of 6 newly admitted residents. A resident didn't have either TB skin tests done at admission, a second TB skin test was not preformed, and a second TB skin test was not read. (Resident 10, Resident 28, Resident 22)

Findings include:

1. On 10/3/23 at 8:28 A.M., Resident 10's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and hypertension. Resident 10 was admitted 7/10/23.

Resident 10's clinical record lacked documentation of a TB skin test.

During an interview on 10/3/23 at 9:31 A.M., the DON (Director of Nursing) indicated Resident 10, and any new admission that hasn't had a recent TB skin test, should have a TB skin test on admission and the second TB

residents that did not receive the 2-step will receive immediately. All residents that moved in 2023 that do not have documentation of 2 step TB testing will restart the 2-step process immediately.

3
Tuberculin skin test policy was reviewed without change. All new move ins will have 1st step TB administered on admission date and orders for 1 step to be read, along with 2nd step given and read orders will be entered into ALIS. These instructions will be added to the move in checklist created.

skin test a couple weeks later. She indicated she was unable to find documentation of either TB skin test being done. At that time, she indicated the resident had unspecified behaviors at admission and they decided to hold off on giving the TB skin test and then it must have been forgotten.

2. On 10/3/23 at 10:51 A.M., Resident 28's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and lymphoma. Resident 28 was admitted on 1/2/23.

Resident 28's clinical record indicated the first TB skin test was done on 1/2/23.

During an interview on 10/3/23 at 10:30 A.M., the DON indicated she was not able to find any documentation of a second TB skin test being administered to Resident 28 but she should have had a second TB skin test administered a couple weeks after her initial TB skin test.

3. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Admission date was 2/22/23. Diagnosis included, but was not limited to, hypertension.

A TB screening form indicated Resident 22 received a first step PPD skin test on 2/22/23 and

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was read as negative. A second step PPD was received on 3/22/23, but lacked a reading.

On 10/3/23 at 1:00 P.M., the Director of Nursing (DON) provided a current TB Control Plan policy, dated 12/31/23, that indicated "All staff and residents (including respite residents) will receive baseline TB screening upon hire or admission, using the two-step Tuberculin Skin Test (TST) to test for infection with M. tuberculosis"

Based on interview, observation, and record review, the facility failed to ensure a two step tuberculin (TB) skin test was completed for 3 of 6 newly admitted residents. A resident didn't have either TB skin tests done at admission, a second TB skin test was not preformed, and a second TB skin test was not read. (Resident 10, Resident 28, Resident 22)

Findings include:

1. On 10/3/23 at 8:28 A.M., Resident 10's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and hypertension. Resident 10 was admitted 7/10/23.

Resident 10's clinical record lacked documentation of a TB skin test.

During an interview on 10/3/23

at 9:31 A.M., the DON (Director of Nursing) indicated Resident 10, and any new admission that hasn't had a recent TB skin test, should have a TB skin test on admission and the second TB skin test a couple weeks later. She indicated she was unable to find documentation of either TB skin test being done. At that time, she indicated the resident had unspecified behaviors at admission and they decided to hold off on giving the TB skin test and then it must have been forgotten.

2. On 10/3/23 at 10:51 A.M., Resident 28's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and lymphoma. Resident 28 was admitted on 1/2/23.

Resident 28's clinical record indicated the first TB skin test was done on 1/2/23.

During an interview on 10/3/23 at 10:30 A.M., the DON indicated she was not able to find any documentation of a second TB skin test being administered to Resident 28 but she should have had a second TB skin test administered a couple weeks after her initial TB skin test.

3. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Admission date

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was 2/22/23. Diagnosis included, but was not limited to, hypertention.

A TB screening form indicated Resident 22 received a first step PPD skin test on 2/22/23 and was read as negative. A second step PPD was received on 3/22/23, but lacked a reading.

On 10/3/23 at 1:00 P.M., the Director of Nursing (DON) provided a current TB Control Plan policy, dated 12/31/23, that indicated "All staff and residents (including respite residents) will receive baseline TB screening upon hire or admission, using the two-step Tuberculin Skin Test (TST) to test for infection with M. tuberculosis"

Based on interview, observation, and record review, the facility failed to ensure a two step tuberculin (TB) skin test was completed for 3 of 6 newly admitted residents. A resident didn't have either TB skin tests done at admission, a second TB skin test was not preformed, and a second TB skin test was not read. (Resident 10, Resident 28, Resident 22)

Findings include:

1. On 10/3/23 at 8:28 A.M., Resident 10's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and hypertension. Resident 10 was admitted

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7/10/23.

Resident 10's clinical record lacked documentation of a TB skin test.

During an interview on 10/3/23 at 9:31 A.M., the DON (Director of Nursing) indicated Resident 10, and any new admission that hasn't had a recent TB skin test, should have a TB skin test on admission and the second TB skin test a couple weeks later. She indicated she was unable to find documentation of either TB skin test being done. At that time, she indicated the resident had unspecified behaviors at admission and they decided to hold off on giving the TB skin test and then it must have been forgotten.

2. On 10/3/23 at 10:51 A.M., Resident 28's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and lymphoma. Resident 28 was admitted on 1/2/23.

Resident 28's clinical record indicated the first TB skin test was done on 1/2/23.

During an interview on 10/3/23 at 10:30 A.M., the DON indicated she was not able to find any documentation of a second TB skin test being administered to Resident 28 but she should have had a second TB skin test administered a

couple weeks after her initial TB skin test.

3. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Admission date was 2/22/23. Diagnosis included, but was not limited to, hypertention.

A TB screening form indicated Resident 22 received a first step PPD skin test on 2/22/23 and was read as negative. A second step PPD was received on 3/22/23, but lacked a reading.

On 10/3/23 at 1:00 P.M., the Director of Nursing (DON) provided a current TB Control Plan policy, dated 12/31/23, that indicated "All staff and residents (including respite residents) will receive baseline TB screening upon hire or admission, using the two-step Tuberculin Skin Test (TST) to test for infection with M. tuberculosis"

Based on interview, observation, and record review, the facility failed to ensure a two step tuberculin (TB) skin test was completed for 3 of 6 newly admitted residents. A resident didn't have either TB skin tests done at admission, a second TB skin test was not preformed, and a second TB skin test was not read. (Resident 10, Resident 28, Resident 22)

Findings include:

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1. On 10/3/23 at 8:28 A.M., Resident 10's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and hypertension. Resident 10 was admitted 7/10/23.

Resident 10's clinical record lacked documentation of a TB skin test.

During an interview on 10/3/23 at 9:31 A.M., the DON (Director of Nursing) indicated Resident 10, and any new admission that hasn't had a recent TB skin test, should have a TB skin test on admission and the second TB skin test a couple weeks later. She indicated she was unable to find documentation of either TB skin test being done. At that time, she indicated the resident had unspecified behaviors at admission and they decided to hold off on giving the TB skin test and then it must have been forgotten.

2. On 10/3/23 at 10:51 A.M., Resident 28's clinical record was reviewed. Diagnoses included, but were not limited to, dementia and lymphoma. Resident 28 was admitted on 1/2/23.

Resident 28's clinical record indicated the first TB skin test was done on 1/2/23.

During an interview on 10/3/23 at 10:30 A.M., the DON

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indicated she was not able to find any documentation of a second TB skin test being administered to Resident 28 but she should have had a second TB skin test administered a couple weeks after her initial TB skin test.

3. On 10/3/23 at 9:45 A.M., Resident 22's clinical record was reviewed. Admission date was 2/22/23. Diagnosis included, but was not limited to, hypertension.

A TB screening form indicated Resident 22 received a first step PPD skin test on 2/22/23 and was read as negative. A second step PPD was received on 3/22/23, but lacked a reading.

On 10/3/23 at 1:00 P.M., the Director of Nursing (DON) provided a current TB Control Plan policy, dated 12/31/23, that indicated "All staff and residents (including respite residents) will receive baseline TB screening upon hire or admission, using the two-step Tuberculin Skin Test (TST) to test for infection with M. tuberculosis"

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