

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 09/28/2022	
NAME OF PROVIDER OR SUPPLIER EVERGREEN VILLAGE AT BLOOMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3607 SOUTH HEIRLOOM DRIVE, 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 the Investigation of Complaint IN00385338. Complaint IN0035338 - Substantiated. State deficiencies related to the allegations are cited at R64. Survey date: September 28, 2022 Facility number: 014002 Residential Census: 116 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed October 3, 2022.	R 0000	. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; -QMA 1 was terminated based on findings . 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; -All residents with scheduled narcotics that are received in bi-weekly cycle fill packets have the potential to be affected by the same deficient practice. When cycle fill is received from the				

pharmacy, on a bi-weekly basis, narcotic count with be completed by DON or designee in all medication packets.

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

-An audit of remaining medication packets in the current cycle fill will be completed on a weekly basis. Narcotics in cycle fill packets will be numbered. When the licensed professional administers a narcotic, the corresponding number will be charted in the EMAR

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How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;

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			-A weekly audit of the EMAR will be completed by the DON or designee . By what date the systemic changes will be completed. -practice is currently in place and will remain in place for a period of 8 weeks or until audit reveals no deficiencies	
R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview, observation, and record review, the facility failed to properly secure medications for 1 of 3 residents reviewed. (Resident C) Findings include: On 9/28/22 at 12:02 p.m., the DON indicated QMA (Qualified	R 0064	. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; -QMA 1 was terminated based on findings . 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;	10/20/2022

Nursing Assistant) 2 came to her with an open medication care pack for Resident C. QMA 2 indicated the package was observed to be torn when she went to give Resident C his 4:00 p.m. medications. She further indicated one of the pills did not look like it had in the past. The DON indicated she pulled up "pill-finder" on the Internet, entered the numbers on the white pill and it was found to be ibuprofen (nonsteroidal anti-inflammatory medication) 600 mg (milligram). Resident C's medication should have been Norco (narcotic pain medication) 5/325 mg, which Resident C received three times a day and as needed. Resident C's Norco 5/325 mg was unaccounted for.

On 9/28/22 at 2:10 p.m., the facility's corrective plan for QMA 1, dated 8/1/22, was reviewed. The plan indicated QMA 1 indicated Resident C's medication packet tore during the day medication pass and she had put all the medications back in the packet. After investigation Resident C's 4:00 p.m. medication pack was tampered with and QMA 1 was terminated.

On 9/28/22 at 1:00 p.m., Resident C's clinical record was reviewed. The diagnoses included, but were not limited to, major depressive disorder and

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

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How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality

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alcohol dependence.

The Physician's Orders included, but were not limited to: Norco 5-325 mg, three times a day and as needed.

On 9/28/22 at 11:35 a.m., the DON provided the facility policy on Medication, Management, Administration, & Storage, last revised 3/2022, and indicated it was the one the facility was currently using, which indicated in the event of a controlled substance discrepancy is discovered...the DON or designee should be notified immediately.

This State tag relates to Complaint IN00385338.

Based on interview, observation, and record review, the facility failed to properly secure medications for 1 of 3 residents reviewed. (Resident C)

Findings include:

On 9/28/22 at 12:02 p.m., the DON indicated QMA (Qualified Nursing Assistant) 2 came to her with an open medication care pack for Resident C. QMA 2 indicated the package was observed to be torn when she went to give Resident C his 4:00 p.m. medications. She further indicated one of the pills did not look like it had in the past. The DON indicated she pulled up

assurance program will be put into place;

-A weekly audit of the EMAR will be completed by the DON or designee

By
what date the systemic changes will be completed.

-practice will put into place 10/20 and will remain in place for a period of 8 weeks or until audit reveals no deficiencies

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR
PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE