STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEMAREE CROSSING ASSISTED LIVING AND MEMORY CARE	1255 DEMAREE ROAD, GREENWOOD, , 46143

(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 Complaints IN000409992 and IN00409670. Complaint IN00409992 - State deficiencies related to the allegations are cited at R349. Complaint IN00409670 - No deficiencies related to the allegations are cited Survey date: June 6, 2023 Facility number: 014079 Residential Census: 53 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed June 8, 2023.	R 0000		
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (a) The facility must maintain	R 0349	This Plan of Correction is submitted under regulations applicable to long term care providers.	07/28/2023

clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:

(1) Complete.

(2) Accurately documented.

(3) Readily accessible.

(4) Systematically organized.

Based on interview and record review, the facility failed to ensure the accurate documentation was entered into the clinical record for 1 of 3 residents reviewed. Medication was not accurately documented. (Resident B)

Finding includes:

On 6/6/23 at 11:30 a.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, Parkinson's disease and anxiety.

The Physician's orders included, but were not limited to:

Ativan (anti-anxiety medication) 0.5 mg (milligrams) by mouth every 6 hours as needed for anxiety, initiated 4/28/23.

This Plan of Correction is not to be construed as an admission or
agreement with the findings and conclusions in the Statement of Deficiencies. The preparation/ submission and/or execution of this Plan does not constitute agreement by the
facility that the surveyor's findings or conclusions are accurate, that the
findings constitute a deficiency, or that the scope and severity regarding any
of the deficiencies are correctly applied.
Submission of this Plan is evidence of compliance.

Plan of Correction: R349

What corrective actions will be accomplished
for those residents found to have been affected by the deficient practice?

.
A medication cart audit was performed and
determined the resident was given the correct medication (Ativan) and the
narcotic sign-out sheet was correct however, it was not signed off on the
EMAR. The Clonazepam, though documented

	Clonazepam (anti-anxiety medication) 0.25 mg, two times per day at 9:00 a.m. and 5:00 p.m., initiated on 6/2/23. The June 2023 MAR (Medication Administration Record) indicated the clonazepam was administered on 6/2/23 a 5:00 p.m. The Ativan 0.5 mg Narcotic Sign Out Sheet indicated the medication was signed out on 6/2/23 at 5:00 p.m., but was not documented on the MAR. The Clonazepam 0.25 mg Narcotic Sign Out Sheet indicated the medication did not arrive in the facility until 6/3/23. The Ativan 0.5 mg administration on 6/2/23 at 5:00 p.m. was documented as clonazepam 0.25 mg on 6/2/23 at 5:00 p.m. On 6/6/23 at 2:30 p.m., the Executive Director (ED) provided the facility's policy on Medication Management, revised 2/16/23, and indicated it was the policy currently in use by the facility. The policy indicated: ...document on the MAR.... This State Residential Finding relates to Complaint IN00409992. Based on interview and record review, the facility failed to		as given on the EMAR, was not given as it was not delivered from the pharmacy yet. The resident's EMAR was reviewed for the medication administration from 6/2/23 and a nurse note will be entered to document this specific medication administration accurately. . The QMA involved in this particular medication documentation error will be retrained on medication administration and documentation for 2 medication passes observed by a LPN. The QMA will undergo a full medication pass monitored by the Health & Wellness Director or designee to ensure proficiency in medication administration and accuracy of documentation on the EMAR compared with the narcotic sign-out sheets. The QMA will be observed by the Health & Wellness Director or designee 1 time/week for 4 weeks to ensure proficiency with accurate medication administration and documentation. How the facility will identify other residents having the potential to be affected by the	

ensure the accurate documentation was entered into the clinical record for 1 of 3 residents reviewed. Medication was not accurately documented. (Resident B)

Finding includes:

On 6/6/23 at 11:30 a.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, Parkinson's disease and anxiety.

The Physician's orders included, but were not limited to:

Ativan (anti-anxiety medication) 0.5 mg (milligrams) by mouth every 6 hours as needed for anxiety, initiated 4/28/23.

Clonazepam (anti-anxiety medication) 0.25 mg, two times per day at 9:00 a.m. and 5:00 p.m., initiated on 6/2/23.

The June 2023 MAR (Medication Administration Record) indicated the clonazepam was administered on 6/2/23 a 5:00 p.m.

The Ativan 0.5 mg Narcotic Sign Out Sheet indicated the medication was signed out on 6/2/23 at 5:00 p.m., but was not documented on the MAR.

The Clonazepam 0.25 mg Narcotic Sign Out Sheet indicated the medication did not

same deficient
practice and what corrective action will be taken?

.
Current resident's EMARs will be compared to the
narcotic sign-out binder and reviewed for accuracy by the Health & Wellness
Director or designee on a weekly basis for 4 weeks with random audits to occur ongoing. Any errors will be corrected
immediately and necessary corrective action with staff will be taken.

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

.
Current resident's EMARs will be compared to the
narcotic sign-out binder and reviewed for accuracy by the Health & Wellness
Director or designee on a weekly basis for 4 weeks with random audits to occur ongoing. The staff will turn in each
narcotic sign-out sheet to the Health & Wellness Director for

	arrive in the facility until 6/3/23. The Ativan 0.5 mg administration on 6/2/23 at 5:00 p.m. was documented as clonazepam 0.25 mg on 6/2/23 at 5:00 p.m. On 6/6/23 at 2:30 p.m., the Executive Director (ED) provided the facility's policy on Medication Management, revised 2/16/23, and indicated it was the policy currently in use by the facility. The policy indicated: ...document on the MAR.... This State Residential Finding relates to Complaint IN00409992.		review against the EMAR to ensure accurate documentation. With each quarterly pharmacy audit, the Health & Wellness Director or designee will ensure accurate documentation of medication administration. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? . The Health & Wellness Director or designee will collaborate with the pharmacist to establish a training program on Medication Administration and the procedure for accurate documentation. The retraining program will be completed by 7/28/23. The Executive Director will collaborate with the Health & Wellness Director or designee to review results of medication audits and will assist in implementation of necessary changes. This review process will happen weekly for 4 weeks and then quarterly going forward.	

			By what date the systemic changes will be complete? 7/28/23	

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