STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR FORK CROSSING	1745 EAST 67TH STREET, ANDERSON, , 46013

(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 IN00445005. Complaint IN00445005 - State deficiency related to the allegation is cited at R0117. Survey date: October 16 and 17, 2024 Facility number: 014080 Residential Census: 92 This State Residential Findings is cited in accordance with 410 IAC 16.2-5. Quality review completed October 28, 2024.	R 0000	This Plan of Correction is submitted under regulations applicable to long term care providers. 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.	
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	R 0117	R117 1 The Director of Health and Wellness and/or designee, will re-educate	11/30/2024

	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 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 interview and record review, the facility failed to ensure staff members were working within their scope of practice as evidenced by a Qualified Medication Aide (QMA) performing intradermal tuberculosis skin testing on residents. (QMA 1) Findings include: The clinical record for Resident B was reviewed on 10/16/24 at 10:49 a.m. Diagnoses included		our Qualified Medication Aides on the Indiana Qualified Medication Aide Scope of Practice by 10.30.2024 2 The Director of Health and Wellness and/or designee will re-administer the tuberculosis test to the residents identified in this survey by 11.30.2024. 3 The Director of health and wellness and/or design the will audit resident charts back to the time of the qualified medication aides tuberculosis test certification and re-administer the tuberculosis test to the residents identified. This audit and re-administering of the tuberculosis test will be completed by 11.30.2024. 4 The Director of Health and Wellness and/or designee will audit new resident move in charts to ensure compliance of administration of the tuberculosis skin test is performed by Licensed Practical Nurses who are certified to	

	irritable bowel syndrome, Alzheimer's disease, and hypertension. The clinical record indicated, on 10/23/23, QMA 1 administered a tuberculosis skin test to Resident B. The clinical record for Resident F was reviewed on 10/16/202 at 11:54 a.m. Diagnoses included dementia, atrial fibrillation, hypertension, and Alzheimer's disease. The clinical record indicated on 7/6/24 and 7/14/24, QMA 1 administered a tuberculosis skin test to Resident F. During an interview on 10/16/24 at 1:03 p.m., the Memory Care Director indicated QMA 1 had been certified to administer Tuberculosis testing. The certification, dated 3/3/23, was provided by the Memory Care Coordinator on 10/16/24 at 1:12 p.m. During an interview on 10/17/24 at 12:47 p.m., LPN 2 indicated she was certified to give and read tuberculosis skin tests. LPN 2 indicated she was aware QMA 1 had given tuberculosis skin test to residents. She indicated QMA 1 told her she was certified to give the tuberculosis skin tests. During an interview on 10/17/24 at 1:13 p.m., the Administrator		administer Tuberculosis testing each month for the next 6 months. 5 The Director of Health and Wellness and/or designee will complete the resident TB questionnaire for annual compliance.	

indicated QMA 1 had been performing tuberculosis skin testing.

During an interview on 10/17/24 at 1:50 p.m., QMA 1 indicated she was in nursing school. She was certified to give and read tuberculosis test. She was informed by her nursing professor that she was able to perform tuberculosis test in the facility since her certification.

Review of an undated facility QMA job description, provided by the Memory Care Coordinator on 10/17/24 at 2:01 p.m., indicated the following:

" .... The following task shall NOT be included in the QMA scope of practice:

(1) Administer medication by the injection route, including the following:

(A) Intramuscular route.

(B) Intavascular route.

(C) Subcutaneous route.

(D) Intradermal route. ...."

This citation relates to Complaint IN00445005.

Based on interview and record review, the facility failed to ensure staff members were working within their scope of practice as evidenced by a

Qualified Medication Aide (QMA) performing intradermal tuberculosis skin testing on residents. (QMA 1)

Findings include:

The clinical record for Resident B was reviewed on 10/16/24 at 10:49 a.m. Diagnoses included irritable bowel syndrome, Alzheimer's disease, and hypertension.

The clinical record indicated, on 10/23/23, QMA 1 administered a tuberculosis skin test to Resident B.

The clinical record for Resident F was reviewed on 10/16/202 at 11:54 a.m. Diagnoses included dementia, atrial fibrillation, hypertension, and Alzheimer's disease.

The clinical record indicated on 7/6/24 and 7/14/24, QMA 1 administered a tuberculosis skin test to Resident F.

During an interview on 10/16/24 at 1:03 p.m., the Memory Care Director indicated QMA 1 had been certified to administer Tuberculosis testing. The certification, dated 3/3/23, was provided by the Memory Care Coordinator on 10/16/24 at 1:12 p.m.

During an interview on 10/17/24 at 12:47 p.m., LPN 2 indicated she was certified to give and

read tuberculosis skin tests. LPN 2 indicated she was aware QMA 1 had given tuberculosis skin test to residents. She indicated QMA 1 told her she was certified to give the tuberculosis skin tests.

During an interview on 10/17/24 at 1:13 p.m., the Administrator indicated QMA 1 had been performing tuberculosis skin testing.

During an interview on 10/17/24 at 1:50 p.m., QMA 1 indicated she was in nursing school. She was certified to give and read tuberculosis test. She was informed by her nursing professor that she was able to perform tuberculosis test in the facility since her certification.

Review of an undated facility QMA job description, provided by the Memory Care Coordinator on 10/17/24 at 2:01 p.m., indicated the following:

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(1) Administer medication by the injection route, including the following:

(A) Intramuscular route.

(B) Intavascular route.

(C) Subcutaneous route.

	(D) Intradermal route. ...." This citation relates to Complaint IN00445005.			

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