STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST LAFAYETTE ALF OPERATIONS	3575 SENIOR PLACE, WEST LAFAYETTE, , 47906

(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 IN00377717, IN00377319 and IN00365712. Complaint IN00377717 - Substantiated. State Residential Findings related to the allegations are cited at R0087 and R0269. Complaint IN00377319 - Substantiated. State Residential Findings related to the allegations are cited at R0298. Complaint IN00365712 - Substantiated. No deficiencies related to the allegations were cited. Survey date: April 21 and 22, 2022. Facility number: 014094 Residential Census: 51	R 0000	**R0000 Allegation of Substantial Compliance** Wickshire West Lafayette has or will have substantially corrected the alleged non-compliances and deficiency and achieved substantial compliance on or before the date specified herein. The Plan of Correction constitutes Wickshire West Lafayette's allegation of substantial compliance such that the alleged deficiencies cited have been or will be substantially corrected on or before May 20, 2022. The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged non-compliances and deficiency herein. To continue to remain in substantial compliance with Indiana state requirements for health facilities found at 410 IAC 16.2, Wickshire West Lafayette (herein	

	These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on April 27, 2022.		after referred to as "community") has taken or will take the actions set forth in this Plan of Correction.	
R 0087	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(b)(1-3) (b) The licensee shall provide the number of staff as required to carry out all the functions of the facility, including the following: (1) Initial orientation of all employees. (2) A continuing inservice education and training program for all employees. (3) Provision of supervision for all employees. Based on observation, interview and record review, the facility failed to ensure enough staff were available, accurate menus were posted and menu foods were available which had the potential to affect 51 of 51 residents who resided in the facility. Finding includes: During an interview, on 4/21/22 at 11:30 a.m., an anonymous staff indicated the residents	R 0087	**R087 Administration and Management** Correction of residents affected: No residents were negatively affected. 51 residents had the potential to be negatively affected. **System Changes:** -Staff have been hired and are being trained, and a four-week rotating dietary services employee schedule has been established sufficient to provide the prescribed three nutritionally based meals and snacks each day for the community’s residents. -Educate and in-service Dining Services Manager regarding his responsibility to provide for adequate coverage for employees when there is a need in the schedule for additional assistance, by identifying key employees	05/20/2022

	were supposed to be served pancakes and they received something which looked like a dessert with chocolate syrup on it. The breakfast served did not resemble a pancake. During an interview, on 4/21/22 at 3:34 p.m., another anonymous resident indicated last week the breakfast was served late due to the staff not showing up for work. During an interview, on 4/21/22 at 3:43 p.m., an anonymous resident indicated about 2-3 weeks ago the dining staff did not show up and breakfast was late. The same thing had happened at other times. The resident had saved the breakfast served on 4/21/22 and showed a square piece of cake with chocolate syrup on it. Another morning, the residents were served cottage cheese for breakfast because no staff were present to cook. During an observation, on 4/21/22 at 4:08 p.m., the menus posted next to the main dining room were dated 3/20/22 through 3/26/22. The menus provided by the Executive Director (ED), on 4/21/22 at 5:30 p.m., indicated breakfast for 4/21/22 included cold cereal, egg of choice, fresh fruit, juice and one slice of raisin toast.		who will be available and willing to work if such an event should occur. **Correction Monitoring Process:** -By Thursday each week, Dining Services Manager will review the schedule for the coming week to ensure all staff are still available and working the following week. -On Fridays each week, for the next four weeks, Executive Director or designee will verify that the weekly schedule is posted each week for the following week. Executive Director or designee will then verify schedules continue to be posted for the next two months. -On Mondays each week, for the next four weeks, Executive Director or designee will verify that the weekly schedule was followed for the previous week. Executive Director will then verify schedules continue to be followed for the next two months.	

	The breakfast menu did not include the cake with the chocolate syrup on it. During an observation, on 4/21/22 at 4:50 p.m., the residents in the main dining room were being served meatballs on a hot dog bun. The menu for dinner, on 4/21/22, indicated the residents would receive an entree of turkey and broccoli bake. During an interview, on 4/21/22 at 12:36 p.m., the ED indicated the facility had problems with the dining staff and one day, the dining services director did not show up for the morning shift and never came back to work. During an interview, on 4/21/22 at 5: 30 p.m., the ED indicated the food being served for meals was not what was listed on the menu and the menu should be followed. The food truck was late and the facility was short staffed. A typed statement, received from the ED on 4/21/22 at 5:30 p.m., indicated the dining services director was scheduled to work in the morning on 3/29/22 although he quit without notice the same day. The staff provided cereal, milk, juice and coffee to the residents. A current facility policy, titled "Menus," dated 11/1/19 and		**Ongoing Monitoring Process:** Executive Director or designee will check the posting of dietary employees' schedules as needed based on the community's monthly Quality Review audit.	

	received from the ED on 4/21/22 at 5:55 p.m., indicated "...It is the policy of Wickshire Senior Living to provide three nutritional meals per day consisting of a varied selection of items to choose from...The regular menu is nutritionally adequate and meets the guidelines of the U.S. Department of Agriculture's Food Guide Pyramid for Older Adults...Daily menus will be prominently and attractively displayed in advance of each meal outside the dining room...They are printed in a font and size that is in a large print and is clearly legible to residents...Meals, beverages, snacks and desserts may not be withheld, unless in accordance with prescribed medical or dental procedures...Menu substitutions must be of equal nutritional value and recorded on the daily production sheet...." This State Tag relates to Complaint IN00377717. Based on observation, interview and record review, the facility failed to ensure enough staff were available, accurate menus were posted and menu foods were available which had the potential to affect 51 of 51 residents who resided in the facility. Finding includes:			

	During an interview, on 4/21/22 at 11:30 a.m., an anonymous staff indicated the residents were supposed to be served pancakes and they received something which looked like a dessert with chocolate syrup on it. The breakfast served did not resemble a pancake. During an interview, on 4/21/22 at 3:34 p.m., another anonymous resident indicated last week the breakfast was served late due to the staff not showing up for work. During an interview, on 4/21/22 at 3:43 p.m., an anonymous resident indicated about 2-3 weeks ago the dining staff did not show up and breakfast was late. The same thing had happened at other times. The resident had saved the breakfast served on 4/21/22 and showed a square piece of cake with chocolate syrup on it. Another morning, the residents were served cottage cheese for breakfast because no staff were present to cook. During an observation, on 4/21/22 at 4:08 p.m., the menus posted next to the main dining room were dated 3/20/22 through 3/26/22. The menus provided by the Executive Director (ED), on 4/21/22 at 5:30 p.m., indicated breakfast for 4/21/22 included			

cold cereal, egg of choice, fresh fruit, juice and one slice of raisin toast.

The breakfast menu did not include the cake with the chocolate syrup on it.

During an observation, on 4/21/22 at 4:50 p.m., the residents in the main dining room were being served meatballs on a hot dog bun.

The menu for dinner, on 4/21/22, indicated the residents would receive an entree of turkey and broccoli bake.

During an interview, on 4/21/22 at 12:36 p.m., the ED indicated the facility had problems with the dining staff and one day, the dining services director did not show up for the morning shift and never came back to work.

During an interview, on 4/21/22 at 5: 30 p.m., the ED indicated the food being served for meals was not what was listed on the menu and the menu should be followed. The food truck was late and the facility was short staffed.

A typed statement, received from the ED on 4/21/22 at 5:30 p.m., indicated the dining services director was scheduled to work in the morning on 3/29/22 although he quit without notice the same day. The staff provided cereal, milk, juice and

	coffee to the residents. A current facility policy, titled "Menus," dated 11/1/19 and received from the ED on 4/21/22 at 5:55 p.m., indicated "...It is the policy of Wickshire Senior Living to provide three nutritional meals per day consisting of a varied selection of items to choose from...The regular menu is nutritionally adequate and meets the guidelines of the U.S. Department of Agriculture's Food Guide Pyramid for Older Adults...Daily menus will be prominently and attractively displayed in advance of each meal outside the dining room...They are printed in a font and size that is in a large print and is clearly legible to residents...Meals, beverages, snacks and desserts may not be withheld, unless in accordance with prescribed medical or dental procedures...Menu substitutions must be of equal nutritional value and recorded on the daily production sheet...." This State Tag relates to Complaint IN00377717.			
R 0269	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(b) (b) The menu or substitutions, or both, for all meals shall be approved by a registered dietician.	R 0269	**R269 Food and Nutritional Services** Correction of residents affected: No residents were negatively affected. 51	05/20/2022

	Based on observation, interview and record review, the facility failed to ensure items substituted on the menu were approved by the dietician which had the potential to affect 51 of 51 residents who resided in the facility. Finding includes: The menu for 4/21/22, indicated the breakfast included 1 ounce of cold cereal, 1 egg of choice, 1/2 cup of fresh fruit, 1/2 cup of juice and 1 slice of raisin toast. During an interview, on 4/21/22 at 11:30 a.m., an anonymous staff indicated the residents were supposed to be served pancakes and they received something which looked like a dessert with chocolate syrup on it. During an interview, on 4/21/22, an anonymous resident had saved their portion of breakfast from 4/21/22 and it was a square piece of cake with chocolate syrup on it. During an interview, on 4/21/22 at 5:30 p.m., the Executive Director (ED) indicated the facility did not provide the menu items as listed on the menu due to difficulty with the food truck supplies and the staffing problems with the dining services. The administrator did		residents had the potential to be negatively affected. **System Changes:** ·Educate and in-service Dining Services Manager and all direct dietary staff about posting and following the community's dietician-prescribed, nutritionally based menus. ·Staff members educated on the use of daily menu logs. **Correction Monitoring Process:** ·On Fridays for the next four weeks, Dining Services Manager will verify that the weekly menu is posted each week for the following week, and then as needed based upon quality review. -Executive Director or designee will also daily verify that food items posted on the daily menu are being prepared and served as posted for four weeks.	

	not have approved alternate menus. A current facility policy, titled "Menus," dated 11/1/19 and received from the ED on 4/21/22 at 5:55 p.m., indicated "...It is the policy of Wickshire Senior Living to provide three nutritional meals per day consisting of a varied selection of items to choose from...The regular menu is nutritionally adequate and meets the guidelines of the U.S. Department of Agriculture's Food Guide Pyramid for Older Adults...Menu substitutions must be of equal nutritional value and recorded on the daily production sheet...." This State Tag relates to Complaint IN00377717. Based on observation, interview and record review, the facility failed to ensure items substituted on the menu were approved by the dietician which had the potential to affect 51 of 51 residents who resided in the facility. Finding includes: The menu for 4/21/22, indicated the breakfast included 1 ounce of cold cereal, 1 egg of choice, 1/2 cup of fresh fruit, 1/2 cup of juice and 1 slice of raisin toast. During an interview, on 4/21/22 at 11:30 a.m., an anonymous		-Executive Director or designee will then verify menus continue to be followed for the next two months. **Ongoing Monitoring Process:** Executive Director or designee will check the posting and following of menus as needed based on the community's monthly Quality Review audit.	

	staff indicated the residents were supposed to be served pancakes and they received something which looked like a dessert with chocolate syrup on it. During an interview, on 4/21/22, an anonymous resident had saved their portion of breakfast from 4/21/22 and it was a square piece of cake with chocolate syrup on it. During an interview, on 4/21/22 at 5:30 p.m., the Executive Director (ED) indicated the facility did not provide the menu items as listed on the menu due to difficulty with the food truck supplies and the staffing problems with the dining services. The administrator did not have approved alternate menus. A current facility policy, titled "Menus," dated 11/1/19 and received from the ED on 4/21/22 at 5:55 p.m., indicated "...It is the policy of Wickshire Senior Living to provide three nutritional meals per day consisting of a varied selection of items to choose from...The regular menu is nutritionally adequate and meets the guidelines of the U.S. Department of Agriculture's Food Guide Pyramid for Older Adults...Menu substitutions must be of equal nutritional value and recorded on the daily production			

	sheet...." This State Tag relates to Complaint IN00377717.			
R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2) (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.	R 0298	**R298 Pharmaceutical Services** Correction of residents affected: No residents were negatively affected. One resident had the potential to be negatively affected. **System Changes:** -Educate and in-service Health and Wellness Director and all staff responsible for the provision of controlled substances to community's residents, including the review of all related policies, procedures and forms. -For any discrepancies found in the counts and reporting of the administration of controlled substances, policies and procedures will immediately be followed in compliance with the community' policies and procedures regarding discrepancies in counts.	05/20/2022

Based on observation, interview and record review, the facility failed to document and thoroughly investigate missing liquid narcotics from 1 of 2 medication carts reviewed for medication storage (the 3rd floor cart).

Finding includes:

During a medication storage observation, on 4/21/22 at 3:21 p.m., with LPN 2, the controlled substance form for Resident D's Oxycodone (an opioid pain reliever) solution, 20 mg (milligram) per one ml (milliliter) indicated on 4/3/22 three mls of the medication were not signed out and the count was corrected on the form. On 4/2/22 at 10:07 p.m., the amount of medication remaining was 23 ml. On 4/3/22 with no time documented, the count was corrected to 20 ml.

The record for Resident D was reviewed on 4/21/22 at 2:54 p.m. Diagnoses included, but were not limited to, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, pulmonary hypertension, dependence on supplemental oxygen, anxiety and major depressive disorder.

A physician's order, dated 4/2/22, indicated to give Oxycodone solution 20 mg/ml, 0.25 ml by mouth every 2 hours as needed for shortness of

Correction Monitoring Process:

-Health and Wellness Director or designee will conduct daily audits of controlled substance count forms for all associated residents for four weeks.

-Each Friday, Executive Director or designee will review daily audits on a weekly basis for four weeks.

-Health and Wellness Director or designee will continue to verify daily audits on a weekly basis for the next two months and report to Executive Director weekly regarding same.

Ongoing Monitoring Process:

Health and Wellness Director and Executive Director will check ongoing compliance regarding the counting and monitoring of controlled substances as needed based on the community’s monthly Quality Review audit.

breath.

The Controlled Substance Form, dated 3/10/22, indicated the facility received 30 ml of Oxycodone solution 20 mg/ml on 3/10/22.. The instructions were to give 0.25 ml every 4 hours as needed for dyspnea (shortness of breath).

The three ml of missing solution would equal 12 missing doses of the medication at 0.25 ml per dose.

During an interview, on 4/21/22 at 3:05 p.m., the Health and Wellness Director indicated the missing doses of the medication were spilled.

During an interview, on 4/21/22 at 5:30 p.m., the Executive Director(ED) indicated she was told by the Health and Wellness Director the bottle of Oxycodone had a leak in it.

During an interview, on 4/21/22 at 5:30 p.m., the Health and Wellness Director indicated she was not able to locate a disposition form for the missing Oxycodone solution so she was not able to report what actually happened with the missing medication.

A current facility policy, titled "Controlled Substances," dated 11/1/19 and received from the ED on 4/21/22 at 4:30 p.m., indicated "...It is the policy of

	Wickshire Senior Living to ensure the special handling, storage, disposal and record keeping of controlled substances according to applicable regulatory standards...Controlled substances must be counted upon delivery from the pharmacy using the Community Narcotics Count form...If the count is correct a Controlled Substance Count-Resident form must be made for each resident receiving the medication...Prior to the end of each shift the authorized associate that is reporting off duty will count eh controlled substances with the authorized associate who is reporting on duty...The counts will be listed on the forms listed above...Both associates will initial and sign the form verifying that the count is correct...In the event that the count does not match the controlled substances on hand, the Health & Wellness Director will be notified immediately...The Health & Wellness Director is responsible for investigating discrepancies to determine the cause of such occurrences...If a discrepancy occurs, or there is evidence of a pattern of discrepancies, the Health & Wellness Director will investigate and report the discrepancies to the Executive Director and Pharmacist...After consultation with the pharmacist, the Executive Director and the Vice president			

of Clinical will make the determination whether or not to contact appropriate authorities...The Health & Wellness Director is responsible for reviewing the contract pharmacy's policy and procedure regarding controlled substances...."

This State Tag relates to Complaint IN00377319.

Based on observation, interview and record review, the facility failed to document and thoroughly investigate missing liquid narcotics from 1 of 2 medication carts reviewed for medication storage (the 3rd floor cart).

Finding includes:

During a medication storage observation, on 4/21/22 at 3:21 p.m., with LPN 2, the controlled substance form for Resident D's Oxycodone (an opioid pain reliever) solution, 20 mg (milligram) per one ml (milliliter) indicated on 4/3/22 three mls of the medication were not signed out and the count was corrected on the form. On 4/2/22 at 10:07 p.m., the amount of medication remaining was 23 ml. On 4/3/22 with no time documented, the count was corrected to 20 ml.

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	for investigating discrepancies to determine the cause of such occurrences...If a discrepancy occurs, or there is evidence of a pattern of discrepancies, the Health & Wellness Director will investigate and report the discrepancies to the Executive Director and Pharmacist...After consultation with the pharmacist, the Executive Director and the Vice president of Clinical will make the determination whether or not to contact appropriate authorities...The Health & Wellness Director is responsible for reviewing the contract pharmacy's policy and procedure regarding controlled substances...." This State Tag relates to Complaint IN00377319.			

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