

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 02/22/2023
NAME OF PROVIDER OR SUPPLIER WEST LAFAYETTE ALF OPERATIONS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 IN00398039 and IN00399836. Complaint IN00398039 - Substantiated - No deficiencies related to the allegations are cited. Complaint IN00399836 - Substantiated - State Residential Finding related to the allegations is cited at R243. Survey dates: February 21 and 22, 2023 Facility number: 014094 Residential Census: 60 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on March 1, 2023.	R 0000		
R 0243	Health Services - Deficiency	R 0243	What corrective action(s) will	04/12/2023

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410 IAC 16.2-5-4(e)(3)

(3) The individual administering the medication shall document the administration in the individual's medication and treatment records that indicate the:

(A) time;

(B) name of medication or treatment;

(C) dosage (if applicable); and

(D) name or initials of the person administering the drug or treatment.

Based on interview and record review, the facility failed to keep residents free of any medication errors when residents were not given medications on multiple dates as ordered by the physician for 2 of 3 residents reviewed for physician's orders. (Resident C and D)

Findings include:

1. The record for Resident C was reviewed on 2/22/2023 at 2:46 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), edema, type 2 diabetes mellitus (DM), depression, hypertension, and angina.

The Medication Administration Record (MAR) indicated Resident C was to receive

be accomplished for those residents found to have been affected by the deficient practice;

Residents will maintain free of medication errors by the individuals administering the medications documenting the administration in the residents medication and treatment records.

• 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;

Clinical support specialist will review all medications records along with physician records to ensure all medications are given appropriate for the next 30 days.

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

Clinical support specialist will

hydralazine HCL (a blood pressure medication) 50 mg (milligram) tablet, one tablet 3 times per day. The medication was not given on 2/5/2023 in the afternoon and the evening.

The MAR indicated Resident C was to receive Lantus (insulin) 100 unit/ml (milliliter), 15 units subcutaneous every day. The medication was not given on 12/5/2022.

The MAR indicated Resident C was to receive Novolog solution (insulin) 100 unit/ml subcutaneous per sliding scale before meals and at bedtime. The medication was not given on 12/5/2022, 1/25/2022, 2/10/2023, and 2/19/2023 in the morning. 12/5/2022, 12/30/2022, 2/4/2023, 2/10/2023, 2/13/2023, and 2/18/2023 in the afternoon. 12/9/2022, 12/28/2022, 1/6/2023, and 2/5/2023 in the evening. 12/4/2022, 12/9/2022, 12/28/2022, 12/31/2022, 1/4/2023, 1/6/2023, 1/17/2023, 1/20/2023, and 2/5/2023 at bedtime

2. The record for Resident D was reviewed on 2/22/2023 at 2:16 p.m. Diagnoses included, but were not limited to, cirrhosis of liver, anemia, type 2 DM, depression, acute respiratory failure with hypoxia, and liver and kidney transplant status.

audit the medication administrator records each week for the next 30 days. All QMAs and nurses will receive education on proper medication administration.

• 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; and

The Clinical Support Specialist or designee will complete an audit of MAR week for 4 weeks, then monthly for 4 months to ensure medications are be administrated per our policy and procedures.

• By what date the systemic changes will be completed.

04/12/2023

The MAR indicated Resident D was to receive Admelog solution (insulin) 100 unit/ml sliding scale subcutaneous before meals and at bedtime. The medication was not given on 12/24/2022, 12/30/2022 and 2/13/2023 in the morning. 12/24/2022, 12/30/2022, 2/2/2023 and 2/13/2023 in the afternoon.

During an interview, on 2/22/2023 at 5:10 p.m., the Director of Nursing indicated the MAR was not documented by the staff and the medications should have been given to the residents.

This Residential tag relates to Complaint IN00399836.

Based on interview and record review, the facility failed to keep residents free of any medication errors when residents were not given medications on multiple dates as ordered by the physician for 2 of 3 residents reviewed for physician's orders. (Resident C and D)

Findings include:

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failure with hypoxia, and liver and kidney transplant status.

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This Residential tag relates to Complaint IN00399836.

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
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