STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELLENIC SENIOR LIVING OF NEW ALBANY	2632 GRANT LINE ROAD, NEW ALBANY, , 47150

(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 IN00404162. Complaint IN00404162 - State deficiencies related to the allegations are cited at R0216 and R0243. Survey date: March 27 and 28, 2023 Facility number: 014166 Residential Census: 116 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on March 30, 2023.	R 0000	**Hellenic** **Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150** **Facility ID: 014166** *The Plan of Correction is neither an agreement with* *nor an admission of wrongdoing by this facility or its staff members.* *Rather, it is submitted for compliance purposes.* *This facility alleges substantial compliance with this*	

			plan of correction as of May12, 2023 Complaint IN00404-162-State deficiencies related to the allegations are cited at R0216 and R0243 R216 410 UAC 16.2-5-2©(1-4)(d) Evaluation-Noncompliance RULE not met as evidenced by: Based on interview and record review, the facility failed to ensure a self-administration safety evaluation was in place for a resident (Resident E) who self-administered insulin for 1 of 3 residents reviewed for evaluations. **R 216 410 IAC 16.2-5-2©(1-4)(d) Evaluation-Noncompliance** **R 243 410 IAC 16.2-5-4(e)(3) Health Services-Deficiency**	

			While all residents have the potential to have been affected in a negative manner, no residents were identified as being negatively affected by self-administration of insulin or Medication Administration recorded not being signed out. **1. Please describe what the facility did to correct the deficient practice for each resident cited in the deficiency.** No residents were affected in a negative manner. Resident's files who received insulin were audited for documented showing a self-administration safety evaluation in place by Director of Nursing & Executive Director **2. Please describe how the facility reviewed all residents in the facility that could be affected by the same deficient**	

			practice. **Facility will maintain current and accurate resident files.** Direction of Nursing and Executive Director will audit each resident's dx's through Point Click Care (PCC) and all residents with diabetic dx's verified a Self-Administration Safety Screen Assessment was competed and any missing this important document will be completed and added to records/file by 5/1/23 **3.** **Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Ongoing-Director of Nursing will assure (all) new admits with dx's of diabetics and who takes insulin has the Self-administration Safety Screen Assessment completed and placed in records/file. **4.** **Please describe how the corrective actions will be monitored to ensure the deficient**	

			practice will not recure. **5.** **For all** **deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** Ongoing-Director of Nursing will review Service Plans monthly while completing Healthcare Coordination and update as needed. **Note**: Findings included but not limited to, clinical record of Resident B reviewed on 3/28/23. The diagnoses included, but were not limited to, diabetes, hyperlipidemia and insomnia.	

			Physicians' orders, dated 2/15/22, indicated the resident was to receive Atorvastatin, 40 mg at bedtime for hyperlipidemia. The March 2023 mediation administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 314, 3/17, 3/18, 3/25 and 3/26/23. *While all residents have the potential to have been affected in a negative manner, no residents were identified as being negatively affected by self-administration of insulin or Medication Administration recorded not being signed out*. **1.Please describe what the facility did to correct the deficient practice for each resident cited in the deficiency.** **1. Please describe how the facility reviewed all residents in the**	

			facility that could be affected by the same deficient practice. **Facility will maintain current and accurate resident files.** **2.** **Please describe how the facility reviewed all residents in the facility that could be affected by the same deficient practice.** **Facility will maintain current and accurate resident files.** An audit was completed on 116 residents to make sure medication was available and no one was affected in a negative manner. Nursing staff educated on medicine being given and signed out properly on Medication Administration recorded. 3. **Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Director of Nursing and or Executive Director will do weekly Medication Administration (MAR) reviews	

			on five residents to ensure compliance, starting 4/7/23 -5/12/23 (see MAR audit sheet attached) **4.** **Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** **5.** **For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** After six weeks of processing correctly and no holes left in MAR, the audit may be stopped after a review by the Executive Director and or Director of Nursing. Ongoing education will be conducted with clinical staff by the Director of Nursing via monthly In-Service.	

			These changes will be effective May 12, 2023	
R 0216	Evaluation - Noncompliance 410 IAC 16.2-5-2(c)(1-4)(d) (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to ensure a self-administration safety evaluation was in place for a resident (Resident E) who self administered insulin for 1 of 3 residents reviewed for evaluations. Findings include: The clinical record for Resident	R 0216	**Hellenic** **Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150** **Facility ID: 014166** *The Plan of Correction is neither an agreement with* *nor an admission of wrongdoing by this facility or its staff members.* *Rather, it is submitted for compliance purposes.* *This facility alleges substantial compliance with this* *plan of correction as of May12, 2023*	05/12/2023

	E was reviewed on 3/28/23 at 11:55 a.m. The diagnosis included, but was not limited to, diabetes. Review of the February 2023 and March 2023 medication administration record indicated Resident E self-administered insulin. The clinical record lacked documentation of a self-administration safety evaluation. During an interview on 3/28/23 at 1:18 p.m., the Director of Nursing indicated there was no self-administration safety evaluation in place for the resident. On 3/28/23 at 2:12 p.m., the Director of Nursing provided a current copy of the document titled "Resident Self-Management and Storage of Medications" dated 10/3/22. It included, but was not limited to, "Policy...all criteria must be met when considering a resident to...administer...their own medications...Procedure...Any prospective or current resident who desires to self-manage their medications must first successfully complete the Medication Self-Administration Safety Screen Assessment completed by the Director of Nursing...." This State tag relates to		Complaint IN00404-162-State deficiencies related to the allegations are cited at R0216 and R0243 R216 410 UAC 16.2-5-2©(1-4)(d) Evaluation-Noncompliance RULE not met as evidenced by: Based on interview and record review, the facility failed to ensure a self-administration safety evaluation was in place for a resident (Resident E) who self-administered insulin for 1 of 3 residents reviewed for evaluations. **R 216 410 IAC 16.2-5-2©(1-4)(d) Evaluation-Noncompliance** **R 243 410 IAC 16.2-5-4(e)(3) Health Services-Deficiency** *While all residents have the potential to have been affected in a negative manner, no residents were identified as being negatively affected by self-administration of*	

	Complaint IN00404162 Based on interview and record review, the facility failed to ensure a self-administration safety evaluation was in place for a resident (Resident E) who self administered insulin for 1 of 3 residents reviewed for evaluations. Findings include: The clinical record for Resident E was reviewed on 3/28/23 at 11:55 a.m. The diagnosis included, but was not limited to, diabetes. Review of the February 2023 and March 2023 medication administration record indicated Resident E self-administered insulin. The clinical record lacked documentation of a self-administration safety evaluation. During an interview on 3/28/23 at 1:18 p.m., the Director of Nursing indicated there was no self-administration safety evaluation in place for the resident. On 3/28/23 at 2:12 p.m., the Director of Nursing provided a current copy of the document titled "Resident Self-Management and Storage of Medications" dated 10/3/22. It included, but was not limited to,		*insulin or Medication Administration* *recorded not being signed out.* **1.** **Please describe what the facility did to correct the deficient practice for each resident cited in the deficiency.** No residents were affected in a negative manner. Resident's files who received insulin were audited for documented showing a self-administration safety evaluation in place by Director of Nursing & Executive Director **2.** **Please describe how the facility reviewed all residents in the facility that could be affected by the same deficient practice.** **Facility will maintain current and accurate resident files.** Direction of Nursing and Executive	

	"Policy...all criteria must be met when considering a resident to...administer...their own medications...Procedure...Any prospective or current resident who desires to self-manage their medications must first successfully complete the Medication Self-Administration Safety Screen Assessment completed by the Director of Nursing...." This State tag relates to Complaint IN00404162		Director will audit each resident's dx's through Point Click Care (PCC) and all residents with diabetic dx's verified a Self-Administration Safety Screen Assessment was competed and any missing this important document will be completed and added to records/file by 5/1/23 **3.** **Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Ongoing-Director of Nursing will assure (all) new admits with dx's of diabetics and who takes insulin has the Self-administration Safety Screen Assessment completed and placed in records/file. **4.** **Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** **5.** **For all deficient practice findings, please provide if ongoing**	

			system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped. Ongoing-Director of Nursing will review Service Plans monthly while completing Healthcare Coordination and update as needed. **Note**: Findings included but not limited to, clinical record of Resident B reviewed on 3/28/23. The diagnoses included, but were not limited to, diabetes, hyperlipidemia and insomnia. Physicians' orders, dated 2/15/22, indicated the resident was to receive Atorvastatin, 40 mg at bedtime for hyperlipidemia. The March 2023 mediation administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 314, 3/17,	

			3/18, 3/25 and 3/26/23. *While all residents have the potential to have been affected in a negative manner, no residents were identified as being negatively affected by self-administration of insulin or Medication Administration recorded not being signed out*. **1.Please describe what the facility did to correct the deficient practice for each resident cited in the deficiency.** **1. Please describe how the facility reviewed all residents in the facility that could be affected by the same deficient practice. Facility will maintain current and accurate resident files.** **2. Please describe how the facility reviewed all residents in the facility that could be**	

			affected by the same deficient practice. **Facility will maintain current and accurate resident files.** An audit was completed on 116 residents to make sure medication was available and no one was affected in a negative manner. Nursing staff educated on medicine being given and signed out properly on Medication Administration recorded. 3. **Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Director of Nursing and or Executive Director will do weekly Medication Administration (MAR) reviews on five residents to ensure compliance, starting 4/7/23 -5/12/23 (see MAR audit sheet attached)	

			4. **Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** **5.** **For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** After six weeks of processing correctly and no holes left in MAR, the audit may be stopped after a review by the Executive Director and or Director of Nursing. Ongoing education will be conducted with clinical staff by the Director of Nursing via monthly In-Service. *These changes will be effective May 12, 2023*	

R 0243	Health Services - Deficiency 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 ensure medications were administered, as ordered by the physician, for 2 of 3 residents reviewed for medication administration. (Residents B and C) Findings include: 1. The clinical record for Resident B was reviewed on 3/28/23 at 11:18 a.m. The diagnoses included, but were not limited to, diabetes, hyperlipidemia and insomnia. The physician's order, dated 2/15/22, indicated the resident was to receive Atorvastatin, 40 mg (milligrams) at bedtime for hyperlipidemia.	R 0243	**Hellenic** **Senior Living of New Albany** **2632 Grant Line Road** **New Albany, IN 47150** **Facility ID: 014166** *The Plan of Correction is neither an agreement with* *nor an admission of wrongdoing by this facility or its staff members.* *Rather, it is submitted for compliance purposes.* *This facility alleges substantial compliance with this* *plan of correction as of May12, 2023* Complaint IN00404-162-State deficiencies related to the allegations are cited at R0216 and R0243	05/12/2023

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

The physician's order, dated 7/14/22, indicated the resident was to receive Melatonin, 10 mg at bedtime for insomnia.

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

The physician's order, dated 5/5/22, indicated the resident was to receive Lantus (long acting insulin) 5 units subcutaneously at bedtime for diabetes.

The March 2023 medication administration record indicated the insulin was not administered on 3/4, 3/7, 3/10, 3/13, 3/14, 3/16 through 19, 3/22, 3/23 and 3/25 through 27/23.

During an interview on 3/28/23 at 1:18 p.m., the Director of Nursing indicated after medications were administered by staff, the staff should sign off the medication on the medication administration record.

2. The clinical record for Resident C was reviewed on

R216 410 UAC
16.2-5-2©(1-4)(d)
Evaluation-Noncompliance

RULE not met as evidenced by:
Based on interview and record review, the facility failed to ensure a self-administration safety evaluation was in place for a resident (Resident E) who self-administered insulin for 1 of 3 residents reviewed for evaluations.

R 216 410 IAC 16.2-5-2©(1-4)(d) Evaluation-Noncompliance

R 243 410 IAC 16.2-5-4(e)(3) Health Services-Deficiency

While all residents have the potential to have been affected in a negative manner, no residents were identified as being negatively affected by self-administration of insulin or Medication Administration recorded not being signed out.

	3/28/23 at 11:28 a.m. The diagnoses included, but were not limited to, diabetes, hyperlipidemia, neuropathy, depression and insomnia. The physician's order, dated 2/15/22, indicated the resident was to receive Atorvastatin, 20 mg at bedtime for hyperlipidemia. The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23. The physician's order, dated 2/25/22, indicated the resident was to receive Gabapentin, 600 mg at bedtime for neuropathy. The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23. The physician's order, dated 9/20/21, indicated the resident was to receive Lispro insulin, 5 units subcutaneously three times a day 8:00 a.m., 12:00 p.m. and 5:00 p.m. for diabetes. The March 2023 medication administration record indicated the insulin was not administered on the following dates and times:		**1.** **Please describe what the facility did to correct the deficient practice for each resident cited in the deficiency.** No residents were affected in a negative manner. Resident’s files who received insulin were audited for documented showing a self-administration safety evaluation in place by Director of Nursing & Executive Director **2.** **Please describe how the facility reviewed all residents in the facility that could be affected by the same deficient practice.** **Facility will maintain current and accurate resident files.** Direction of Nursing and Executive Director will audit each resident’s dx’s through Point Click Care (PCC) and all residents with diabetic dx’s	

	-3/02/23 at 8:00 a.m. and 12:00 p.m. -3/03/23 at 12:00 p.m. -3/04/23 at 5:00 p.m. -3/05/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/07/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/10/23 at 5:00 p.m. -3/13/23 and 3/14/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/16/23 through 3/19/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/22/23 and 3/23/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/25/23 and 3/26/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. The physician's order, dated 9/20/21, indicated the resident was to receive Lantus, 40 units subcutaneously at bedtime for diabetes. The March 2023 medication administration record indicated the insulin was not administered on 3/4, 3/7, 3/10, 3/13, 3/14, 3/16 through 3/19, 3/22, 3/23 and 3/25 through 27/23. The physician's order, dated 2/15/22, indicated the resident was to receive Olanzapine, 10 mg at bedtime for depression.		verified a Self-Administration Safety Screen Assessment was competed and any missing this important document will be completed and added to records/file by 5/1/23 **3.** **Please** **describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.** Ongoing-Director of Nursing will assure (all) new admits with dx's of diabetics and who takes insulin has the Self-administration Safety Screen Assessment completed and placed in records/file. **4.** **Please** **describe how the corrective actions will be monitored to ensure the deficient practice will not recure.** **5.** **For all** **deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine**	

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

The physician's order, dated 9/27/22, indicated the resident was to receive Trazodone, 150 mg at bedtime for insomnia.

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

On 3/28/23 at 2:12 p.m., the Director of Nursing provided a current copy of the document titled "Medication Administration" dated 9/30/22. It included, but was not limited to, "Policy...The administration of medications shall be as ordered by the resident's physician...Procedure...Medications ordered to be given by mouth...will be administered...in accordance with the physician's order...Medications ordered to be given per subcutaneous will be administered...in accordance with the physician's order...."

This State tag relates to Complaint IN00404162

Based on interview and record review, the facility failed to ensure medications were administered, as ordered by the

whether further monitoring is necessary or if the monitoring can be stopped.

Ongoing-Director of Nursing will review Service Plans monthly while completing Healthcare Coordination and update as needed.

Note:
Findings included but not limited to, clinical record of Resident B reviewed on 3/28/23. The diagnoses included, but were not limited to, diabetes, hyperlipidemia and insomnia.

Physicians' orders, dated 2/15/22, indicated the resident was to receive Atorvastatin, 40 mg at bedtime for hyperlipidemia.

The March 2023 mediation administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 314, 3/17, 3/18, 3/25 and 3/26/23.

physician, for 2 of 3 residents reviewed for medication administration. (Residents B and C)

Findings include:

1. The clinical record for Resident B was reviewed on 3/28/23 at 11:18 a.m. The diagnoses included, but were not limited to, diabetes, hyperlipidemia and insomnia.

The physician's order, dated 2/15/22, indicated the resident was to receive Atorvastatin, 40 mg (milligrams) at bedtime for hyperlipidemia.

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

The physician's order, dated 7/14/22, indicated the resident was to receive Melatonin, 10 mg at bedtime for insomnia.

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

The physician's order, dated 5/5/22, indicated the resident was to receive Lantus (long acting insulin) 5 units subcutaneously at bedtime for

While all residents have the potential to have been affected in a negative manner, no residents were identified as being negatively affected by self-administration of insulin or Medication Administration recorded not being signed out.

1.Please describe what the facility did to correct the deficient practice for each resident cited in the deficiency.

1.
Please describe how the facility reviewed all residents in the facility that could be affected by the same deficient practice.
Facility will maintain current and accurate resident files.

2.
Please describe how the facility reviewed all residents in the facility that could be affected by the same deficient practice.

diabetes.

The March 2023 medication administration record indicated the insulin was not administered on 3/4, 3/7, 3/10, 3/13, 3/14, 3/16 through 19, 3/22, 3/23 and 3/25 through 27/23.

During an interview on 3/28/23 at 1:18 p.m., the Director of Nursing indicated after medications were administered by staff, the staff should sign off the medication on the medication administration record.

2. The clinical record for Resident C was reviewed on 3/28/23 at 11:28 a.m. The diagnoses included, but were not limited to, diabetes, hyperlipidemia, neuropathy, depression and insomnia.

The physician's order, dated 2/15/22, indicated the resident was to receive Atorvastatin, 20 mg at bedtime for hyperlipidemia.

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

The physician's order, dated 2/25/22, indicated the resident was to receive Gabapentin, 600 mg at bedtime for neuropathy.

Facility will maintain current and accurate resident files.

An audit was completed on 116 residents to make sure medication was available and no one was affected in a negative manner. Nursing staff educated on medicine being given and signed out properly on Medication Administration recorded.

3.
Please describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recure.

Director of Nursing and or Executive Director will do weekly Medication Administration (MAR) reviews on five residents to ensure compliance, starting 4/7/23 -5/12/23 (see MAR audit sheet attached)

4.
Please describe how the corrective actions will be monitored to ensure the deficient practice will not recure.

	The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23. The physician's order, dated 9/20/21, indicated the resident was to receive Lispro insulin, 5 units subcutaneously three times a day 8:00 a.m., 12:00 p.m. and 5:00 p.m. for diabetes. The March 2023 medication administration record indicated the insulin was not administered on the following dates and times: -3/02/23 at 8:00 a.m. and 12:00 p.m. -3/03/23 at 12:00 p.m. -3/04/23 at 5:00 p.m. -3/05/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/07/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/10/23 at 5:00 p.m. -3/13/23 and 3/14/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/16/23 through 3/19/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m. -3/22/23 and 3/23/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m.		**5.** **For all deficient practice findings, please provide if ongoing system of monitoring or the criteria or threshold the Quality Assurance Program will use to determine whether further monitoring is necessary or if the monitoring can be stopped.** After six weeks of processing correctly and no holes left in MAR, the audit may be stopped after a review by the Executive Director and or Director of Nursing. Ongoing education will be conducted with clinical staff by the Director of Nursing via monthly In-Service. *These changes will be effective May 12, 2023*	

-3/25/23 and 3/26/23 at 8:00 a.m., 12:00 p.m. and 5:00 p.m.

The physician's order, dated 9/20/21, indicated the resident was to receive Lantus, 40 units subcutaneously at bedtime for diabetes.

The March 2023 medication administration record indicated the insulin was not administered on 3/4, 3/7, 3/10, 3/13, 3/14, 3/16 through 3/19, 3/22, 3/23 and 3/25 through 27/23.

The physician's order, dated 2/15/22, indicated the resident was to receive Olanzapine, 10 mg at bedtime for depression.

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

The physician's order, dated 9/27/22, indicated the resident was to receive Trazodone, 150 mg at bedtime for insomnia.

The March 2023 medication administration record indicated the medication was not administered on 3/7, 3/10, 3/13, 3/14, 3/17, 3/18, 3/25 and 3/26/23.

On 3/28/23 at 2:12 p.m., the Director of Nursing provided a current copy of the document titled "Medication

	Administration" dated 9/30/22. It included, but was not limited to, "Policy...The administration of medications shall be as ordered by the resident's physician...Procedure...Medications ordered to be given by mouth...will be administered...in accordance with the physician's order...Medications ordered to be given per subcutaneous will be administered...in accordance with the physician's order...." This State tag relates to Complaint IN00404162			

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