STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT 56TH	4940 WEST 56TH STREET, INDIANAPOLIS, , 46254

(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 IN00384327 and IN00384297. Complaint IN00384327 - Substantiated. State deficiencies related to the allegations are cited at R240. Complaint IN00384297 - Substantiated. No deficiencies related to the allegations are cited. Survey date: July 8 ,2022 Facility number: 014279 Residential Census: 116 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 12, 2022	R 0000	07/25/2022 POC Complaints (IN00384297, IN00384327) July 8, 2022 I would respectively request a desk review.	
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d)	R 0240	R240	07/24/2022

(d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.

Based on interview, observation, and record review, the facility failed to administer a medication as ordered by a physician for 1 of 3 residents reviewed for medication administration. (Resident B)

Findings include:

The clinical record for Resident B was reviewed on 7/8/22 at 12 p.m. Resident B's diagnoses included, but not limited to, hypertension and glaucoma. Resident B was admitted to the facility on 5/27/22.

A physician's order dated 5/26/22 indicated, to instill 1 drop of Dorzolamide-Timolol (a glaucoma medication) into both eyes twice a day.

An observation of the medication cart which held Resident B's medications, was made on 7/8/22 at 3:33 p.m. with QMA (Qualified Medication Assistant) 2. In the medication cart, was an empty bottle of Dorzolamide-Timolol with the date of 3/7 handwritten on it. QMA 2 was unable to locate any other bottles of Dorzolamide-Timolol for Resident B within the medication cart. QMA 2

-**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Resident B will receive medication as ordered by the MD. Chart, orders, and service plan we reviewed by DON on 7/11/22. Medication was ordered and will be given as ordered.

-**How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.**

All residents have the potential to be affected by this deficient practice. DON/Designee performed a chart and medication cart audit on 7/12/22. Any findings were corrected, and all licensed nursing staff educated on medication administration policy by DON on 7/19/22.

-**What measures will**

indicated, the date of 3/7 that was handwritten on the bottle should be the date the Dorzolamide-Timolol bottle was opened. The bottle of Dorzolamide-Timolol drops had a resident label sticker attached which indicated, Resident B's name, name of the medication, and another facility's name.

Resident B's June and July 2022 MARs (Medication Administration Record) were reviewed on 7/8/22 at 3:42 p.m. They indicated, Resident B received his Dorzolamide-Timolol drops twice a day for all of June and July with the exception of the following dates:

June 13- coded as "away" for the 8 a.m. dose

June 14- coded as "refused" for the 8 a.m. and 4 p.m. doses

June 27- left blank for the 4 p.m. dose

An interview with Resident B was conducted on 7/8/22 at 12:57 p.m. Resident B indicated, he is not receiving all his eye medications as needed.

An interview with DON (Director of Nursing) was conducted on 7/8/22 at 3:43 p.m. During the interview, DON called the facility's pharmacy. The pharmacy indicated, Resident B's Dorzolamide-Timolol drops

be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?

All licensed nursing staff educated on medication administration policy by DON/designee on 7/19/22. DON/Designee will perform medication administration and Medication cart audits weekly for 6 months.

-**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.**

This process will be reviewed by DON/designee, IDT Team, and Administrator weekly for 8 weeks, monthly for 4 months and then as needed.

At the monthly QA meetings, the results of the monitoring will be reviewed. Any patterns will be identified. If indicated, an Action Plan will be written by the QA Committee. Any Action Plan will be reviewed weekly by the Administrator

	had not ever been filled by them. They further indicated, the bottle of Dorzolamide-Timolol eye drops should last 37 days. DON was unable to determine exactly when Resident B's Dorzolamide bottle ran out, but agreed that the bottle sent from the previous facility should have run out and been refilled by now. This state tag relates to complaint IN00384327. Based on interview, observation, and record review, the facility failed to administer a medication as ordered by a physician for 1 of 3 residents reviewed for medication administration. (Resident B) Findings include: The clinical record for Resident B was reviewed on 7/8/22 at 12 p.m. Resident B's diagnoses included, but not limited to, hypertension and glaucoma. Resident B was admitted to the facility on 5/27/22. A physician's order dated 5/26/22 indicated, to instill 1 drop of Dorzolamide-Timolol (a glaucoma medication) into both eyes twice a day. An observation of the medication cart which held Resident B's medications, was made on 7/8/22 at 3:33 p.m. with QMA (Qualified Medication		until resolved. Any concerns will be addressed as discovered. -**By what date the systematic changes will be completed** July 24, 2022	

Assistant) 2. In the medication cart, was an empty bottle of Dorzolamide-Timolol with the date of 3/7 handwritten on it. QMA 2 was unable to locate any other bottles of Dorzolamide-Timolol for Resident B within the medication cart. QMA 2 indicated, the date of 3/7 that was handwritten on the bottle should be the date the Dorzolamide-Timolol bottle was opened. The bottle of Dorzolamide-Timolol drops had a resident label sticker attached which indicated, Resident B's name, name of the medication, and another facility's name.

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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