

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 02/14/2024	
NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE PLACE - MUNCIE		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 N MORRISON ROAD, MUNCIE, , 47304					
(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 a State Residential Licensure Survey. Survey dates: February 13 and 14, 2024 Facility number: 014463 Residential Census: 31 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed February 20, 2024.	R 0000					
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 twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on	R 0117	What Corrective action will be accomplished for those residents found to have been affected by the deficient practice? <i>Every shift will have at least one person per shift per day CPR and first aid certified by March 1st 2024.</i>			03/14/2024	

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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 every shift had an employee who was first aid certified for 2 of 21 shifts reviewed (2/6/24-3rd shift and 2/8/24-3rd shift). This deficient practice had the potential to impact 31 of 31 residents who resided in the facility.

Findings include:

How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All residents have the potential to be affected.

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

CPR and First Aid Certifications will be audited against current schedule 1x weekly for 8 weeks, 2x'a monthly for 3 months and 1x monthly thereafter to ensure there is always one person per day, per shift certified.

How the corrective action will be monitored to ensure deficient practice will not recure?

CPR and First Aid Certifications will be audited against current schedules by the Administrator or designee.

By what date the Systemic Changes will Be completed.

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The schedule for the week of 2/5/24 to 2/11/24 and employee first aid certifications were reviewed on 2/13/24 at 2:40 p.m. No employee who worked on 3rd shift on 2/6/24 or 2/8/24, was first aid certified.

During an interview on 2/24/24 at 9:53 a.m., the DON indicated the employee's first aid certification had expired. In error, the facility had not ensured the 3rd shifts on 2/6/24 and 2/8/24 did not have an employee working who had current first aid certification. The facility did not have a first aid policy.

Based on interview and record review, the facility failed to ensure every shift had an employee who was first aid certified for 2 of 21 shifts reviewed (2/6/24-3rd shift and 2/8/24-3rd shift). This deficient practice had the potential to impact 31 of 31 residents who resided in the facility.

Findings include:

The schedule for the week of 2/5/24 to 2/11/24 and employee first aid certifications were reviewed on 2/13/24 at 2:40 p.m. No employee who worked on 3rd shift on 2/6/24 or 2/8/24, was first aid certified.

During an interview on 2/24/24 at 9:53 a.m., the DON indicated the employee's first aid

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	certification had expired. In error, the facility had not ensured the 3rd shifts on 2/6/24 and 2/8/24 did not have an employee working who had current first aid certification. The facility did not have a first aid policy.			
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 observation, interview, and record review, the facility failed to ensure residents who self administered insulin had self-medication administration assessments	R 0216	What Corrective action will be accomplished for those residents found to have been affected by the deficient practice? <i>New</i> <i>Self- Administration assessments will be completed by DON no later than March 1st 2024</i> How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? <i>All residents who self administer have the potential to be affected.</i> What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? <i>Self administration assessments will be audited 1X weekly for a month, 2x's a month for 3 months, and 1x monthly thereafter.</i>	03/14/2024

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	completed semi-annually for 2 of 2 residents reviewed for self medication administration assessment (Residents 22 and 11). Findings include: 1. Resident 22's clinical record was reviewed on 2/13/24 at 3:00 p.m. Current diagnoses included dementia, end stage heart failure, diabetes, and hypertension. The resident resided on a secured dementia unit. The record indicated the resident had self-administered insulin since his 9/29/22 admission. A Service Plan, dated 1/9/24, indicated the resident self administered insulin injections with minimal assistance. The clinical record indicated the resident's cognitive awareness varied as follows: On 1/2/24- The resident believed his coffee cup was a bomb. He told people to get back. He was going to get under the table for safety. On 1/12/24, the resident had nail clippers with the pointed end extended and stated he was going to use it on someone.		How the corrective action will be monitored to ensure deficient practice will not recure? Self <i>Administration assessments will be audited by the Director of Nursing or designee.</i> By what date the Systemic Changes will Be completed. March 14th 2024	
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The resident had a 2/6/24 "Rounding Provider Medical Progress Note", which indicated the following:

"He does continue to have noted confusion and cognitive deficit consistent with worsening dementia. ...Will continue to manage his symptoms from a palliative and hospice approach."

The resident's clinical record contained one undated "Assessment for Self-Administration of Injectable Medications.

During an interview on 2/14/23 at 9:50 a.m., the DON indicated she did not know the date when Resident 22's self medication assessment was completed.

2. The clinical record for Resident 11 was reviewed on 2/13/24 at 11:00 a.m. Diagnoses included dementia, chronic kidney disease - stage 3, and heart failure.

An admission service plan, dated 6/3/23, indicated Resident 11 required minimal assistance with injectable medications.

A self-administration of medication assessment, dated 6/3/23, indicated Resident 11 was able to self administer insulin medications as ordered by a physician.

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A semi-annual service plan, dated 12/1/23, indicated Resident 11 required minimal assistance with injection medications.

The clinical record lacked a semi-annual self-administration of medication assessment.

During a medication administration observation and interview, on 2/14/23 at 12:05 p.m., QMA 4 provided an insulin injection to Resident 11 per physician orders. QMA 4 indicated the resident did not always want to give themselves this injection.

During an interview on 2/14/23 at 1:35 p.m., the DON indicated she was not aware the self-administration of medication assessment was to be completed on a semi-annual basis and they had not been completed semi-annually for Residents 22 and 11,

A current facility policy, revised 11/23, titled, "Administration & Self Administration of Medication", provided by the DON, on 2/14/23 at 1:50 p.m., indicated the following: "... All residents will be assessed by licensed staff to determine the resident's cognitive, physical, and visual ability to carry out their responsibility...."

Based on observation, interview, and record review, the

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facility failed to ensure residents who self administered insulin had self-medication administration assessments completed semi-annually for 2 of 2 residents reviewed for self medication administration assessment (Residents 22 and 11).

Findings include:

1. Resident 22's clinical record was reviewed on 2/13/24 at 3:00 p.m. Current diagnoses included dementia, end stage heart failure, diabetes, and hypertension. The resident resided on a secured dementia unit. The record indicated the resident had self-administered insulin since his 9/29/22 admission.

A Service Plan, dated 1/9/24, indicated the resident self administered insulin injections with minimal assistance.

The clinical record indicated the resident's cognitive awareness varied as follows:

On 1/2/24- The resident believed his coffee cup was a bomb. He told people to get back. He was going to get under the table for safety.

On 1/12/24, the resident had nail clippers with the pointed end extended and stated he was going to use it on someone.

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The resident's clinical record contained one undated "Assessment for Self-Administration of Injectable Medications.

During an interview on 2/14/23 at 9:50 a.m., the DON indicated she did not know the date when Resident 22's self medication assessment was completed.

2. The clinical record for Resident 11 was reviewed on 2/13/24 at 11:00 a.m. Diagnoses included dementia, chronic kidney disease - stage 3, and heart failure.

An admission service plan, dated 6/3/23, indicated Resident 11 required minimal assistance with injectable medications.

A self-administration of medication assessment, dated 6/3/23, indicated Resident 11 was able to self administer insulin medications as ordered by a physician.

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A semi-annual service plan, dated 12/1/23, indicated Resident 11 required minimal assistance with injection medications.

The clinical record lacked a semi-annual self-administration of medication assessment.

During a medication administration observation and interview, on 2/14/23 at 12:05 p.m., QMA 4 provided an insulin injection to Resident 11 per physician orders. QMA 4 indicated the resident did not always want to give themselves this injection.

During an interview on 2/14/23 at 1:35 p.m., the DON indicated she was not aware the self-administration of medication assessment was to be completed on a semi-annual basis and they had not been completed semi-annually for Residents 22 and 11,

A current facility policy, revised 11/23, titled, "Administration & Self Administration of Medication", provided by the DON, on 2/14/23 at 1:50 p.m., indicated the following: "... All residents will be assessed by licensed staff to determine the resident's cognitive, physical, and visual ability to carry out their responsibility...."

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Findings include:

1. Resident 22's clinical record was reviewed on 2/13/24 at 3:00 p.m. Current diagnoses included dementia, end stage heart failure, diabetes, and hypertension. The resident resided on a secured dementia unit. The record indicated the resident had self-administered insulin since his 9/29/22 admission.

A Service Plan, dated 1/9/24, indicated the resident self administered insulin injections with minimal assistance.

The clinical record indicated the resident's cognitive awareness varied as follows:

On 1/2/24- The resident believed his coffee cup was a bomb. He told people to get back. He was going to get under the table for safety.

On 1/12/24, the resident had nail clippers with the pointed end extended and stated he was going to use it on someone.

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The resident had a 2/6/24 "Rounding Provider Medical Progress Note", which indicated the following:

"He does continue to have noted confusion and cognitive deficit consistent with worsening dementia. ...Will continue to manage his symptoms from a palliative and hospice approach."

The resident's clinical record contained one undated "Assessment for Self-Administration of Injectable Medications.

During an interview on 2/14/23 at 9:50 a.m., the DON indicated she did not know the date when Resident 22's self medication assessment was completed.

2. The clinical record for Resident 11 was reviewed on 2/13/24 at 11:00 a.m. Diagnoses included dementia, chronic kidney disease - stage 3, and heart failure.

An admission service plan, dated 6/3/23, indicated Resident 11 required minimal assistance with injectable medications.

A self-administration of medication assessment, dated 6/3/23, indicated Resident 11 was able to self administer insulin medications as ordered by a physician.

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A semi-annual service plan, dated 12/1/23, indicated Resident 11 required minimal assistance with injection medications.

The clinical record lacked a semi-annual self-administration of medication assessment.

During a medication administration observation and interview, on 2/14/23 at 12:05 p.m., QMA 4 provided an insulin injection to Resident 11 per physician orders. QMA 4 indicated the resident did not always want to give themselves this injection.

During an interview on 2/14/23 at 1:35 p.m., the DON indicated she was not aware the self-administration of medication assessment was to be completed on a semi-annual basis and they had not been completed semi-annually for Residents 22 and 11,

A current facility policy, revised 11/23, titled, "Administration & Self Administration of Medication", provided by the DON, on 2/14/23 at 1:50 p.m., indicated the following: "... All residents will be assessed by licensed staff to determine the resident's cognitive, physical, and visual ability to carry out their responsibility...."

Based on observation, interview, and record review, the

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facility failed to ensure residents who self administered insulin had self-medication administration assessments completed semi-annually for 2 of 2 residents reviewed for self medication administration assessment (Residents 22 and 11).

Findings include:

1. Resident 22's clinical record was reviewed on 2/13/24 at 3:00 p.m. Current diagnoses included dementia, end stage heart failure, diabetes, and hypertension. The resident resided on a secured dementia unit. The record indicated the resident had self-administered insulin since his 9/29/22 admission.

A Service Plan, dated 1/9/24, indicated the resident self administered insulin injections with minimal assistance.

The clinical record indicated the resident's cognitive awareness varied as follows:

On 1/2/24- The resident believed his coffee cup was a bomb. He told people to get back. He was going to get under the table for safety.

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The resident's clinical record contained one undated "Assessment for Self-Administration of Injectable Medications.

During an interview on 2/14/23 at 9:50 a.m., the DON indicated she did not know the date when Resident 22's self medication assessment was completed.

2. The clinical record for Resident 11 was reviewed on 2/13/24 at 11:00 a.m. Diagnoses included dementia, chronic kidney disease - stage 3, and heart failure.

An admission service plan, dated 6/3/23, indicated Resident 11 required minimal assistance with injectable medications.

A self-administration of medication assessment, dated 6/3/23, indicated Resident 11 was able to self administer insulin medications as ordered by a physician.

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A semi-annual service plan, dated 12/1/23, indicated Resident 11 required minimal assistance with injection medications.

The clinical record lacked a semi-annual self-administration of medication assessment.

During a medication administration observation and interview, on 2/14/23 at 12:05 p.m., QMA 4 provided an insulin injection to Resident 11 per physician orders. QMA 4 indicated the resident did not always want to give themselves this injection.

During an interview on 2/14/23 at 1:35 p.m., the DON indicated she was not aware the self-administration of medication assessment was to be completed on a semi-annual basis and they had not been completed semi-annually for Residents 22 and 11,

A current facility policy, revised 11/23, titled, "Administration & Self Administration of Medication", provided by the DON, on 2/14/23 at 1:50 p.m., indicated the following: "... All residents will be assessed by licensed staff to determine the resident's cognitive, physical, and visual ability to carry out their responsibility...."

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R 0270	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(c)(1-3) (c) The facility must meet: (1) daily dietary requirements and requests, with consideration of food allergies; (2) reasonable religious, ethnic, and personal preferences; and (3) the temporary need for meals delivered to the resident ' s room. Based on observation, interview, record review, the facility failed to meet residents' daily dietary requirements for 3 of 3 residents who were reviewed with mechanical soft diets (Resident 17, 23, and 26). Findings include: An undated facility document titled, "Modified Diets," provided by the DON following the entrance conference on 2/13/24, indicated the following: Three residents in the facility had orders for a "Mechanical Soft" diet (Residents 17, 23, and 26). During a lunch meal observation on 2/13/24 at 12:01 p.m., all meals being served had the same texture. A gumbo with rice dish was being served. The gumbo had coined shaped rounds of smoked sausage, which had a skin, peeled whole	R 0270	What Corrective action will be accomplished for those residents found to have been affected by the deficient practice?	03/14/2024
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medium sized shrimp, white meat squares, and pieces of vegetables in a tomato based sauce. Residents 17, 23, and 26 were served this meal.

During an observation on 2/13/24 at 12:04 p.m., Resident 17 ate a bite of gumbo, which contained a medium sized peeled shrimp. The resident placed the complete shrimp in her mouth,

During an interview on 2/13/24 at 12:05 p.m., Home Health Aid 3 indicated all diet types were being served the same gumbo.

During an interview on 2/13/24 at 12: 07 p.m., the Dietary Manager indicated all residents had been served the same diet. A mechanical soft gumbo had not been prepared in error. The item was a special treat for Mardi Gras and wasn't a normal recipe.

During an interview on 2/13/23 at 12:08 p.m., the DON indicated the facility would promptly correct the error of resident's with mechanical soft diets being served a regular diet.

1. Resident 17's record was reviewed on 2/13/24 at 2:55 p.m. Current diagnoses included Alzheimer's disease, depression, and hypertension. The resident had a current 2/7/24 physician's order for a

All resident diet orders will be reviewed by the Director of Nursing and Dietary Manager to ensure all diet orders are being followed. Tray cards will be put in to place on the trays of each resident receiving a modified diet starting 03/01/24

How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All residents receiving modified diets have the potential to be affected.

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

All residents receiving modified diets will have a tray card placed on the tray with their plate to ensure each resident is served the correct meal. All staff will be in serviced on modified diets and how to identify them. How the corrective action will be monitored to ensure deficient practice will not recure?

The Director of Nursing or their designee will watch and audit meal service 3x's a

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mechanical soft diet.

During an interview on 2/13/24 at 3:02 p.m., Resident 17's family indicated the resident now received a mechanical soft diet due to dental issues. The resident's current dentures did not fit well enough and a mechanical soft diet was needed until she can have some future dental procedures. The mechanical soft diet was recommended by a professional, whom she believed was a Speech Therapist.

2. Resident 23's clinical record was review on 2/13/24 at 2:49 p.m. Current diagnoses included Alzheimer's disease, dementia, and severe physical disability. The resident had a current, February 2023, physician's order for a mechanical soft diet. The resident had a current 1/18/24 service plan which indicated she required a mechanical soft diet.

3. Resident 26's clinical record was reviewed on 2/13/24 at 2:38 p.m. Current diagnoses included dementia and end stage heart failure. The resident had a current February 2023 physician's order for a mechanical soft diet. The resident had a 1/16/24 service plan which indicated she required a mechanical soft diet.

week for a month, 1x a week for 3 months and then monthly thereafter. The Director of Nursing or their designee will audit diet orders 1x weekly for a month, 2x's monthly for 3 months, and monthly thereafter to ensure no new diet order was missed.

By what date the Systemic Changes will Be completed.

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A, 2024, facility document titled, "Lincolnshire Place Special Diets", which was provided by the DON on 2/14/24 at 9:37 a.m., indicated the following:

"Mechanical Soft Diet: Textured Modified diet that restricts food that are difficult to chew or swallow. Lincolnshire Place will make sure foods are pureed, ground, finely chopped or blended to make them smaller or softer and easy to chew."

An, undated, recipe titled "Authentic New Orleans Style Gumbo", which was provided by the DON on 2/14/24 at 9:40 a.m., indicated the following ingredient were included in the recipe:

smoke sausage sliced into coins, precooked shrimp, rotisserie chicken, diced celery, green bell peppers, yellow onions, and green onions.

Based on observation, interview, record review, the facility failed to meet residents' daily dietary requirements for 3 of 3 residents who were reviewed with mechanical soft diets (Resident 17, 23, and 26).

Findings include:

An undated facility document titled, "Modified Diets," provided by the DON following the entrance conference on 2/13/24, indicated the following:

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Three residents in the facility had orders for a "Mechanical Soft" diet (Residents 17, 23, and 26).

During a lunch meal observation on 2/13/24 at 12:01 p.m., all meals being served had the same texture. A gumbo with rice dish was being served. The gumbo had coined shaped rounds of smoked sausage, which had a skin, peeled whole medium sized shrimp, white meat squares, and pieces of vegetables in a tomato based sauce. Residents 17, 23, and 26 were served this meal.

During an observation on 2/13/24 at 12:04 p.m., Resident 17 ate a bite of gumbo, which contained a medium sized peeled shrimp. The resident placed the complete shrimp in her mouth,

During an interview on 2/13/24 at 12:05 p.m., Home Health Aid 3 indicated all diet types were being served the same gumbo.

During an interview on 2/13/24 at 12:07 p.m., the Dietary Manager indicated all residents had been served the same diet. A mechanical soft gumbo had not been prepared in error. The item was a special treat for Mardi Gras and wasn't a normal recipe.

During an interview on 2/13/23 at 12:08 p.m., the DON

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indicated the facility would promptly correct the error of resident's with mechanical soft diets being served a regular diet.

1. Resident 17's record was reviewed on 2/13/24 at 2:55 p.m. Current diagnoses included Alzheimer's disease, depression, and hypertension. The resident had a current 2/7/24 physician's order for a mechanical soft diet.

During an interview on 2/13/24 at 3:02 p.m., Resident 17's family indicated the resident now received a mechanical soft diet due to dental issues. The resident's current dentures did not fit well enough and a mechanical soft diet was needed until she can have some future dental procedures. The mechanical soft diet was recommended by a professional, whom she believed was a Speech Therapist.

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2. Resident 23's clinical record was review on 2/13/24 at 2:49 p.m. Current diagnoses included Alzheimer's disease, dementia, and severe physical disability. The resident had a current, February 2023, physician's order for a mechanical soft diet. The resident had a current 1/18/24 service plan which indicated she required a mechanical soft diet.

3. Resident 26's clinical record was reviewed on 2/13/24 at 2:38 p.m. Current diagnoses included dementia and end stage heart failure. The resident had a current February 2023 physician's order for a mechanical soft diet. The resident had a 1/16/24 service plan which indicated she required a mechanical soft diet.

A, 2024, facility document titled, "Lincolnshire Place Special Diets", which was provided by the DON on 2/14/24 at 9:37 a.m., indicated the following:

"Mechanical Soft Diet: Textured Modified diet that restricts food that are difficult to chew or swallow. Lincolnshire Place will make sure foods are pureed, ground, finely chopped or blended to make them smaller or softer and easy to chew."

An, undated, recipe titled "Authentic New Orleans Style Gumbo", which was provided by

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	the DON on 2/14/24 at 9:40 a.m., indicated the following ingredient were included in the recipe: smoke sausage sliced into coins, precooked shrimp, rotisserie chicken, diced celery, green bell peppers, yellow onions, and green onions.			
R 0299	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(3) (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy. Based on record review and interview, the facility failed to notify the physician, document the physician notification, and address pharmacy recommendations in a timely manner for 2 of 5 residents reviewed for pharmacy recommendations. (Residents 19 & 25) Findings include: 1. The clinical record for Resident 19 was reviewed on 2/13/24 at 12:08 p.m. Diagnoses included dementia, osteoporosis, and depression. A pharmacy "Consultation Report", issued on 12/6/23,	R 0299	What Corrective action will be accomplished for those residents found to have been affected by the deficient practice? <i>Physician notification and signed pharmacy recommendations will be place in the chart and care notes of each resident.</i> How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? <i>All residents have the potential to be affected.</i> What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? Each resident chart will now have a pharmacy recommendation tab where signed pharmacy recommendations will	03/14/2024

recommended discontinuing loratadine (an antihistamine) 10 mg (milligram) daily and continuing fluticasone (a steroid) nasal spray as maintenance therapy for allergic rhinitis while monitoring for worsening symptoms.

The clinical record lacked documentation of physician notification or physician response.

2. The clinical record for Resident 25 was reviewed on 2/13/24 at 2:24 p.m. Diagnoses included dementia, coronary artery diseases, and carotid stenosis.

A pharmacy, "Note to Attending Physician/Prescriber", issued 3/30/23, recommended dual antiplatelet therapy is indicated for only 30 days. The recommendation indicated to have one of the medications be discontinued, Aspirin 81 mg daily (nonsteroidal anti-inflammatory which is also an anticoagulant) or clopidogrel (an antiplatelet) 75 mg daily.

The clinical record lacked physician notification.

be placed. Notification of Physician will be documented in the resident care notes as pharmacy recommendation are received every 60 days. The Director of Nursing will audit the care notes and recommendation tab every 60 day for the next 6 months to ensure physician notification.

How the corrective action will be monitored to ensure deficient practice will not recur?

Pharmacy recommendations and care notes will be audited by the Director of Nursing or designee.

By what date the Systemic Changes will Be completed.

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A physician/prescriber response, dated 8/8/23, indicated the physician disagreed with this recommendation based on the resident need for continued dual therapy.

A physician/prescriber response, dated 8/21/23, indicated the physician agreement with this recommendation.

A "Physician Telephone Order", dated 8/21/23, ordered to discontinue Aspirin 81 mg daily per the pharmacy request dated 3/30/23.

During an interview, on 2/14/24 at 10:30 a.m., the DON indicated pharmacy recommendations were either placed in a binder at the facility for the residents that utilized the facility physician, or the recommendations were faxed to the appropriate physician's office and the facility waited for the response. The DON indicated she was not sure why these recommendations were not addressed more timely.

A current facility policy, revised 1/24, titled " Pharmacy Recommendations", provided by the DON, on 2/14/24 at 1:50 p.m., indicated the following: "... Once recommendations and report are received by the facility, the physicians are

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notified of the
recommendations...."

Based on record review and interview, the facility failed to notify the physician, document the physician notification, and address pharmacy recommendations in a timely manner for 2 of 5 residents reviewed for pharmacy recommendations. (Residents 19 & 25)

Findings include:

1. The clinical record for Resident 19 was reviewed on 2/13/24 at 12:08 p.m. Diagnoses included dementia, osteoporosis, and depression.

A pharmacy "Consultation Report", issued on 12/6/23, recommended discontinuing loratadine (an antihistamine) 10 mg (milligram) daily and continuing fluticasone (a steroid) nasal spray as maintenance therapy for allergic rhinitis while monitoring for worsening symptoms.

The clinical record lacked documentation of physician notification or physician response.

2. The clinical record for Resident 25 was reviewed on 2/13/24 at 2:24 p.m. Diagnoses included dementia, coronary artery diseases, and carotid stenosis.

A pharmacy, "Note to Attending Physician/Prescriber", issued 3/30/23, recommended dual antiplatelet therapy is indicated for only 30 days. The recommendation indicated to have one of the medications be discontinued, Aspirin 81 mg daily (nonsteroidal anti-inflammatory which is also an anticoagulant) or clopidogrel (an antiplatelet) 75 mg daily.

The clinical record lacked physician notification.

A physician/prescriber response, dated 8/8/23, indicated the physician disagreed with this recommendation based on the resident need for continued dual therapy.

A physician/prescriber response, dated 8/21/23, indicated the physician agreement with this recommendation.

A "Physician Telephone Order", dated 8/21/23, ordered to discontinue Aspirin 81 mg daily per the pharmacy request dated 3/30/23.

During an interview, on 2/14/24

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at 10:30 a.m., the DON indicated pharmacy recommendations were either placed in a binder at the facility for the residents that utilized the facility physician, or the recommendations were faxed to the appropriate physician's office and the facility waited for the response. The DON indicated she was not sure why these recommendations were not addressed more timely.

A current facility policy, revised 1/24, titled " Pharmacy Recommendations", provided by the DON, on 2/14/24 at 1:50 p.m., indicated the following: "... Once recommendations and report are received by the facility, the physicians are notified of the recommendations...."

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