

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 05/09/2024	
NAME OF PROVIDER OR SUPPLIER MELROSE ASSISTED LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7101 HIGHWAY 41 NORTH, EVANSVILLE, , 47725					
(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 IN00431909, IN00431945, IN00433133, and IN00433183. Complaint IN00431909 - State deficiencies related to the allegations are cited at R216. Complaint IN00431945 - No deficiencies related to the allegations are cited. Complaint IN00433133 - No deficiencies related to the allegations are cited. Complaint IN00433183 - No deficiencies related to the allegations are cited. Survey date: May 8 and 9, 2024 Facility number: 014866 Residential Census: 21 This State Residential Finding is cited in accordance with 410 IAC 16.2-5.	R 0000					

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	Quality review completed May 13, 2024.			
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 a resident who self administered medications had an evaluation to ensure the ability to safely self administer medications for 1 of 5 residents reviewed for medication administration. (Resident B)	R 0216	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is submitted timely and in accordance with State and Federal Regulatory Guidelines. In this document, we have outlined specific actions in response to identified issues. We remain committed to providing the best care and will continue to make changes and improvements to achieve our desired results. The facility is requesting a desk review for compliance in these areas. What corrective	05/30/2024

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FORM APPROVED

OMB NO. 0938-0391

Finding includes:

On 5/9/24 at 7:53 A.M., Licensed Practical Nurse (LPN) 5 was observed to administer medications to Resident B. An unlabeled bottle of eye drops was observed in Resident B's room at that time on a bedside table between the recliner and the sliding doors. After administering the medications, Resident B asked LPN 5 to assist in searching for a specific water bottle. LPN 5 searched the room and bathroom, scanning the area between the recliner and the sliding doors where the bedside table was. The water bottle could not be located, and LPN 5 left the room. When LPN 5 was queried about the eye drops, LPN 5 entered the room again, obtained the eye drop bottle, and indicated to Resident B she would be taking the medication as residents were not allowed to have medications in their rooms. At that time, LPN 5 indicated Resident B's daughter had brought the eye drops in after the resident had complained to staff about dry eyes. She indicated there was not a current physician order for eye drops and Resident B was not supposed to have the bottle in the room.

On 5/9/24 at 9:00 A.M., Resident B's clinical record was reviewed. The diagnosis

action will be accomplished for those residents found to have been affected by the deficient practice? The eye drops were immediately removed from the resident apartment.

On 5/20/24 a memo was released to all appropriate staff and residents educating them that all medication must be ordered from a physician and administered by staff. This includes all miscellaneous over-the-counter medications.

All residents had the potential to be affected by deficient practice. Facility educated staff and residents on what is over the counter medications, how an order is received, and how we administered said medications.

The corrective action taken immediately was for staff found to be deficient was education on how to handle situations when unordered medication is found in the room. Additionally, ensure all residents understand what our procedures are when

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included, but was not limited to, Diabetes Mellitus.

Resident B's clinical record lacked a current physician order for eye drops.

A current medication management service plan, dated 1/28/24, indicated medications would be given by the nurse or Qualified Medication Aide on duty per policy.

Resident B's clinical record lacked a self administration of medications assessment.

On 5/9/24 at 12:44 P.M., the Administrator indicated the facility did not have a self administration of medications policy because none of the residents self administered medications. She indicated staff administered all medications to all residents.

This citation relates to Complaint IN00431909.

Based on observation, interview, and record review, the facility failed to ensure a resident who self administered medications had an evaluation to ensure the ability to safely self administer medications for 1 of 5 residents reviewed for medication administration. (Resident B)

medications are found without an order. Inservice is being conducted. This will be completed by 05/29/24.

To ensure that the deficient practice does not reoccur, all staff will be educated on what to look for when visiting residents' rooms and who they notify if anything is seen/found.

The facility plans to monitor its performance to ensure that solutions are sustained by performing random visual audits of the apartments. The DON/Administrator will conduct 3 random visual audits of units 1x per week for 4 weeks, and 1x per month for 3 months, or until total compliance is achieved.

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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