| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | A. BUILDING<br>B. WING | 10/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| TRADITIONS OF COLUMBUS | 4300 WEST GOELLER BLVD, COLUMBUS, , 47201 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES... | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION... | (X5) COMPLETION DATE |
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| R 0000 | INITIAL COMMENTS<br><br>This visit was for a State Residential Licensure Survey.<br><br>Survey date: October 19, 2023.<br><br>Facility number: 015179<br><br>Residential Census: 82<br><br>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.<br><br>Quality review completed on October 23, 2023. | R 0000 | | |
| R 0296 | Pharmaceutical Services - Noncompliance<br><br>410 IAC 16.2-5-6(b)<br><br>(b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.<br><br>Based on record review and interview, the facility failed to | R 0296 | The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.<br><br>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and | 10/22/2023 |

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| | follow the prescribed dose reduction for a resident's anticoagulant medication for 1 of 7 residents reviewed for pharmacy services. (Resident 8)<br><br>Findings include:<br><br>The clinical record for Resident 8 was reviewed on 10/19/23 at 2:00 P.M. The diagnoses included, but were not limited to, hypertension, Atrial Fibrillation (afib), thrombocytosis, and chronic kidney disease.<br><br>A Physician's order, dated 04/13/23, indicated the resident's Eliquis (an anticoagulant) was to be reduced from 5 mg (milligrams) twice a day to 2.5 mg twice a day.<br><br>The Pharmacy Recommendation, dated between 06/01/23 and 06/07/23, indicated the following recommendation was made in April of 2023, "...This resident currently has an order for Eliquis 5 mg twice daily for afib. A dose of 2.5 mg twice daily in afib is recommended if the resident meets 2 of the following 3 criteria: SCr 1.5 mg/dL (deciliter) or more (refers to Ceatinine blood levels), 80 years or older, and/or weighs 60 kg (kilograms) or less. This resident is 92 years old and has a most recent weight of 119 lbs (pounds) (54 kg). Please evaluate this order. | | requests Desk<br>Review in lieu a Post Survey Review.<br><br>**In response to R 296<br>410 IAC 16.2-5-6 (b)<br>Pharmaceutical Services-<br>Noncompliance**<br><br>**Deficiency:**<br><br>**(b) The facility<br>shall maintain clear written policies and procedures on medication assistance.<br>The facility shall provide for ongoing training to ensure competence of<br>medication staff.**<br><br>**This RULE is not met<br>as evidenced by: Based on record review and interview, the facility failed to<br>follow the prescribed dose reduction for a resident's anticoagulant medication<br>for 1 of 7 residents reviewed for pharmacy services.** | |

Would this be an appropriate time to reduce their dose to Eliquis 2.5 mg twice daily..."

The response noted on the recommendation indicated, "...There is a telephone order...on 4/13/23 indicating to decrease Eliquis to 2.5 mg twice daily. The facility physician order sheet still shows Eliquis 5 mg twice daily with an order date of 3/11/23. Please clarify if this order should be reduced to 2.5 mg and update the physician order sheet accordingly..."

The EMAR (Electronic Medication Administration Record) for the resident's Eliquis, from April 2023 through August 2023, indicated the resident had an order for Eliquis 5 mg at 8:00 A.M., and at 8:00 P.M., with a start date of 03/11/23, and had received 5 mg twice daily in April, May, June, and July, 2023.

The August EMAR indicated the resident's Eliquis dose was changed from 5 mg twice daily to 2.5 mg twice daily on August 25, 2023.

During an interview on 10/19/23 at 1:23 P.M., NP (Nurse Practitioner) 2 indicated one of the NPs were in the building every Thursday.

During an interview on 10/19/23 at 1:39 P.M., the DON (Director

**What corrective actions will be accomplished for those residents found to have been affected by the finding:**

No resident was adversely affected though the potential for an adverse outcome did exist. Clarification was obtained on the order in question to verify the correct dose was currently being administered.

-Completed 10/20/23

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will take place:

No resident was adversely affected though the potential for adverse outcome did exist.

The Director of Wellness immediately audited all resident charts/ orders to verify there were no outstanding orders.

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| | of Nursing) indicated there was no indication in the clinical record that the June Pharmacy Recommendation was addressed in regard to the resident's reduction of the Eliquis.<br><br>During an interview on 10/19/23 at 2:20 P.M., the Administrator indicated the physician's order should have been followed and addressed in April.<br><br>The current policy for Medication Administration, with a reviewed date of 04/2023, was provided by the Administrator on 10/19/23 at 2:55 P.M. The policy indicated, "...Management shall keep an updated list written list [sic] of all medications prescribed for each resident and shall make a good-faith effort to keep the list current..."<br><br>Based on record review and interview, the facility failed to follow the prescribed dose reduction for a resident's anticoagulant medication for 1 of 7 residents reviewed for pharmacy services. (Resident 8)<br><br>Findings include: | | The Director of Wellness along with the Memory Care Director (or designated clinical staff member) will audit resident charts/ orders weekly x 4 weeks, monthly x 3 months and the PRN. Records will be kept with the Administrator.<br><br>-Completed 10/20/23 and ongoing<br><br>**What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.**<br>**How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:**<br><br>The Director of Wellness, Memory Care Director or designated clinical staff member will audit resident charts/ orders weekly x 4 weeks, monthly x 3 months and the PRN. Records will be kept with the Administrator.<br><br>-Completed 10/20/23 and | |

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During an interview on 10/19/23 at 1:39 P.M., the DON (Director of Nursing) indicated there was no indication in the clinical record that the June Pharmacy Recommendation was addressed in regard to the resident's reduction of the Eliquis.

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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 |
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