

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2025

FORM APPROVED

OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | | X3) DATE SURVEY COMPLETED 04/16/2025 | |
| NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 4905 MELTON RD GARY, IN 46403 | | | |
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| R 0000 Bldg. 00 | <p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00457199 and IN00457281.</p> <p>Complaint IN00457199 - State deficiency related to the allegations is cited at R0117.</p> <p>Complaint IN00457281 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 15 and 16, 2025</p> <p>Facility number: 001140</p> <p>Residential Census: 116</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 4/21/25.</p> | | | R 0000 | | | |
| R 0116 Bldg. 00 | <p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure employee references were checked prior to employment for 2 of 3 employee records reviewed. (QMA 1 and CNA 1)</p> <p>Findings include:</p> <p>The employee records were reviewed on 4/16/25 at 11:05 a.m. The following items were missing:</p> <p>a. There was no reference check completed for QMA 1 who was hired on 10/31/24.</p> | | | R 0116 | <p>Employee files have been audited and any missing documentation has been corrected. Reference checks have been added to employee front sheet page. Business Office Manager responsible for documenting reference checks. Administrator to monitor new employee files visually, monthly; ongoing</p> | | 05/01/2025 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| R 0117 Bldg. 00 | <p>b. There was no reference check completed for CNA 1 who was hired on 3/10/25.</p> <p>During an interview on 4/16/25 at 11:40 a.m., the Business Office Manager indicated she had called the references but did not document anything.</p> <p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure staff were sufficient in number and there was a minimum of at least one staff person with current CPR and first aide certification working at all times. This had the potential to affect all residents residing in the facility.</p> <p>Findings include:</p> <p>1. The Nursing Schedule, dated 3/26/25 - 4/22/25, indicated CNA 1 was the only staff member working the 11:00 p.m. to 7:00 a.m. shift on 4/13/25. The CNA was not CPR and first aide certified.</p> <p>During an interview on 4/16/25 at 12:30 p.m., the Director of Nursing indicated based on the facility's census on 4/13/25, there should have been two staff members working instead of one.</p> <p>2. The Nursing Schedule, dated 4/12/25, indicated CNA 1 and CNA 3 worked the 11:00 p.m. to 7:00 a.m. shift. Both CNAs were not CPR or fist aide certified.</p> <p>During an interview on 4/16/25 at 12:40 p.m., the Business Office Manager indicated the CNAs had not completed their CPR and first aide training.</p> <p>This citation relates to Complaint IN00457199.</p> | | | R 0117 | <p>Facility contracts a security company from 11pm-7am to help ensure that there are always at least, based on this census, two (2) personnel in facility. Facility has contacted and contracted with a staffing agency to fill any shifts that might otherwise be understaffed. Staffing agency personnel, per staffing agency requirements, are CPR/first aide certified.</p> <p>DON responsible for scheduling of nursing staff. Business Office Manager to monitor by auditing nursing schedules weekly; ongoing</p> <p>CPR training has been mandated for 11pm-7am security personnel "outside agency" to ensure at least one person has CPR/first aide training on duty in the event that a new CNA has not completed the CPR/first aide training. Business Office Manager responsible for monthly checks of expired CPR/first aide certification.</p> | | 05/01/2025 |

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| R 0144 Bldg. 00 | <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation and interview, the facility failed to ensure the resident's environment was clean and in a state of good repair related to holes in the walls, an accumulation of dust and debris, loose tile and base boards, missing mirrors, urine odors, and an accumulation of food spillage in refrigerators for 3 of 4 units throughout the facility and for 1 of 1 medication rooms. (The 100, 200, 300 Units and the Medication Room)</p> <p>Findings include:</p> <p>During the Environmental Tour on 4/16/25 at 10:40 a.m. with the Maintenance Director, the following was observed:</p> <p>1. The 100 Unit</p> <p>In Room 105, there were holes in the wall next to bed 2. The cover of the air conditioning unit was loose and was being held up with duct tape. There was a crack in the ceiling. The box spring for bed 2 was slanting to the side. The mattress for bed 1 was torn down the middle. The base board behind the toilet in the bathroom was detached from the wall and there were two missing ceramic square tiles. The mirror from the medicine cabinet was missing and there was a hole in the wall behind the bathroom door. Two residents resided in this room and used the bathroom.</p> <p>2. The 200 Unit</p> <p>a. The floor tile was loose and peeling next to the</p> | | | R 0144 | <p>Administrator to monitor CPR book visually, monthly; ongoing</p> <p>1,2 Room 105 has been repaired. Box springs have been checked throughout building to make sure no others are slanting to the side. Mattresses have been checked throughout building for tears.</p> <p>Bathrooms throughout building have been checked for any missing ceramic tiles or detached baseboards.</p> <p>Some medicine cabinets will have mirrors; in other rooms plexiglass will be put in place of mirror.</p> <p>3 Room 351 has been cleaned along register.</p> <p>4 Nurses have been inserviced on the fact that the refrigerator for medications is for medications, not staffs food. Refrigerator has been cleaned. Refrigerator will be replaced.</p> <p>5 Fan in common area outside of medication room has been cleaned.</p> <p>Housekeeping and maintenance staff responsible for upkeep and cleaning.</p> <p>Housekeeping and maintenance supervisors to monitor daily, visually, five (5) times weekly; ongoing.</p> | | 05/16/2025 |

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| | <p>air conditioning unit in Room 207. A piece of ceramic tile was missing next to the sink in the bathroom. One resident resided in the bathroom.</p> <p>b. The mirror from the medicine cabinet in the bathroom of Room 214 was missing. One resident resided in the room.</p> <p>3. The 300 Unit</p> <p>A strong urine odor was noted in Room 351. There was also an accumulation of dust and dirt along the heat register. The mirror from the medicine cabinet in the bathroom was missing. One resident resided in this room.</p> <p>During an interview at that time, the Maintenance Director indicated all of the above were in need of cleaning and/or repair.4. During an observation of the medication storage room on 4/15/25 at 11:00 a.m., the medication refrigerator was observed to have drips of brown spillage on the inside and near the bottom. The shelf inside of the door was filled with various foods and condiments.</p> <p>During an interview on 4/15/25 at 11:15 a.m., LPN 1 indicated the refrigerator was for medications like insulin and some eye drops, but some of the staff's food was in there currently.</p> <p>During an interview on 4/16/25 at 12:10 p.m., the Director of Nursing indicated food should not be kept in the medication refrigerator.</p> <p>5. During a random observation on 4/15/25 at 11:30 a.m., a fan in the common area outside of the medication room was observed to have an accumulation of dust and dirt.</p> | | | | | | |

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| R 0216 Bldg. 00 | <p>During an interview on 4/16/25 at 12:23 p.m., the Director of Nursing indicated the fan needed to be cleaned.</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance</p> <p>Based on observation, record review and interview, the facility failed to complete a self-administration assessment for a resident who administered their own medications for 1 of 5 residents observed during medication pass. (Resident 9)</p> <p>Finding includes:</p> <p>During observation of a medication pass on 4/15/25 at 11:10 a.m., LPN 1 administered Resident 9 his morning medications. She then handed the resident a packet which contained two medications the resident was scheduled to take at noon: benztropine (a medication that treats the side effects caused by antipsychotic medications) and hydroxyzine (a medication used to help control anxiety). The resident put the packet in his pocket and indicated to LPN 1 that he would take them later. At that time, LPN 1 indicated she gave the resident his medications to take later because his morning pills were taken late due to his doctor's appointment.</p> <p>The resident's record was reviewed on 4/16/25 at 9:43 a.m. Diagnoses included, but were not limited to, schizophrenia and arthritis.</p> <p>The Service Plan, dated 1/16/24, indicated the resident was dependent on total assistance for medications and nurses were to administer his medications.</p> | | R 0216 | <p>Service plan for resident nine (9) has been updated to indicate that he has been assessed to self administer medications to be taken later on the days that he will be out of the facility for medication time.</p> <p>Charge nurse responsible for checking with resident if he will be out of building for next round of medications.</p> <p>DON to monitor visually, during medication pass, one (1) time weekly; ongoing.</p> | | 05/01/2025 | |

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| R 0217 Bldg. 00 | <p>During an interview on 4/15/25 at 3:10 p.m. the Director of Nursing indicated the resident had not been assessed to self-administer medications, and the nurse should not have given him his medications to take later.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure the service plan was signed by the resident for 6 of 8 records reviewed. (Residents 6, 8, 2, 3, 4, and 7)</p> <p>Findings include:</p> <p>1. The record for Resident 6 was reviewed on 4/15/25 at 1:10 p.m. Diagnoses included, but were not limited to, stroke, hypertension, kidney disease, and diabetes.</p> <p>The Service Plan, dated 1/31/25, was not signed by the resident.</p> <p>2. The record for Resident 8 was reviewed on 4/15/25 at 2:54 p.m. Diagnoses included, but were not limited to, depression, hypertension, and hyperthyroidism.</p> <p>The Service Plan, dated 2/25/25, was not signed by the resident.</p> <p>During an interview on 4/16/25 at 9:00 a.m., the Director of Nursing indicated most of the residents won't sign their service plan. She indicated that she would document "refused" next time. 3. Resident 2's record was reviewed on 4/15/25 at 11:45 a.m. Diagnoses included, but were not limited to, prostate cancer and chronic</p> | | | R 0217 | <p>Service plans have been audited and service plans will be signed by resident or indicate residents refusal to sign.</p> <p>Charge nurse responsible for obtaining or documenting residents signature.</p> <p>DON to monitor service plans visually, monthly; ongoing.</p> | | 05/16/2025 |

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| | <p>obstructive pulmonary disease.</p> <p>The most recent Service Plan was completed on 4/10/25. It was not signed by the resident.</p> <p>4. Resident 3's record was reviewed on 4/15/25 at 10:30 a.m. Diagnoses included, but were not limited to, chronic schizophrenia and hypertension.</p> <p>The most recent Service Plan was completed on 1/6/24 and reviewed on 2/5/25. It was not signed by the resident. 5. The record for Resident 4 was reviewed on 4/15/25 at 10:54 a.m. Diagnoses included, but were not limited to, schizophrenia, and dementia.</p> <p>The 1/15/24 Service Plan, updated on 2/27/25, lacked a resident signature.</p> <p>During an interview on 4/16/25 at 11:30 a.m., the Director of Nursing indicated she did not get any of the service plans signed by the residents.</p> <p>6. The record for Resident 7 was reviewed on 4/15/25 at 2:20 p.m. Diagnoses included, but were not limited to, depression, COPD (chronic obstructive pulmonary disease), and early dementia.</p> <p>The 1/15/24 Service Plan lacked a resident signature.</p> <p>During an interview on 4/16/25 at 11:30 a.m., the Director of Nursing indicated she did not get any of the service plans signed by the residents.</p> | | | | | | |

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| R 0243 Bldg. 00 | <p>410 IAC 16.2-5-4(e)(3) Health Services - Deficiency</p> <p>Based on record review and interview, the facility failed to document how much insulin was administered for 1 of 8 records reviewed. (Resident 6)</p> <p>Finding includes:</p> <p>The record for Resident 6 was reviewed on 4/15/25 at 1:10 p.m. Diagnoses included, but were not limited to, stroke, hypertension, kidney disease, and diabetes.</p> <p>A Physician's Order, dated 3/25/25, indicated the resident was to receive his baseline dose of 6 units of insulin with every meal. If the resident's blood sugar was above 150, the following Humalog insulin was to be added to the baseline dose: 150-200=1 unit 201-250=2 units 251-300=3 units 301-350=4 units 351-400=5 units</p> <p>The March 2025 Medication Administration Record (MAR), indicated the amount of insulin the resident received was not documented on the following dates and times: - 3/25/25 at 2:00 p.m. and 8:00 p.m. - 3/26/25 at 8:00 a.m., 2:00 p.m., and 8:00 p.m. - 3/27/25 at 8:00 a.m. and 2:00 p.m. - 3/28/25 at 2:00 p.m. - 3/31/25 at 8:00 a.m. and 2:00 p.m.</p> <p>The April 2025 MAR, indicated the amount of insulin the resident received was not documented on the following dates and time:</p> | | | R 0243 | <p>Charts were audited and this is the only resident with these dosing parameters. Pharmacy has been informed that the sliding scale must be added, and it was. Dosing parameters has been added to indicate how much insulin was given. Pharmacy responsible for inputting sliding scale. DON to monitor visually, one (1) time weekly, during med pass; ongoing.</p> | | 04/17/2025 |

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| R 0273 Bldg. 00 | <p>- 4/1/25 at 8:00 p.m. - 4/2/25 at 8:00 a.m., 2:00 p.m., and 8:00 p.m. - 4/3/25 at 8:00 a.m. and 2:00 p.m. - 4/4/25 at 8:00 a.m. and 2:00 p.m. - 4/7/25 at 8:00 a.m. - 4/9/25, 4/10/25, 4/11/25, and 4/14/25 at 8:00 a.m. and 2:00 p.m. - 4/15/25 at 8:00 a.m., 2:00 p.m., and 8:00 p.m. - 4/16/25 at 8:00 a.m.</p> <p>During an interview on 4/16/25 at 9:30 a.m., the Director of Nursing indicated when the pharmacy transcribed the order, they did not include an area on the MAR to document how much insulin was given.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, record review and interview, the facility failed to ensure sanitary conditions were maintained related to no chemical sanitation buckets, no temperature gauge in the freezer, frozen food boxes stored on the floor and stacked to the ceiling in the freezer, thick ice accumulation on stored boxes in the freezer; unlabeled, undated and uncovered food in the refrigerator and dry storage area, dirty shelves, and not monitoring chemical dishwasher solution in 1 of 1 kitchen. (The Main Kitchen)</p> <p>Findings include:</p> <p>During the initial kitchen sanitation tour with the Dietary Manager (DM) on 4/15/25 at 9:40 a.m., the following was observed:</p> <p>a. There were no chemical sanitation buckets located in the kitchen, just empty buckets on top of the counter.</p> | | | R 0273 | <p>A. Dietary staff has been inserviced on the use of chemical sanitation buckets to be located in the kitchen. B. The thermometer located in the freezer has been re-hung. C. Dietary staff has been inserviced on proper storage of food in freezer. D. Dietary staff has been inserviced on labeling and dating all open food. E. Dry storage bins have been cleaned and labeled. New lids are being purchased F. Shelves below counters have been cleaned G. Policy has been developed indicating that our dish washing machine sanitizer testing is done once every four (4) weeks by our</p> | | 05/16/2025 |

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| | <p>b. There was no thermometer in the freezer.</p> <p>c. The frozen food boxes in the freezer were on the floor and stacked ceiling high, creating a large accumulation of ice on several boxes in the freezer.</p> <p>d. In the walk-in refrigerator, there were jars of ranch dressing, jalapeno, relish, cantaloupe chunks, cottage cheese, and Italian dressing that were opened but not dated. There was a tray of corn bread muffins that was uncovered and undated.</p> <p>e. There were two dry storage bins on the floor that were unlabeled and undated. The lid on one of the bins was cracked and had a hole in it.</p> <p>f. The shelves below the counters had an accumulation of dirt and debris.</p> <p>g. There was no routine testing of the chemicals in the chemical dishwasher.</p> <p>During an interview with the DM during the initial kitchen tour, she indicated food items should be covered, labeled and dated. She also indicated there was a delivery of food yesterday, that was why the freezer was disorganized and the shelves were dirty because food was being prepared. She indicated a company came out once a month to service the dishwasher. She had test strips available but did not use them or know how to use them.</p> <p>During an interview on 4/15/25 at 9:45 a.m., Dietary Aide 1 indicated he was unable to find the thermometer in the freezer, he thought it had been knocked down. He indicated the ice accumulation</p> | | | | <p>dish washing machine company. Sanitizer test results are marked on the customer service reports. Last test completed on April 2, 2025, results showing 50 ppm. Dietary Manager has been trained by dish washing machine personnel on the use of sanitizing test strips and has received a vial of them.</p> <p>Cook responsible for making sure closing work is being done. Dietary Manager responsible for inspecting the kitchen every morning for completion of closing work, visually, five (5) times weekly; ongoing</p> | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| R 0298 Bldg. 00 | <p>happened when the freezer door was left open, the freezer would start to defrost and drip onto the boxes below.</p> <p>A dishwasher policy and kitchen sanitation policy was requested and not available.</p> <p>The document, "Food Labeling Policy", dated 3/2/24, indicated, "All opened food shall be labeled and dated...."</p> <p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure residents' medications were reviewed every 60 days by a licensed pharmacist for 6 of 8 residents reviewed. (Residents 2, 3, 6, 8, 4, and 7)</p> <p>Findings include:</p> <p>1. Resident 2's record was reviewed on 4/15/25 at 11:45 a.m. The resident was on leave of absence from the facility from September 2024 until April 2025. There was no documentation the pharmacist had reviewed the resident's medications from May 2024 through September 2024.</p> <p>2. Resident 3's record was reviewed on 4/15/25 at 10:30 a.m. The resident was admitted on 3/20/01. There was no documentation the pharmacist had reviewed the resident's medications from May 2024 through December 2024.</p> <p>During an interview on 4/15/25 at 1:40 p.m., the Director of Nursing indicated they did not have a pharmacist available to review residents' medications prior to January of this year. 3. The</p> | | | R 0298 | <p>Facility has contracted with a new pharmacy due to pharmacy reviews not being done in a timely manner and/or off site. New pharmacy responsible for doing reviews in house. DON to monitor charts, visually, monthly; ongoing.</p> | | 04/21/2025 |

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| | <p>record for Resident 6 was reviewed on 4/15/25 at 1:10 p.m. Diagnoses included, but were not limited to, stroke, hypertension, kidney disease, and diabetes. The resident was admitted to the facility on 9/26/18.</p> <p>There was no documentation the pharmacist had reviewed the resident's medications every 60 days from May 2024 through December 2024.</p> <p>4. The record for Resident 8 was reviewed on 4/15/25 at 2:54 p.m. Diagnoses included, but were not limited to, depression, hypertension, and hyperthyroidism. The resident was admitted to the facility on 10/19/18.</p> <p>There was no documentation the pharmacist had reviewed the resident's medications every 60 days from May 2024 through December 2024.</p> <p>During an interview on 4/15/25 at 1:40 p.m., the Director of Nursing indicated the previous pharmacy had not reviewed each resident's medication at least once every 60 days. 5. The record for Resident 4 was reviewed on 4/15/25 at 10:54 a.m. Diagnoses included, but were not limited to, schizophrenia and dementia.</p> <p>There was no evidence of pharmacy reviews being completed every 60 days from May 2024 until December 2024.</p> <p>6. The record for Resident 7 was reviewed on 4/15/25 at 2:20 p.m. Diagnoses included, but were not limited to, depression, COPD (chronic obstructive pulmonary disease), and early dementia.</p> | | | | | | |

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| R 0349 Bldg. 00 | <p>There was no evidence of pharmacy reviews being completed every 60 days from May 2024 until December 2024.</p> <p>During an interview on 4/15/25 at 2:35 p.m., the Director of Nursing indicated that was a time when they had problems with their previous pharmacy. They weren't getting everything they were supposed to, and they switched over to a new pharmacy.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance</p> <p>Based on observation, record review, and interview, the facility failed to ensure clinical records were complete and accurately documented related to fall follow up, medication administration, and clarification of medication orders for 1 of 8 records reviewed and for 2 of 5 residents observed during medication administration. (Residents 8, 10, and 11)</p> <p>Findings include:</p> <p>1. The record for Resident 8 was reviewed on 4/15/25 at 2:54 p.m. Diagnoses included, but were not limited to, depression, hypertension, and hyperthyroidism.</p> <p>A Nurse's Note, dated 4/9/25 at 8:14 a.m., indicated the resident returned to the facility after being intoxicated. A large abrasion was observed over the left eye, the corner of the left eye, and the nose. The resident denied pain or discomfort and still appeared to be slightly intoxicated.</p> <p>There were no additional nurse's notes for review.</p> <p>During an interview on 4/16/25 at 9:00 a.m., the</p> | | | R 0349 | <p>1 Nurses have been inserviced on the importance of completing at least seventy-two (72) hour documentation after a change in condition.</p> <p>2 Resident was receiving proper doses indicated by blood sugar checks. QuickMar computer system dropped the box for the 11am medication pass. QuickMar is aware of the error and the problem has been corrected. QuickMar has indicated that this was a system error on their part. Ozempic was not administered on 04/01, 04/02, 04/09, 04/11, 04/12, 04/13. This was another QuickMar error that has been corrected, other Ozempic client orders are correct.</p> <p>3 Nurses have been inserviced on the importance of charting medication exemptions Charge nurse responsible for documentation.</p> <p>DON to monitor weekly during</p> | | 04/25/2025 |

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| | <p>Director of Nursing indicated documentation should have been completed for at least 72 hours after the incident. 2. The record for Resident 10 was reviewed on 4/15/25 at 2:50 p.m. The April 2025 Medication Administration Record (MAR) indicated the resident was to receive 34 units of Insulin Lispro (a fast-acting insulin) four times a day with meals and nightly. The medication was scheduled and signed out for three times each day: 8:00 a.m., 4:00 p.m., and 8:00 p.m. The MAR indicated the order for the insulin was from 1/27/25, but the physician's order was not found in the record.</p> <p>The April 2025 MAR indicated the resident was to receive Ozempic (an injected medication that lowers blood sugar) every Monday. The medication was signed out as given on 4/1/25 (Tuesday), 4/2/25 (Wednesday), 4/9/25 (Wednesday), 4/11/25 (Friday), 4/12/25 (Saturday), and 4/13/25 (Sunday).</p> <p>During an interview on 4/15/25 at 3:10 p.m., the Director of Nursing (DON) indicated the Lispro order should read three times a day, and that she would look for the order to clarify the MAR. The DON indicated the Ozempic was documented incorrectly. She was sure the resident only received Ozempic once per week because she prepared the medication pens herself.</p> <p>On 4/16/25 at 8:45 a.m., the DON indicated she had not found the Lispro order yet to clarify the MAR. No further information was received by the end of the survey.</p> <p>3. During observation of a medication pass on 4/15/2025 at 11:14 a.m., LPN 1 administered the following medications to Resident 11: valproic acid (for bipolar disorder and seizures),</p> | | | | med pass; ongoing. | | |

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| R 0412 Bldg. 00 | <p>benztropine (treats the side effects caused by antipsychotic medications), duloxetine (for depression and anxiety), cyclobenzaprine (for muscle spasms), docusate sodium (a stool softener), hydroxyzine pamoate (for anxiety), losartan/hydrochlorothiazide (for high blood pressure), olanzapine (an anti-psychotic), naproxen (an anti-inflammatory), and omeprazole (to decrease stomach acid). At that time, LPN 1 indicated the resident was receiving the medications late because she had a doctor's appointment that morning.</p> <p>The record for Resident 11 was reviewed on 4/16/25 at 9:30 a.m. The MAR indicated the resident did not receive her 10 morning medications because she was at an appointment.</p> <p>During an interview on 4/16/25 at 3:10 p.m., the Director of Nursing indicated the nurse should have changed her documentation to indicate the resident did receive her morning medications on 4/15/25.</p> <p>410 IAC 16.2-5-12(i) Infection Control - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure annual tuberculosis risk assessments were completed for 5 of 8 records reviewed. (Residents 6, 8, 3, 4, and 7)</p> <p>Findings include:</p> <p>1. The record for Resident 6 was reviewed on 4/15/25 at 1:10 p.m. Diagnoses included, but were not limited to, stroke, hypertension, kidney disease, and diabetes.</p> <p>The last annual tuberculosis (TB) risk assessment</p> | | | R 0412 | <p>TB risk assessments will be completed as resident is admitted to facility and will be completed by the end of June annually to ensure TB risk assessments are up to date.</p> <p>Charge nurses responsible for initial risk assessment.</p> <p>DON to monitor when auditing charts, quarterly, ongoing.</p> | | 05/01/2025 |

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| | <p>was dated 1/22/24.</p> <p>2. The record for Resident 8 was reviewed on 4/15/25 at 2:54 p.m. Diagnoses included, but were not limited to, depression, hypertension, and hyperthyroidism.</p> <p>The last annual tuberculosis (TB) risk assessment was dated 1/18/24.</p> <p>During an interview on 4/16/25 at 9:00 a.m., the Director of Nursing indicated the TB risk assessments were to be updated yearly. 3. Resident 3's record was reviewed on 4/15/25 at 10:30 a.m. Diagnoses included, but were not limited to, chronic schizophrenia and hypertension.</p> <p>The resident's last TB risk assessment was completed on 1/16/24. 4. The record for Resident 4 was reviewed on 4/15/25 at 10:54 a.m. Diagnoses included, but were not limited to, schizophrenia, and dementia.</p> <p>There was no evidence an annual tuberculosis (TB) risk assessment had been completed for the resident since 1/15/24.</p> <p>During an interview on 4/16/25 at 9:24 a.m., the Director of Nursing indicated she had not updated the TB risk assessments this year.</p> <p>5. The record for Resident 7 was reviewed on 4/15/25 at 2:20 p.m. Diagnoses included, but were not limited to, depression, COPD (chronic obstructive pulmonary disease), and early dementia.</p> | | | | | | |

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| | There was no evidence an annual tuberculosis (TB) risk assessment had been completed for the resident since 1/15/24. During an interview on 4/16/25 at 9:24 a.m., the Director of Nursing indicated she had not updated the TB risk assessments this year. | | | | | | |