

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

PRINTED: 03/20/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155003		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/05/2025	
NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 900 PROVIDENT DRIVE WARSAW, IN 46580			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00454167.</p> <p>Complaint IN00454167 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: March 5, 2025</p> <p>Facility number: 000003 Provider number: 155003 AIM number: 100290600</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 7 Medicaid: 50 Other: 16 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 3/6/2025</p>			F 0000	<p>We at the facility are hereby respectfully requesting this agency consider paper compliance/desk review for compliance for the following plan of correction as opposed to a post survey revisit. We are willing to submit any and all documentation as requested to assure our credible compliance with the deficiencies noted in the following CMS-2567. We are hereby providing our plan of correction. Submission of this Plan of correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is provided as evidence of the facilities desire to comply with regulations and continue to provide quality care. Please accept this Plan of Correction as our credible allegation of compliance.</p>		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care</p> <p>Based on interview, record review and interview, the facility failed to provide scheduled pain medication in a timely manner for 1 of 3 residents reviewed for pharmaceutical services. (Resident B)</p> <p>Finding includes:</p>			F 0684	<p>Resident B has had no adverse reactions as a result of this deficient practice. Resident B's medications were reviewed, and no modifications were indicated. All other residents residing in the facility that receive assistance</p>		03/21/2025

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

TITLE

(X6) DATE

Jaime Sevier

RN, RDQA

03/13/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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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	<p>During an interview, on 3/5/2025 at 9:28 A.M., Resident B indicated RN 2 was not allowed to provide medical services for her, including medication administration. This decision was made due to a prior incident of RN 2 scaring her during a night shift medication administration. She indicated RN 2 had been informed the other evening and night shift nurses were to administer her pain medications when needed at 4:00 P.M., 8:00P.M., 12:00 A.M. and 4:00 A.M. when RN 2 was scheduled to work</p> <p>A record review for Resident B was completed on 3/5/2025 at 10:32 A.M. Diagnoses included, but were not limited to: leukemia, anemia and anxiety disorder.</p> <p>A Quarterly Minimum Data Set assessment, completed 2/13/2025, indicated Resident B was cognitively intact and received opioid pain medication. She had medically complex conditions including a diagnosis of cancer.</p> <p>A Physician's Order, dated 12/2024, indicated Norco (hydrocodone-acetaminophen) 7.5 milligrams-325 milligrams every four hours for pain management. The medication administration times included: 12:00 A.M., 4:00 A.M., 8:00 A.M., 12:00 P.M., 4:00 P.M. and 8:00 P.M.</p> <p>A document titled, Grievance Form, was completed by the facility Executive Director on behalf of Resident B on 1/27/2025. The grievance indicated Resident B had concerns related to the administration of her Norco (pain medication) and Zofran (antiemetic medication) medications. The investigation indicated the Zofran and Norco were scheduled as needed and routine. These medications had been changed to routine times for medication administration.</p>				<p>with medication administration have the potential to be affected by this deficient practice. The facility policy and procedure for Medication Administration was reviewed and no changes were indicated. Facility nursing staff were reinserviced by the Director of Nursing regarding the facility policy and procedure for Medication Administration. The DON and/or designee will randomly complete the Timely Administration of Medication form (Attachment A). The random audit will occur weekly for four weeks, every other week for four weeks, then monthly thereafter. Monitoring will continue until 100% compliance is achieved for a period of three consecutive months as determined by the Quality Assurance Performance Improvement committee. After consecutive compliance is achieved the DON and/or designee will randomly complete the Timely Administration of Medication form to ascertain continued compliance at least biannually. Any concerns noted will receive immediate follow-up. The DON report of monitoring will be forwarded to the Administrator for monthly Quality Assurance Performance Improvement review and the plan of action will be adjusted accordingly.</p>		

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	<p>A Medication Administration Audit Report, dated 2/1/2025 through 3/5/2025, for second shift (2:00 P.M. through 10:00 P.M.), indicated the following administration times: for the Norco:</p> <p>-2/3/2025 scheduled at 8:00 P.M., administered at 9:42 P.M.</p> <p>-2/4/2025 scheduled at 4:00 P.M., administered at 5:30 P.M.</p> <p>-2/4/2025 scheduled at 8:00 P.M., administered at 9:58 P.M.</p> <p>-2/6/2025 scheduled at 4:00 P.M., administered at 6:45 P.M.</p> <p>-2/7/2025 scheduled at 4:00 P.M., administered at 6:15 P.M.</p> <p>-2/8/2025 scheduled at 8:00 P.M., administered at 6:52 P.M.</p> <p>-2/10/2025 scheduled at 4:00 P.M., administered at 5:10 P.M.</p> <p>-2/14/2025 scheduled at 8:00 P.M., administered at 9:23 P.M.</p> <p>-2/16/2025 scheduled at 4:00 P.M., administered at 6:37 P.M.</p> <p>-2/18/2025 scheduled at 4:00 P.M., administered at 7:56 P.M.</p> <p>-2/24/2025 scheduled at 4:00 P.M., administered at 6:17 P.M.</p> <p>-2/25/2025 scheduled at 4:00 P.M., administered at 5:15 P.M.</p> <p>-2/26/2025 scheduled at 4:00 P.M., administered at 5:34 P.M.</p> <p>-3/2/2025 scheduled at 4:00 P.M., administered at 5:16 P.M.</p> <p>-3/2/2025 scheduled at 8:00 P.M., administered at 9:53 P.M.</p> <p>A Medication Administration Audit Report, dated 2/1/2025 through 3/5/2025, for the night shift (10:00 P.M.-6:00 A.M.) indicated the following administration times:</p>						

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	<p>-2/8/2025 scheduled at 12:00 A.M., administered at 2:36 A.M.</p> <p>-2/13/2025 scheduled at 4:00 A.M., administered at 5:57 A.M.</p> <p>-2/15/2025 scheduled at 4:00 A.M., administered at 5:19 A.M.</p> <p>-2/18/2025 scheduled at 2:00 A.M., administered at 10:35 P.M.</p> <p>-2/18/2025 scheduled at 4:00 A.M., administered at 10:35 P.M.</p> <p>-2/19/2025 scheduled at 4:00 A.M., administered at 5:07 A.M.</p> <p>-2/24/2025 scheduled at 4:00 A.M., administered at 5:05 A.M.</p> <p>During an interview, on 3/5/2025 at 1:02 P.M., RN 3 indicated there had been a communication problem with RN 2 communicating with the other licensed nursing staff to administer Resident B's pain medication during his scheduled shifts. She indicated a scheduled medication should have been administered within an hour before or an hour after the scheduled medication administration time.</p> <p>During an interview, on 3/5/2025 at 1:24 P.M., Resident B indicated that her pain level increased if she waited more than 40 minutes from the administration time to receive her pain medication. She indicated she would have to make sure she woke up during the night to ensure she received her pain medication. She indicated she had called the facility many times to have her pain medication administered to her or remind the staff to administer the medication. Resident B indicated she had spoken with RN 2 about his responsibilities to remind the other licensed nursing staff of her need to have her pain medication administered timely, and RN 2 indicated he would not inform the other staff as</p>						

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	<p>Resident B was not his responsibility.</p> <p>During an interview, on 3/5/2025 at 1:37 P.M., Resident B's daughter indicated she had had a conversation with RN 2 about his responsibility to inform the other licensed nursing staff of the need to administer Resident B's medications when he was scheduled to work. Resident B's daughter indicated he did not respond verbally to her request.</p> <p>A policy was provided by the Regional Director of Clinical Services, on 3/5/2025 at 2:09 P.M. The policy titled, "Medication Administration", indicated, " ...12. Compare medication source [bubble pack, vial, etc.] with MAR [Medication Administration Record] to verify resident name, medication name, form, dose, route, and time ...b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by the physician"</p> <p>This citation relates to Complaint IN00454167.</p> <p>3.1-37(a)</p>						