STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	03/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE SENIOR LIVING AT FORT WAYNE	300 E WASHINGTON BLVD FORT WAYNE, IN 46802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
R 0000 Bldg. 00	This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00337282, IN00338249, IN00339509, IN00339777, IN00339950, IN00340244, IN00340343, IN00340514, IN00340581, IN00343480, IN00343499, IN00343665, IN00345284, IN00345641, IN00346109, IN00346670, IN00347479, IN00347634, and IN00347764 and a Residential COVID-19 Quality Assurance Walk Through completed on February 23, 2021. This visit was in conjuction with the Investigation of Complaints IN00350009 and IN00350355. Complaint IN00337282 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00338249 - Corrected. Complaint IN00339509 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00339777 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00339950 - Corrected. Complaint IN00340244 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00340343 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00340514 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00340581 - Corrected.	R 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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	Complaint IN00343480 - Corrected. Complaint IN00343499 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00343665 - Corrected. Complaint IN00345284 - Corrected. Complaint IN00345641 - Not Corrected. Deficiency re-cited at R0147. Complaint IN00346109 - Not Corrected. Deficiency re-cited at R0407. Complaint IN00346670 - Not Corrected. Deficiency re-cited at R0241. Complaint IN00347479 - Corrected. Complaint IN00347634 - Corrected. Complaint IN00347764 - Not Corrected. Deficiency re-cited at R0241. Survey dates: March 29, 30, & 31, 2021 Facility number: 012288 Residential Census: 127 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed April 6, 2021			
R 0147 Bldg. 00	410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency			

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	(d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities. Based on observation, interview and record review, the facility failed to ensure resident smoking safety for 11 of 34 residents reviewed. (Resident C, Resident D, Resident H, Resident L, Resident AA, Resident R, Resident K, Resident BB, Resident CC, Resident DD and Resident HH) Findings include: A list of the current residents who smoked was provided by the facility on 3-29-2021 at 10:18 a.m. The list indicated 34 residents smoked. During an environmental tour on 3-29-2021 at 11:20 a.m., a stale cigarette odor was noted on the third floor. The Maintenance Director was observed to be cleaning out a vacated resident room, 314. An observation inside the room indicated there was a bedside table with over 20 cigarette butts on top of it. The top of the table finish was blackened as well as the side of the table. There was one 5 ounce bottle of lighter fluid on the bedside table and a can of butane lighter fluid on the floor. An interview with the Maintenance Director at this time, indicated the facility had cracked down on smoking. He indicated there was a point system. If a resident did not comply with the smoking rules, the resident could be discharged from the facility. On 3-29-2021 at 11:32 a.m., upon entering the 10th floor an interview with a resident who wished to remain anonymous indicated they had witnessed residents smoke in their rooms.	R 0147	1.Res C, D, H, L, AA, R , K, BB, CC, DD, and HH were issued verbal warnings regarding smoking policy non-compliance on 3-31-2021 by the FWFD and facility Management. Room 904 battery was replaced in the smoke detector. Smoking assessments were completed by the DON and designee on 4-16-2021 for residents identified who smoke. 2.Residents who are non-compliant with the facility's smoking policy were identified through an audit completed on 4-1-2021 by the IDT. Residents who smoke were identified through an audit completed by the DON 3-29-2021 3.The facility's smoking policy violation procedure was reviewed and revised by management on 3-31-2021. Residents were notified of the facility's smoking policy on 3-31-2021 by FWFD and facility management. Facility rounds will be completed by management on an ongoing basis, and concerns related to non-compliance with the smoking facility will be addressed on an individual basis. Smoke detectors will be tested by the Director of	04/22/2021

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	On 3-29-2021 at 11:37 a.m., the door to room 1021 was ajar. There was a strong odor of cigarette smoke coming from the partially opened door. Resident C answered the door. An observation inside Resident C's room indicated a lit cigarette was on the floor with smoke coming from the cigarette. Several cigarette butts were observed on the floor by the window. During an interview at this time with Resident C, he indicated he was smoking in his room, he knew he should not be smoking in his room, he was supposed to smoke outside in back in the smoking hut. Resident C indicated he knew he could not smoke in his room if he wanted to live in the facility. On 3-29-2021 at 11:49 a.m., upon entering the 9th floor, a high pitched chirping sound came from room 904. The chirping sound was observed to be coming from the smoke detector. The door to room 904 was open and no one was observed to be inside the room. An observation inside the room at this time indicated a ceramic bowl was on top of the beside table with 20 cigarette butts in the bowl and 6 cigarette butts on the floor between the bed and bedside table. A pack of cigarettes and a lighter were observed on the bedside table next to the ceramic bowl. An interview with Nurse 10 on 3-29-2021 at 11:52 a.m., indicated if she would find a resident smoking in their room, she would educate them about going outside and she would try to remove their cigarettes from them. She would also report to the front desk as they keep a log of incidents. An interview with Fire Inspector on 3-30-2021 at 10:50 a.m., indicated there was a city ordinance		Maintenance or designee through the facility's preventative maintenance program. Staff were in-serviced 4-22-2021 by the Administrator on the facility's no smoking policy and staff responsibilities, to include staff protocol regarding the no smoking policy. 4.The IDT, with oversight from the administrator will conduct weekly audits to ensure residents are following the facility's smoking policy. The findings from the audits will be reviewed during the facility's quarterly QAPI meeting until there is 100% compliance.	

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	which prohibits smoking inside the facility, no smoking was allowed outside within 20 feet from the entrance of the facility and 8 feet from any side or back entrances of the facility. The Fire Inspector indicated he had spoken with the ED (Executive Director) and she had set up a plan for violators of the smoking policy. The 1st offense, would be a $25 fine, the 2nd offense, would be a $250 fine, and the 3rd offense, the resident would be discharged from the facility. he indicated when the Fire Inspector was contacted, they could issue a $100 citation to the facility. An observation of Resident H's room with the Fire Inspector on 3-30-2021 at 1:08 p.m., indicated a noticeable cigarette smoke odor was in the room. Resident H was observed in his bed. A ceramic bowl of cigarette butts was observed on the bedside table with some cigarette butts observed on the floor. The Fire Inspector spoke to the resident and asked him about smoking in his room. The resident indicated he would break off the cigarette butt from the rest of the cigarette and place the butts in the dish. The resident indicated he would take the rest of the cigarette outside to smoke. There were some cigarette butts with blackened ends and ashes observed in the dish. There was a cup with water on the bedside table observed with several cigarette butts in the water with blackened ends. The resident was educated by the Fire Inspector about the smoking policy of the facility - smoking was prohibited in resident rooms and the designated smoking area was the smoking hut outside the facility. An observation and interview with Resident D on 3-30-2021 at 1:17 p.m., indicated the resident was educated by the Fire Inspector about not smoking in her room. The resident indicated her			

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	smoking materials were at the front desk. The Fire Inspector educated the resident on the designated smoking area and to not smoke just outside the facility doors. An observation and interview with Resident C on 3-30-2021 at 1:21 p.m. The Fire Inspector educated the resident about the smoking policy. The Fire Inspector pointed out a cigarette butt on top of a sock hat on the floor was a fire hazard. Cigarette butts observed in a dust pan had black ashes. A table in front of the window was observed with round, small, black, burned circles on the top of the table. The Fire Inspector indicated the marks were burn marks on the table and the resident agreed. Black ashes were observed on the floor. The Fire Inspector educated the resident about not smoking in his room and indicated the only designated smoking area was the smoking hut in the back parking lot of the facility. An observation with the Fire Inspector on 3-30-2021 at 1:23 p.m., indicated Resident L's room door was unlocked and Resident L was not in the room. The Fire Inspector entered the room. We observed black ashes on the bedside table. The Fire Inspector performed a successful test on the smoke alarm. In an interview on 3-30-2021 at 1:27 p.m., CNA 13 (Certified Nurse Aide) indicated if she were to observe a resident smoking in the facility, she would let someone know and explain to the resident they were not supposed to smoke in their room. She indicated she would also check their trash to ensure the cigarette butts were out. On 3-30-2021 at 1:35 p.m., the Fire Inspector was observed to speak with the ED. He indicated			

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	since the facility was going to crack down on this smoking in the building, then the facility would need to track the residents and their violations. The Fire Inspector also indicated instead of staff sitting at a station, the staff should be routinely patrolling the halls. An interview with the ED on 3-30-2021 at 1:43 p.m., indicated all the residents choosing to smoke had been educated on the new process and staff were educated to confiscate smoking material if residents were found smoking in their room or in the facility. She indicated residents and staff were educated the only designated smoking area was the smoke hut on the back parking lot of the facility. An observation of the ED and Fire Inspector indicated they made rounds to some additional rooms for the Fire Inspector to educate residents on the smoking policy. The following residents were observed being educated: On 3-30-2021 at 1:45 p.m., Resident AA was educated. On 3-30-2021 at 1:52 p.m., Resident R was not in her room, but a a full ashtray and strong cigarette smoke odor was noted in the room. On 3-30-2021 at 1:54 p.m., Resident K was not in her room. A cup being used as an ashtray was observed in the room. On 3-30-2021 at 1:55 p.m., Resident BB was educated. On 3-30-2021 at 1:59 p.m., A strong cigarette smoke odor was noted in Resident CC's room. On 3-30-2021 at 2:01 p.m., Resident DD was educated. An observation of Resident H on 3-30-2021 at 3:09 p.m., indicated he was walking towards the back entrance from the lobby front desk. The			

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	resident was observed trying to open the secured door while he was holding a lit cigarette in his left hand. The resident asked the surveyor if she could open the door. The front desk staff was notified Resident H was at the back door with a lit cigarette in his hand and was trying to get out the locked door. The front desk staff member came around and proceeded toward the resident. The front desk staff indicated the resident should have not lit the cigarette and he should have waited until he got outside of the building. The record review for Resident C began on 3-29-2021 at 2:39 p.m. Diagnoses included but were not limited to schizoaffective disorder depressive type, alcohol abuse, high blood pressure, unspecified intellectual disabilities, anxiety, and non-compliance with other medical treatments and regiment. A smoking assessment for Resident C was not located in the resident's record. A quarterly Level of Care assessment dated 2-11-2021 for Resident C, indicated the resident was oriented to person, place and time, judgment was rated a 3, as decisions were poor, required cueing and supervision in planning, organizing and correcting daily routines. The record review for Resident D began on 3-30-2021 at 12:27 p.m. Diagnoses included but were not limited to, Parkinson's Disease, schizophrenia, bipolar disorder, chronic obstructive pulmonary disease, anxiety, high blood pressure, and depression. A level of care assessment dated 2-11-2021 for Resident D indicated the resident was oriented to person, place and time and judgement was rated a			

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	3 as decisions were poor, required cueing and supervision in planning, organizing and correcting daily routines. A smoking assessment for Resident D was not located in the resident's record. The record review for Resident L began 3-30-2021 at 12:45 p.m. Diagnoses included but were not limited to, alcohol abuse, chronic pain syndrome, bipolar disorder, depression, paranoid schizophrenia and psychoactive substance abuse. A level of care assessment dated 11-17-2020 for Resident L indicated the resident was oriented to person, place and time and judgement was rated a 3 as decisions were poor, required cueing and supervision in planning, organizing and correcting daily routines. A smoking assessment for Resident L was not located in the resident's record. A review of Resident L's progress notes indicated on 3-27-2021 at 11:44 a.m., an incident report was entered for this resident. Resident L was observed in another resident's room. The room was full of smoke and Resident L had a cigarette lighter in his hand. The other resident was sleeping per the report at the time. The record review for Resident H began on 3-30-2021 at 12:54 p.m. Diagnoses included but were not limited to, cerebral infarction, pseudobulbar affect, high blood pressure, diabetes, and muscle weakness. A level of care assessment dated 2-1-2021 indicated the resident was oriented to person, place and time and judgement was rated a 3 as			

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	decisions were poor, required cueing and supervision in planning, organizing and correcting daily routines. A smoking assessment for Resident H was not located in the resident's record. On 3-30-2021 at 1:30 p.m., the DON (Director of Nursing) provided signed smoking policy for Resident L dated 11-17-2020, for Resident H dated 12-30-2020 and for Resident C dated 10-9-2020. The DON indicated the facility did not have smoking assessments for Resident C, Resident D, Resident H and Resident L. On 3-30-2021 at 2:27 p.m., the DON provided the signed smoking policy for Resident D dated 1-22-2019. An interview with the DON on 3-30-2021 at 2:28 p.m., indicated the facility was not doing smoking assessments for residents unless they needed assistance with smoking. The DON was interviewed regarding the current smoking policy which indicated residents will be assessed for smoking privileges. The DON indicated the facility would have to add this assessment to the list. A copy of the Front Desk Incident Log was provided by Receptionist 14 on 3-31-2021 at 9:05 a.m. The Incident Log indicated Resident HH was reported to be smoking in her room on 3-29-2021 and Resident H was observed with a lit cigarette inside the lobby on 3-30-2021. A copy of an Occurrence Violation form was provided by the facility on 3-30-2021 at 11:00 a.m. and indicated the following: "...It has been reported that you have violated the			

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	Facility's and/or City Ordinance by refusing to smoke in the designated smoking areas designated by the facility. This letter serves as your official notice of violation of the smoking policy. 1st Occurrence-Written Warning Letter $25.00 Fine charged/each Occurrence to resident's account Aging and In-Home Case Manager Notified 2nd Occurrence-Written Warning Letter $250 Smoking Fine charge to resident's account Aging and In-Home Case Manager Notified 3rd Occurrence-Final Notice 30 Day Discharge Notice issue to Resident Aging and In-Home Case Manager Notified...." An current, undated copy of the "Smoking Policy" was provided by the ED on 3-29-2021 at 3:59 p.m. The Smoking Policy indicated, "...It is the intent of the Community to allow those residents who wish to smoke, the opportunity to do so in an environment with optimal safety to themselves, other residents, visitors and staff members. Resident agrees to abide by the following rules regarding smoking at this Community: Resident agrees he or she will smoke only in designated areas at the Community...Residents will be assessed for smoking privileges...If the resident is caught smoking in the facility, the community will assess the resident a $25.00 violation for each occurrence...Continued non-compliance of the community's smoking policy will result in discharge from of <sic> the resident from the community. When smoking in designated areas, Resident will properly dispose of cigarette butts and packaging in appropriate receptacles...If Resident violates this Smoking Policy or any other smoking rules and regulations of the Community, whether			

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	communicated to Resident verbally or in writing, it may be grounds for eviction...." This deficiency was cited on February 23, 2021. The facility failed to implement a systemic plan of correction to prevent recurrence. This State Residential tag relates to Complaint IN00350009.			
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure medication and treatment administration had been completed according to physician orders for 6 of 6 residents reviewed. (Resident M, Resident R, Resident T, Resident EE, Resident FF, and Resident GG) Findings include: 1. The clinical record for Resident M was reviewed on 3-31-21 at 10:00 a.m. Diagnoses included, but were not limited to, diabetes mellitus with diabetic neuropathy, hypertension, encephalopathy, major depressive disorder, seizures, insomnia, hypercholesterolemia, iron deficiency, vitamin D deficiency. A physician's order, dated 04-16-2018 indicated Resident M should have been receiving Atorvastatin Calcium 40 mg (milligrams,	R 0241	1.Resident M, R, T, EE, FF received medications as ordered. Resident T and GG received treatments as ordered. 2.An audit of MARs/TARs was completed by the DON/designee and findings from the audit were addressed and corrected at the time of the audit. 3.Nursing personnel responsible for medication administration and treatments were in-serviced on 4-14-2021 by the DON on medication administration and treatment policy and procedure, to include documentation. 4. The Assistant Director of	04/14/2021

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	measurement of medication dose) daily for hypercholesterolemia (high cholesterol blood levels). Resident M's Medication Administration Record (MAR) dated March 2021 was provided by the Director of Nursing (DON) on 3-31-21 at 3:45 p.m. The MAR lacked documentation Resident M had received Atorvastatin Calcium on 3-28-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Ferrous Sulfate 325 mg by mouth daily related to an iron deficiency. Resident M's March 2021 MAR lacked documentation Resident M had received Ferrous Sulfate 325 mg on 3-28-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Folic Acid supplement 1 tablet by mouth daily related to a Vitamin B deficiency. Resident M's March 2021 MAR lacked documentation Resident M had received Folic Acid tablet on 3-28-21. A physician's order, dated 11-13-2019 indicated Resident M should have been receiving Mirtazapine 30 mg by mouth at bedtime for depression. Resident M's March 2021 MAR lacked documentation Resident M had received Mirtazapine 30 mg tablet at 2000 hour (8:00 p.m.) on 3-27-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Multivitamin tablet (multiple vitamins-mineral supplement) 1 tablet by mouth daily. Resident M's March 2021 MAR lacked		Nursing with oversight from the DON, will conduct daily audits to ensure residents are receiving their medications and treatments as ordered. The findings from the audits will be reviewed during the facility's quarterly QAPI meeting until there is 100% compliance.	

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		A. BUILDING 00 B. WING	03/31/2021

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	documentation Resident M had received the Multivitamin tablet on 3-28-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Pantoprazole Sodium 40 mg, 1 tablet by mouth in the morning for stomach. Resident M's March 2021 MAR lacked documentation Resident M had received Pantoprazole Sodium tablet on 3-28-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Sertraline HCl (hydrogen chloride) 100 mg tablet by mouth daily for depressive disorder. Resident M's March 2021 MAR lacked documentation Resident M had received Sertraline HCl 100 mg tablet on 3-28-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Trazodone HCl 50 mg, 1 tablet at bedtime for insomnia. Resident M's March 2021 MAR lacked documentation Resident M had received Trazodone HCl 50 mg tablet at bedtime on 3-27-21. A physician's order, dated 11-6-2020 indicated Resident M should have been receiving Tylenol PM Extra Strength 500-25 mg 1 tablet by mouth at bed time for insomnia. Resident M's March 2021 MAR lacked documentation Resident M had received Tylenol PM Extra Strength 500-25 mg tablet at bedtime on 3-27-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Vitamin B1 100 mg tablet by mouth daily for a			

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	supplement. Resident M's March 2021 MAR lacked documentation Resident M had received Vitamin B1 100 mg tablet on 3-28-21. A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Vitamin D3 1000 unit tablet by mouth daily for a vitamin D deficiency. Resident M's March 2021 MAR lacked documentation Resident M had received Vitamin D3 1000 unit tablet on 3-28-21. A physician's order, dated 7-2-2020 indicated Resident M should have been receiving Furosemide 40 mg 2 tablets 2 times a day for blood pressure related to hypertension. Resident M's March 2021 MAR lacked documentation Resident M had Furosemide 40 mg 2 tablets on 3-27-21 afternoon dose nor on 3-28-21 morning dose. A physician's order, dated 7-23-2018 indicated Resident M should have been receiving Levetiracetam 500 mg tablet, give 3 tablets by mouth every 12 hours for seizures. Resident M's March 2021 MAR lacked documentation Resident M had received Levetiracetam 500 mg, 3 tablets on 3-27-21 at 2000 hour (8:00 p.m.) nor on 3-28-21 at 0800 hour (8:00 a.m.) A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Magnesium Oxide 400 mg tablet by mouth every 12 hours for a supplement. Resident M's March 2021 MAR lacked documentation Resident M had received Magnesium Oxide 400 mg tablet on 3-27-21 at 2000 hour (8:00 p.m.) nor on 3-28-21 at 0800			

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	hour (8:00 a.m.) A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Spironolactone 100 mg 1 tablet by mouth every 12 hours for hypertension. Resident M's March 2021 MAR lacked documentation Resident M had received Spironolactone 100 mg tablet on 3-27-21 at 2000 hour (8:00 p.m.) nor on 3-28-21 at 0800 hour (8:00 a.m.) A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Vimpat 150 mg 1 tablet by mouth every 12 hours for seizures. Resident M's March 2021 MAR lacked documentation Resident M had received Vimpat 150 mg tablet on 3-27-21 at 2000 hour (8:00 p.m.) nor on 3-28-21 at 0800 hour (8:00 a.m.) A physician's order, dated 4-16-2018 indicated Resident M should have been receiving Xifaxan 500 mg 1 tablet by mouth every 12 hour for irritable bowel syndrome. Resident M's March 2021 MAR lacked documentation Resident M had received Xifaxan 500 mg tablet on 3-27-21 at 2000 hour (8:00 p.m.) nor on 3-28-21 at 0800 hour (8:00 a.m.). A physician's order, dated 8-21-2018 indicated Resident M should have been receiving Gabapentin 900 mg by mouth 3 times a day for pain. Resident M's March 2021 MAR lacked documentation Resident M had received Gabapentin 900 mg on 3-28-21 0700 hour (7:00 a.m.) nor on 3-29-21 at 2300 hour (11:00 p.m.). A physician's order, dated 4-16-2018 indicated			

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	Resident M should have been receiving Lactulose solution 10 GM (grams, a measurement of the dose)/15 ml (milliliters, a liquid measurement), 45 ml by mouth 3 times a day for encephalopathy (altered brain function or structure). Resident M's March 2021 MAR lacked documentation Resident M had received Lactulose solution 45 ml on 3-27-21 at 1800 hour (6:00 p.m.), nor on 3-28-21 at 0800 (8:00 p.m.) and at 1400 (2:00 p.m.). 2. The clinical record for Resident R was reviewed on 3-31-21 at 10:20 a.m. Diagnoses included, but were not limited to, adult failure to thrive, chronic obstructive pulmonary disease (COPD) and chronic pain. A physician's order, dated 02-27-2020 indicated Resident R should have been receiving Ibuprofen 600 mg tablet 3 times a day for joint pain/swelling. Resident R's MAR dated March 2021 was provided by the DON on 3-31-21 at 3:45 p.m. The MAR lacked documentation Resident R had received Ibuprofen 600 mg on 3-28-21. A physician's order, dated 02-11-2020 indicated Resident R should have been receiving Albuterol Sulfate aerosol solution 103 mcg (microgram, measurement of the dose) for inhalation (breathing) treatment 4 times a day for COPD. Resident R's March 2021 MAR lacked documentation Resident R had received the Albuterol breathing treatment on 3-28-21 at 1200 hour (12:00 p.m.) 3. The clinical record for Resident T was reviewed on 3-31-21 at 10:35 a.m. Diagnoses included, but were not limited to, diabetes			

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	mellitus, gastro-esophageal reflux disease (GERD), neoplasm of the skin. A physician's order dated 1-21-2021 indicated Resident T should have been receiving Nystatin ointment 100,000 unit/GM (a dose measurement) applied to groin topically 2 times a day for skin infection. Resident T's MAR dated March 2021 was provided by the DON on 3-31-21 at 3:45 p.m. The MAR lacked documentation Resident T had received the Nystatin ointment on 3-27-21 and 3-28-21 at 1700 hour (5:00 p.m.) A physician's order dated 1-21-2021 indicated Resident T should have been receiving Protonix 20 mg tablet 2 times a day by mouth for GERD. Resident T's March 2021 MAR lacked documentation Resident T had received Protonix 20 mg tablet on 3-27-21 at 1700 hour. 4. The clinical record for Resident EE was reviewed on 3-31-21 at 11:00 a.m. Diagnoses included, but were not limited to, paraplegia, pressure ulcer, and pain in right shoulder. A physician's order dated 3-6-2020 indicated Resident EE should have been receiving Clonazepam 0.5 mg by mouth 2 times a day for muscle spasms. Resident EE's MAR dated March 2021 was provided by the DON on 3-31-21 at 3:45 p.m. The MAR lacked documentation Resident EE had received the Clonazepam 0.5 mg tablet on 3-27-21 at 2000 hour (8:00 p.m.) A physician's order dated 2-13-2020 indicated Resident EE should have been receiving Ibuprofen 800 mg by mouth 3 times a day for pain.			

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	Resident EE's MAR dated March 2021 lacked documentation Resident EE had received the Ibuprofen 800 mg dose on 2-27-21 at 1800 hour (6:00 p.m.) 5. The clinical record for Resident FF was reviewed on 3-31-21 at 11:15 a.m. Diagnoses included, but were not limited to diabetes mellitus, COPD, and urinary tract infection (UTI). A physician's order dated 3-4-2021 indicated Resident FF should have been receiving Acetic Acid solution 0.25%, 20 ml via irrigation 1 time a day for Foley catheter irrigation for UTI prevention. Resident FF's MAR dated March 2021 was provided by the DON on 3-31-21 at 3:45 p.m. The MAR lacked documentation Resident FF had received Acetic Acid solution irrigation 0.25%, 20 ml solution for the Foley catheter irrigation on 2-17-21. 6. The clinical record for Resident GG was reviewed on 3-31-21 at 11:55 a.m. Diagnoses included, but were not limited to pressure ulcer, muscle weakness, difficulty in walking, and diabetes mellitus. A physician's order dated 2-19-2021 indicated Resident GG should have been receiving wound care to right hip decubitus ulcer, cleanse with wound cleanser, pat dry, apply silver foam border dressing every 72 hours for decubitus ulcer. Resident GG's MAR dated March 2021 was provided by the DON on 3-31-21 at 3:45 p.m. The MAR lacked documentation Resident GG had received wound cleansing and dressing change on 3-27-21.			

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	An interview with the DON on 3-31-21 at 11:17 a.m., indicated the medication box on the MAR, on a specific date and time was blank for a medication or treatment, the staff did not document. She indicated resident refusals should be documented on the MAR and a progress note would be created. She further indicated if no documentation on the MAR, there would be no way she could prove the medication was given or not given. An interview with the DON on 3-31-21 at 3:00 p.m., indicated she was aware of the missing documentation for medications and treatments on the MAR/ TAR (Treatment Administration Record). She further indicated the nurses and QMAs (Qualified Medication Aides) were educated to complete the documentation for administration on the MAR. On 3/31/21 at 3:10 p.m., review of all staff in-service education provided to the staff on 3-2-2021 by the Administrator and DON indicated, "...10. Follow the MAR/TAR when passing medications....Administer medications at correct times.... 18. no open holes in MAR/TAR." Review of the facility's current policy provided by the DON on 3-31-21 at 4:00 p.m., titled, Specific Medication Administration Procedures, with an effective date on January 2007, indicated, "...To administer medications in a safe and effective manner...After administration, return to cart and document administration in the MAR or TAR...If a resident refuses medication, document refusal on MAR or TAR..." This deficiency was cited on February 23, 2021. The facility failed to implement a systemic plan			

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	of correction to prevent recurrence.			
R 0407 Bldg. 00	410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on interview and record review, the facility failed to ensure infection control measures were maintained during a pandemic of COVID-19 for 1 staff member reviewed. On 3/30/21 at 2:00 p.m., a copy of the current Daily Staffing Assignment schedule, dated 3/29/21, was received from the Director of Nursing (DON). The DON compared this nursing schedule to the current "Staff/Providers Register," dated 3/29/21. Documentation was lacking of Qualified Medication Aide 1 (QMA) having been screened prior to working the shift on 3/29/21. On 3/31/21 at 8:30 a.m., the DON was interviewed. She indicated the front desk staff was responsible to monitor staff, visitors and/or vendors had been screened for COVID-19 prior to proceeding into the building beyond the screening check point at the front desk. The DON indicated they were aware the front desk staff did not have the employee schedule	R 0407	1.QMA 1 was educated on signing in on the covid screening sign in log when reporting to work. 2. An audit of Covid Screening Sign-in Sheets was completed by management and any employees found in non-compliance with signing in will be addressed. 3. All Staff were in-serviced by the DON on 4-19-2021 on covid screening and prevention protocols while in the facility. 4. The Director of Nursing, with oversight from the Administrator, will conduct weekly audits to ensure covid screening protocols are being followed. The findings from the audits will be reviewed during the facility's quarterly QAPI meeting until there is 100%	04/22/2021

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	available to check against the Staff/Providers Register (COVID screening log) to verify all employees had been screened. On 3/31/21 at 8:35 a.m., the "Infection Control Audit" for the March 2021 Plan of Correction was reviewed. The form included the following subjects to have been audited: COVID Sign-In Audited. Documentation on this audit was most recently completed on 3/26/21. Documentation was lacking on this form of this audit having been completed on 3/29/21. On 3/31/21 at 8:37 a.m., the DON was interviewed regarding the "Infection Control Audit" for March 2021. She indicated the task of "COVID Sign-In Audited" was intended to have the "Staff/Providers Register" form reviewed and ensure that there were not personnel working without completed screening, and temperatures logged were within normal limits. The DON indicated they had not yet come up with a good system to ensure all staff had been screened. She indicated checking the employee work schedule against the "Staff/Providers Register" to ensure all staff had been screened prior to their work shift was not currently part of their process to ensure completion. The memo "To: All Staff; From: Administrator/DON; Dated: March 2, 2021; regarding Plan of Correction/In-Service" was reviewed on 3/30/21 at 2:00 p.m. This memo included, but was not limited to, the following: "Employees/Vendors MUST sign IN/OUT prior to reporting to work assignment. When Signing in - Temperatures must be between 97.0 - 98.6 degrees. No one will be permitted past the checkpoint if the temperature is outside of this acceptable range."		compliance.	

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	On 3/31/21 at 10:20 a.m., the DON was interviewed. She indicated each of the facility employees had reviewed the "In-service for COVID Screening/Prevention Protocols" and signed the inservice sign in sheet. This sign in sheet was dated 3/11/21. This in-service included the following information: "All employees/visitors MUST SIGN IN prior to reporting to their work assignment. If someone is not signing in and completing the COVID Screening questions, they will be sent home pending progressive disciplinary action; Employees/Vendors must sign in each time using the COVID screening questionnaire they enter the facility and proceed past the checkpoint (front desk). All sections of the questionnaire must be completed prior to being allowed past the checkpoint." On 3/31/21 at 11:50 a.m., the DON was interviewed. She was asked to review the "Staff/Provider Register" log for 3/29/21 as well at the Housekeeping Schedule for March 29, 2021. She indicated Housekeeper 2 was on the schedule and worked on 3/29/21. Documentation was lacking of the signature of Housekeeper 2 having been screened in (temperature taken and/or screening questions completed) prior to working on 3/29/21. The DON verified Housekeeper 2 did work on 3/29/21. The DON was also made aware for the date of 3/29/21, two entries were incomplete with the following observed: two signatures on the Staff/Provider log lacked documentation of having identified if they had been exposed to/in direct contact with anyone diagnosed with/exposed to COVID-19. In addition, one of those signatures also lacked documentation of a temperature having been obtained and the result.			

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	The DON indicated this information should have been completed. She was made aware the "Infection Control Audit," related to the plan of correction, had not been completed for 3/29/21 and 3/30/21. No additional information was provided. On 3/31/21 at 1:23 p.m., the Inservice Sign in sheet for the "COVID Screening/Prevention Protocols" dated 3/11/21 was reviewed. QMA 1 and Housekeeper 2 had signed the Inservice Sign in sheet dated 3/11/21. This deficiency was cited on February 23, 2021. The facility failed to implement a systemic plan of correction to prevent recurrence.			