

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

PRINTED: 04/04/2025  
FORM APPROVED  
OMB NO. 0938-039

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 03/06/2025	
NAME OF PROVIDER OR SUPPLIER  DEMAREE CROSSING ASSISTED LIVING AND MEMORY CARE				STREET ADDRESS, CITY, STATE, ZIP COD 1255 DEMAREE ROAD GREENWOOD, IN 46143			
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00454855 and IN00454299, which resulted in an unrelated deficiency cited.</p> <p>Complaint IN00454855 - State deficiencies related to the allegations are cited at R245.</p> <p>Complaint IN00454299 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: March 6, 2025</p> <p>Facility number: 014079</p> <p>Residential Census: 74</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 10, 2025.</p>			R 0000	<p>R0027 Resident rights <b>Corrective action</b> Resident H was assessed for injury. Staff member identified filming residents was suspended and terminated on 2/19/25. <b>Identification of other potentially affected.</b> The administrator and DHW completed resident interviews for all Memory Care residents 2/7/25 and 2/10/25 <b>Systemic changes</b> The administrator or designee reviewed the social media and residents' rights policies and expectations with all staff on 3/20/25 . The administrator or Designee will review the social media, HIPPA, residents' rights and professional conduct policies at monthly- staff meetings for the next 3 months, then quarterly after that. <b>Quality assurance program</b> The administrator and all managers will immediately enforce a strict no-phone standard in accordance to the team member handbook while providing resident care. DHW or designee will conduct five random supervisory rounds to ensure adherence to the policy for the next 6 months. DHW or designee will address any deviance from the standard with</p>		

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

TITLE

(X6) DATE

Julia Berry

Executive Director

04/03/2025

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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			<p>corrective action.</p> <p><b>By what date the systemic changes will be completed</b></p> <p>Systemic changes will be completed after the April 2025 all-staff meeting.</p> <p>R0245 Scope of practice</p> <p><b>Corrective action</b></p> <p>QMA 3 was educated on the requirements for certification of insulin certification on 3/06/25. The administrator conducted an audit for all QMA's to ensure all insulin certifications are up to date on 3/06/25</p> <p><b>Identification of other potentially affected.</b></p> <p>Regional Director of Clinical Services reviewed all insulin-dependent residents who received care from QMA on 3/07/25. No other administration of insulin was noted on the EMAR system.</p> <p><b>Systemic changes</b></p> <p>DHW or designee will complete re-education on medication and insulin administration to all nursing staff who administer medications 3/20/25</p> <p>DHW or designee will complete medication administration competency on all QMA's and</p>		

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R 0027  Bldg. 00	<p>410 IAC 16.2-5-1.2(b) Residents' Rights - Deficiency</p> <p>Based on interview and record review, the facility failed to protect the resident's right to a dignified existence for 1 of 4 residents reviewed. A resident was visible in a video posted to social media by a staff member. (Resident H, CNA 2)</p> <p>Finding includes:</p> <p>On 3/6/24 at 12:55 p.m., the clinical record for Resident H was reviewed and indicated the following: Resident H's diagnosis included, but was not limited to, Alzheimer's disease. Resident H resided on the secured memory care unit of the facility.</p> <p>During an interview on 3/6/25 at 12:44 p.m., the Administrator indicated that on 2/7/25 the facility was made aware of an employee (CNA 2) who had posted a video to a social media platform, TikTok, where Resident H was visible with the staff member who was lip-syncing to a song with the resident in the resident's bathroom. CNA 2 was</p>			R 0027	<p>LPN's by 4/15/25.</p> <p><b>Quality assurance program</b> DHW or HR designee implemented tracking system to monitor certification status and renewal dates. <b>By what date the systemic changes will be completed</b> Systematic changes will be completed by April 30 2025.</p> <p><b>Corrective action</b> Resident H was assessed for injury. Staff member identified filming residents was suspended and terminated on 2/19/25. <b>Identification of other potentially affected.</b> The administrator and DHW completed resident interviews for all Memory Care residents 2/7/25 and 2/10/25 <b>Systemic changes</b> The administrator or designee reviewed the social media and residents' rights policies and expectations with all staff on 3/20/25 . The administrator or Designee will review the social media, HIPPA, residents' rights and professional conduct policies at monthly- staff meetings for the next 3 months, then quarterly after that.</p>		04/30/2025

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R 0245  Bldg. 00	<p>suspended pending the investigation and was terminated from employment from the facility on 2/19/15 for violating facility policies regarding resident rights and dignity which strictly prohibited the use of still photo or video recording involving the residents and the staff members on the premises.</p> <p>On 3/6/25 at 1:30 p.m., the Administrator provided a policy, dated 3/14/22, and titled "Resident Rights" and indicated it was the policy currently in use by the facility. A review of the policy indicated, "Employees shall treat all residents with kindness, respect, and dignity" and residents have the right to a dignified existence.</p> <p>410 IAC 16.2-5-4(e)(5) Health Services - Offense</p> <p>Based on interview and record review, the facility failed to ensure only qualified personnel administered insulin for 1 of 3 residents reviewed for medication administration. (QMA 3, Resident 3)</p> <p>Finding includes:</p> <p>On 3/6/25 at 9:45 a.m., Resident C's clinical record was reviewed. The diagnosis included, but was not limited to, type 2 diabetes mellitus.</p> <p>The Physician Orders indicated Resident C was prescribed Lantus Solostar (insulin, related to type 2 diabetes mellitus) 20 units subcutaneously one time a day at bedtime, started on 2/23/25 and</p>		R 0245	<p><b>Quality assurance program</b> The administrator and all managers will immediately enforce a strict no-phone standard in accordance to the team member handbook while providing resident care. DHW or designee will conduct five random supervisory rounds to ensure adherence to the policy for the next 6 months. DHW or designee will address any deviance from the standard with corrective action. <b>By what date the systemic changes will be completed</b> Systemic changes will be completed after the April 2025 all-staff meeting.</p> <p><b>Corrective action</b> QMA 3 was educated on the requirements for certification of insulin certification on 3/06/25. The administrator conducted an audit for all QMA's to ensure all insulin certifications are up to date on 3/06/25</p> <p><b>Identification of other potentially affected.</b>  Regional Director of Clinical Services reviewed all insulin-dependent residents who received care from QMA on</p>		04/30/2025	

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	<p>discontinued on 3/5/25.</p> <p>The March 2025 Medication Administration Record indicated, on 3/4/25, Resident C had received the scheduled 20 units of insulin at bedtime from QMA 10.</p> <p>During an interview on 3/6/25 at 10:40 a.m., QMA 4 indicated only a QMA who was granted insulin administration approved by the "State" was allowed to administer insulin.</p> <p>During an interview on 3/6/25 at 12:42 p.m., the Administrator indicated QMA 10 had QMA 3 administer Resident C's evening insulin on 3/4/25. QMA 10 knew he could not administer insulin, but QMA 3 could.</p> <p>On 3/6/25 at 1:00 p.m., the QMA certifications were reviewed. A review of QMA 3's and QMA 10's certification indicated it was considered in active status with the State of Indiana registry. QMA 3's and QMA 10's certifications did not include the State of Indiana insulin administration approval.</p> <p>During an interview on 3/6/25 at 2:00 p.m., the Administrator indicated QMA 3 was enrolled in nursing school and had successfully completed a pharmacology course. The Administrator "thought" that once QMA 3 completed the pharmacology course, she was then eligible to administer insulin as a QMA.</p> <p>On 3/6/25 at 3:00 p.m., the Administrator provided a copy of the Medication Management policy, dated 2/16/23, and indicated it was the current policy in use by the facility. A review of the policy indicated, " ...administration of medication by qualified or licensed personnel ..."</p>				<p>3/07/25. No other administration of insulin was noted on the EMAR system.</p> <p><b>Systemic changes</b></p> <p>DHW or designee will complete re-education on medication and insulin administration to all nursing staff who administer medications 3/20/25</p> <p>DHW or designee will complete medication administration competency on all QMA's and LPN's by 4/15/25.</p> <p><b>Quality assurance program</b></p> <p>DHW or HR designee implemented tracking system to monitor certification status and renewal dates.</p> <p><b>By what date the systemic changes will be completed</b></p> <p>Systematic changes will be completed by April 30 2025.</p>		

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	This citation relates to Complaint IN00454855.						