

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

PRINTED: 09/09/2022

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 08/25/2022	
NAME OF PROVIDER OR SUPPLIER CROWN SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 7960 SHADELAND AVENUE NORTH INDIANAPOLIS, IN 46250			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00375730, IN00379133, IN00383420, IN00387757, and IN00388031.</p> <p>Complaint IN00375730 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00379133 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00383420 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00387757 - Substantiated. State Residential Findings related to the allegations are cited at R0297 and R0349.</p> <p>Complaint IN00388031 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: August 22, 23, 24, and 25, 2022</p> <p>Facility number: 013328</p> <p>Residential Census: 53</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on August 30, 2022</p>			R 0000	<p>R 000</p> <p>Disclaimer: The submission of this plan of correction does not indicate an admission by Crown Senior Assisted Living that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, and living environment provided to the residents of Crown Senior Assisted Living. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for Assisted Living Facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
R 0297 Bldg. 00	<p>410 IAC 16.2-5-6(c)(1)</p> <p>Pharmaceutical Services - Noncompliance</p> <p>(c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident:</p>						

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 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>(1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.</p> <p>Based on interview and record review, the facility failed to ensure medications were administered per physicians' orders for 3 of 7 residents reviewed for medication administration. (Residents C, E, and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 8/23/22 at 11:45 a.m. The diagnoses included, but were not limited to, diabetes mellitus, schizoaffective disorder, major depressive disorder, insomnia, hypertension, and anxiety disorder.</p> <p>The electronic medication administration record (EMAR), dated August of 2022, noted Resident C's medications to be administered on 8/6/22 were not signed off as administered. That included the following orders for the following medications:</p> <p>Lovastatin 10 milligrams, Norvasc 7.5 milligrams, Rexulti 1 milligram, Sodium Chloride 1 gram, Meclizine 25 milligrams, & Xanax 1 milligram.</p> <p>2. The clinical record for Resident E was reviewed on 8/23/22 at 3:08 p.m. The diagnoses included, but were not limited to, epilepsy, dizziness, muscle weakness, hypertension, pain, diabetes mellitus, major depressive disorder, and heart failure.</p> <p>The EMAR, dated August of 2022, noted the following medication orders that were not signed</p>			R 0297	<p>Tag: 0297 Pharmaceutical Services -</p> <p>Corrective Actions It is the intent of Crown Senior Living to follow all Physician orders to ensure medications are administered per physicians' orders. The facility's Nursing leadership team has reviewed the facility's medication policy and procedures. Current deficiencies were identified, and current practices updated in consideration of this deficiency and facility protocols. Nursing staff will be educated, and in-servicing will be provided by the Director of Nursing or Designee to all nursing staff no later than 08/29/2022.</p> <p>Identifications of others: All residents have the potential to be affected by this alleged deficiency</p> <p>Measures/Systemic changes: The Director of Nursing will educate clinical staff on the following. Physician orders and Medication Administration to ensure their plan of care is followed and appropriate interventions are used to meet the resident's needs. Clinical staff will also be in-serviced on the use of the service plan of care documents to ensure consistent</p>		08/29/2022

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	<p>off, as administered, to Resident E:</p> <p>Hydralazine 100 milligrams on 8/15/22, 8/17/22, 8/19/22, and 8/22/22 for the 9:30 p.m. dose, Vimpat 150 milligrams on 8/21/22 for 8:00 p.m. dose, Xanax 0.25 milligrams on 8/21/22 for the 8:00 p.m. dose, Humalog insulin per sliding scale on 8/18/22 for 5:00 p.m., 8/19/22 for 12:00 p.m., and 8/22/22 for the 8:00 a.m. and 12:00 p.m. administration, & Lyrica 50 milligrams on 8/21/22 for the 8:00 p.m. dose.</p> <p>3. The clinical record for Resident H was reviewed on 8/24/22 at 12:00 p.m. The diagnoses included, but were not limited to, seizures, hypertension, insomnia, anemia, and heart failure.</p> <p>The EMAR, dated August of 2022, noted the following medication orders that were not signed off, as administered, to Resident H:</p> <p>Lantus insulin 30 units on 8/18/22, ropinirole 0.5 milligrams on 8/6/22, trazodone 50 milligrams on 8/6/22, Dicyclomine 20 milligrams on 8/6/22 at 8:00 p.m., Humalog insulin 15 units on 8/18/22 at 4:00 p.m., 8/22/22 at 8:00 a.m., and 8/22/22 at 12:00 p.m., & Propranolol 20 milligrams on 8/6/22 at 8:00 p.m.</p> <p>A policy titled "Resident Medication Administration", updated 2/2019, was provided by the Executive Director on 8/25/22 at 12:38 p.m. The policy indicated the following, "...Medication will be administered as prescribed...To ensure all prescribed medications in the dosage and at intervals prescribed by a Provider are administered to residents...Policy...To ensure that medications are administered to residents in</p>				<p>delivery of care including following Physician orders and Medication Administration. In addition, the Administrator/Director of Nursing will review the 24/72 hours reports on a timely basis for noted changes of condition and appropriate follow up by nursing staff.</p> <p>Monitoring Compliance: Will be monitored by use of an audit process and tracking form. The Director of Nursing/designee will conduct an audit of 5% of the current resident's charts as follows: (3) three times weekly for one month; and then two (2) times monthly thereafter for three (3) months. Audit will note any physician orders not followed appropriately, if resolved and how. Any deficiencies found in the audits will be corrected at the time discovered and retraining provided to staff or additional monitoring conducted, as necessary, to ensure compliance. Findings will be reported to the QAPI Committee for review and recommendations.</p> <p>Compliance Date is 08/29/2022</p>		

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R 0349 Bldg. 00	<p>accordance to prescribed schedule...."</p> <p>This State Residential tag relates to Complaint IN00387757.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure documentation of a heart rate for a blood pressure medication with parameters in place (Resident E), ensure a blood pressure medication was held based on the parameters for hold orders (Resident C), and administration of an injectable medication was documented as administered by licensed personnel (Resident C) for 2 of 7 residents reviewed for medication administration.</p> <p>Findings include:</p> <p>1a. The clinical record for Resident C was reviewed on 8/23/22 at 11:45 a.m. The diagnoses included, but were not limited to, hypertension, insomnia, major depressive disorder, and anxiety disorder.</p> <p>The electronic medication administration record (EMAR) for August of 2022 was reviewed. An order for Norvasc 5 milligrams was noted for</p>			R 0349	<p>Tag: 0349 Clinical Records -</p> <p>Corrective Actions It is the intent of Crown Senior Living to follow all medication administration orders to ensure a blood pressure medication will be held based on the parameters for hold orders and documented in the eMAR for completion. Director of Nursing will ensure administration of all injectable medication are administered by licensed personnel. The facility's Nursing leadership team has reviewed the facility's medication policy and procedures. Current deficiencies were identified, and current practices updated in consideration of this deficiency and facility protocols. Nursing staff will be educated, and in-servicing will be provided by the Director of Nursing</p>		08/29/2022

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	<p>hypertension. The order was specific to hold the medication if the systolic blood pressure was less than 110. The EMAR noted the following date(s) to where the Norvasc was administered even when the systolic blood pressure was less than 110:</p> <p>8/1/22 at 8:00 a.m. of 100/58 & 8/1/22 at 4:00 p.m. of 100/58.</p> <p>Another order for Norvasc, dated 8/5/22, noted to administer 5 milligrams at 8:00 a.m. The order was specific to hold the medication if the systolic blood pressure was less than 110. The medication was administered even when the systolic blood pressure was less than 110 on 8/8/22 at 8:00 a.m.</p> <p>1b. The EMAR for August of 2022 noted an order to administer an IM (intramuscular) injection of vitamin B12 weekly on Tuesdays. The medication was signed off, as administered, on 8/2/22, 8/9/22, and 8/16/22. The IM injection was signed off by Qualified Medication Aides (QMAs) on all 3 occasions and not a licensed nurse.</p> <p>2. The clinical record for Resident E was reviewed on 8/23/22 at 3:08 p.m. The diagnoses included, but were not limited to, epilepsy, hypertension, fibromyalgia, and neuropathy.</p> <p>A physician order for Coreg 25 milligrams twice daily was noted on the EMAR for August of 2022. The order was specific to be held if the heart rate was less than 60. There was no documentation of Resident E's heart rate on the EMAR to indicate if the Coreg should have been held.</p> <p>An interview conducted with the Director of Nursing (DON), on 8/25/22 at 12:50 p.m., indicated the Nurse Practitioner (NP) would put the orders</p>				<p>or Designee to all nursing staff no later than 08/29/2022.</p> <p>Identifications of others: All residents have the potential to be affected by this alleged deficiency</p> <p>Measures/Systemic changes: The Director of Nursing will educate clinical staff on the following Medication Administration and documenting in the eMAR for completion. Clinical staff will also be in-serviced on the use of the service plan of care documents to ensure consistent delivery of care including following Medication Administration and documenting in the eMAR for completion. In addition, the Administrator/Director of Nursing will review the eMAR report on a timely basis and appropriate follow up by nursing staff.</p> <p>Monitoring Compliance: Will be monitored by use of an audit process and tracking form. The Director of Nursing/designee will conduct an audit of 5% of the current resident's charts as follows: 3 times weekly for one month; weekly for two months and monthly thereafter. Audit will note any physician orders not followed appropriately, if resolved and how. Any deficiencies found in the audits will be corrected at the time</p>		

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	<p>into the computer system. So, the DON was not certain if the NP had inputted this order. If an order has parameters in need of vital signs there was an option to add vital signs to be obtained and documented on the EMAR.</p> <p>A policy titled "Resident Medication Administration", updated 2/2019, was provided by the Executive Director on 8/25/22 at 12:38 p.m. The policy indicated the following, "...Medication will be administered as prescribed...."</p> <p>A documented titled "Job Description" for the QMA, revised 9/28/20, was provided by the ED on 8/25/22 at 12:38 p.m. The document indicated the following, "...Dispenses medication to residents as per physician orders, quality assurance standards and state regulations...."</p> <p>This State Residential tag relates to Complaint IN00387757.</p>				<p>discovered and retraining provided to staff or additional monitoring conducted, as necessary, to ensure compliance. Findings will be reported to the QAPI Committee for review and recommendations.</p> <p>Compliance Date is 08/29/2022</p>		