

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

PRINTED: 11/13/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/21/2024	
NAME OF PROVIDER OR SUPPLIER FRIENDS FELLOWSHIP COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 2030 CHESTER BLVD RICHMOND, IN 47374			
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R 0000 Bldg. 00	This visit was for a Residential Licensure Survey. This visit included a State Licensure Survey. Survey Dates: October 16, 17, 18, and 21, 2024 Facility number: 001128 Residential Census: 108 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 28, 2024.			R 0000			
R 0240 Bldg. 00	410 IAC 16.2-5-4(d) Health Services - Deficiency Based on interview and record review, the facility failed to reassure effectiveness for as needed medications (Resident R-6) and failed to obtain blood pressures and weights as ordered (Resident R-3) for 2 of 8 residents reviewed. Findings include: 1. The clinical record for Resident R-6 was reviewed on 10/17/2024 at 1:00 p.m. The medical diagnoses included dementia. An individualized service plan, reviewed 8/27/2024, indicated that Resident R-6 was dependent on staff to administer medications. A physician order, dated 8/22/2023, indicated Resident R-6 utilized Tylenol as needed for pain.			R 0240	Please accept this plan of correction as the facility's credible allegation of compliance for Personnel Authority. Please send paper compliance. Personnel Authority: The facility has established a licensure monitoring program with associated policy and procedure to ensure all licensed nursing staff members who provide more than limited assistance with activities of daily living carry current license and/or certifications. Identification of residents with potential to be affected by		11/08/2024

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

TITLE

(X6) DATE

Melissa Harrison

Director of Nursing

11/08/2024

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>A physician order, dated 3/23/2021, indicated Resident R-6 utilized diphenhydramine as needed for itching.</p> <p>Review of Resident R-6's October 2024 Medication Administration Record and nursing progress notes indicated 14 administrations of as needed medications without documented follow up assessments.</p> <p>During an interview with the Director of Nursing on 10/18/2024 at 12:20 p.m., she indicated Resident R-6 was missing follow up assessments for as needed medications, the nursing staff were responsible for assuring follow up assessment were completed and documented, and every as needed medication administration should have a follow up assessment completed to assure effectiveness.</p> <p>2. The clinical record for Resident R-3 was reviewed on 10/17/24 at 11:30 a.m. His diagnoses included, but were not limited to, congestive heart failure.</p> <p>The physician's orders indicated to check blood pressure daily and record on flow sheet, effective 7/26/23, and to obtain weekly weights on Wednesdays, effective 12/22/21.</p> <p>The August 2024 Vital Signs & Weight Flow Sheet did not have eight daily blood pressures documented and did not have one of four weekly weights documented. The September 2024 Vital Signs & Weight Flow Sheet did not have fifteen daily blood pressures documented and did not have two of four weights documented. The October 2024 Vital Signs & Weight Flow Sheet did not have two daily blood pressures documented thus far in the month.</p>				<p>noncompliance of expired licensure policy and procedure: All residents have the potential to be affected by the deficient practice.</p> <p>Corrective actions put into place due to deficient practice: Director of Nursing obtained expiration dates of license and/or certifications for all current and newly hired nursing personnel. This includes the following: Certified Nursing Assistant, Qualified Medical Assistant, Licensed Practical Nurse and Registered Nurse. This was completed on 11/6/24.</p> <p>Director of Nursing verified that all licensed nursing staff have current license/certifications.</p> <p>System Changes: - Policy and procedure written for license monitoring for all licensed staff members.</p> <p>Upon hire to the facility, Human Resource staff will obtain current license from licensed staff member and make copy for facility license binder and for staff personnel file.</p> <p>Director of Nursing will create spreadsheet with all licensed nursing staff noting expiration dates of licensures.</p> <p>Staff Scheduler or Staff Educator will ensure all new staff members are added into the monitoring spreadsheet upon hire.</p> <p>Staff scheduler or Staff Educator</p>		

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	<p>An interview was conducted with the Director of Nursing (DON) on 10/17/24 at 1:48 p.m. She indicated the daily blood pressures and weekly weights should be documented on the flow sheets, and she expected nursing to follow the physician's orders.</p> <p>The Medication Reconciliation policy was provided by the DON on 10/21/24 at 10:55 a.m. It indicated, "PURPOSE 1. To accurately obtain and process orders from physicians for care and treatment of the resident."</p>				<p>will monitor licensure expiration spreadsheet at the start of each month and provide notification of license renewal to appropriate licensed nursing staff member.</p> <p>Director of Nursing and/or Assistant Director of Nursing will provide assist to employee as needed for completion of recertification.</p> <p>If an employee fails to complete the recertification process by the time of expiration, the employee will be taken off of the assigned schedule until license is renewed and proof of current license is provided to Human Resource staff, Staff Scheduler, Staff Educator or Nursing Leadership staff.</p> <p>Success Evaluation: How the corrective action will be monitored to ensure the deficient practice will not recur and what quality assurance measures will be put into action.</p> <p>In-service on new policy regarding license monitoring provided to Human Resource staff, Staff Scheduler, Staff Educator and Nursing Leadership staff on 11/8/24.</p> <p>One staff member has license that is scheduled to be renewed in December 2024. All other licensed staff members do not expire until 2025 or 2026. Director of Nursing will follow up with the one employee no later than 12/15/24 to ensure recertification has occurred.</p>		

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S 0000 Bldg. 00	<p>This visit was for a State Licensure Survey. This visit included a Residential Licensure Survey.</p> <p>Survey Dates: October 16, 17, 18, and 21, 2024</p> <p>Facility number: 001128</p> <p>Census bed type: NCC: 38 Residential: 108 Total: 146</p> <p>Census Payor type: Other: 146 Total: 146</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 28, 2024.</p>			S 0000	<p>The Director of Nursing will prepare a report to be reviewed by the Quality Assurance Committee beginning in January 2025. The committee will review the recertification quarterly x 1 year to ensure 100% accuracy.</p>		
S 9999 Bldg. 00	<p>410 IAC 16.2-5-1.4 Personnel Authority: IC 16-28-1-7; IC 16-28-1-12 Affected: IC 16-28-5-1; IC 16-28-13-3</p>			S 9999	<p>Please accept this plan of correction as the facility's credible allegation of compliance for Health Services. Please send paper</p>		11/11/2024

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	<p>Sec. 1.4. ...(c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide.</p> <p>Based on interview and record review, the facility failed to ensure a staff member maintained an active Certified Nursing Assistant (CNA) certification for 1 of 81 staff members whose licenses and/or certifications were reviewed. (CNA 5)</p> <p>Findings include:</p> <p>The Director of Nursing (DON) provided the completed Employee Records form on 10/17/24 at 1:30 p.m. It indicated CNA 5's job title was a CNA, who worked in the Health Care Center portion of the facility and began working at the facility on 6/2/22.</p> <p>The Human Resources Specialist (HRS) provided the facility license binder on 10/21/24 at 10:45 a.m. It did not include a license/certification for CNA 5.</p> <p>According to https://mylicense.in.gov, CNA 5's certification expired on 8/31/24.</p> <p>An interview was conducted with the HRS on 10/21/24 at 11:40 a.m. She indicated CNA 5 had a termination date of 9/12/24 in the system and worked after her certification expired on 8/31/24.</p> <p>On 10/21/24 at 11:40 a.m., the HRS provided the Payroll Check History for CNA 5. It indicated she worked a total of 51.3 hours as a CNA between 9/7/24 and 9/20/24.</p> <p>An interview was conducted with the DON on 10/21/24 at 12:30 p.m. She indicated CNA 5 was let</p>				<p>compliance.</p> <p>Health Services:</p> <p>Identification of residents with potential to be affected by noncompliance of expired licensure policy and procedure:</p> <p>Effectiveness of prn (as needed) medications: All residents have the potential to be affected by the deficient practice.</p> <p>Appropriate documentation of vital signs and weight: Director of Nursing identified the following as having the potential to be affected by the deficient practice:</p> <p>Assisted Residential- 2 residents with daily blood pressure and weekly weight</p> <p>The Courtyards Level 1 (Licensed AL)- 3 residents with blood sugar monitoring</p> <p>Healthcare Center- 1 resident with daily blood pressure and 2 residents with daily weights</p> <p>Corrective actions put into place due to deficient practice:</p> <p>Director of Nursing reviewed the following policy and procedures:</p> <p>Blood pressure measurement (including documentation)</p> <p>Blood sugar monitoring (including documentation)</p> <p>Weight measurement (including</p>		

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	go due to her expired certification.				<p>documentation)</p> <p>Documentation Guidelines</p> <p>PRN Medication (including documentation)</p> <p>Blood pressure measurement, blood sugar monitoring, weight measurement and documentation guideline policy and procedures were current and up-to-date.</p> <p>PRN medication policy and procedure updated. Update includes monitoring if the resident is taking the prn medication with increased frequency. If the resident is taking the prn medication routinely for 7 days, the nurse is to notify the physician with prn medication use and effectiveness to consider making the prn medication routine.</p> <p>On 11/6/24, Director of Nursing reviewed all resident's physician orders to ensure flow sheet was appropriate and up-to-date.</p> <p>On 11/6/24, Director of Nursing ensured all flow sheets were current and placed in the medication administration record with the specific resident.</p> <p>Medication nurse or QMA of each unit is responsible for completing the appropriate flow sheet during their assigned shift.</p> <p>System Changes: -</p> <p>Director of Nursing will create a monthly spreadsheet to include all areas of the building and all residents with active flow sheets</p>		

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					<p>by 11/8/24.</p> <p>Nursing Leadership will be responsible to ensure vital sign and blood sugar flow sheets are completed and recorded in the appropriate place daily.</p> <p>The nursing leadership staff member obtaining daily report will be responsible to check each resident's flow sheet to ensure timely documentation.</p> <p>If the flow sheet has not been completed appropriately, the nursing leadership staff member will notify the responsible nurse/QMA for immediate completion and correction.</p> <p>The daily monitoring will begin on 11/11/24.</p> <p>Success Evaluation: How the corrective action will be monitored to ensure the deficient practice will not recur and what quality assurance measures will be put into action.</p> <p>The Director of Nursing and Assistant Director of Nursing to conduct in-service education for all licensed nurses and QMA's on 11/13/24. This will include expectation of appropriate and timely documentation of vital signs and weights. The in-service will also include re-education of prn medication policy and appropriate documentation of effectiveness of prn medication.</p> <p>Nursing Leadership will select 10 random resident samples from various levels of</p>		

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					<p>care (Assisted Living, Memory Care, Skilled care) to review prn medication effectiveness documentation.</p> <p>The random sample selection will be completed weekly x 4 weeks and then monthly x 3 months. The first weekly sample selection will begin the week of 11/11/24.</p> <p>The Director of Nursing will prepare a report to be reviewed by the Quality Assurance Committee beginning in December 2024. The committee will review the flow sheet accuracy report monthly x 3 to identify any continued concerns related to compliance and accuracy.</p> <p>The Quality Assurance Committee will also review the prn effectiveness documentation monthly x 3 months beginning in December 2024.</p> <p>The prn effectiveness will be error free for 3 months.</p> <p>If errors continue on the prn effectiveness documentation, monitoring will continue monthly or for indefinite amount of time and will continue to be reviewed monthly by the Quality Assurance Committee until there are no errors.</p> <p>After the Quality Assurance Committee determines that the prn medication effectiveness documentation is error free, nursing leadership will continue random selection and monitoring</p>		

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					every 3 months.		