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	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WOODRIDGE VILLAGE	17650 GENERATIONS DR SOUTH BEND, IN 46635

(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
R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00429663 and IN00429413. This visit was in conjunction with a PSR to the Investigation of Complaints IN00427673 and IN00427621 completed on 2/7/24. Complaint IN00429663 - State deficiency related to the allegations is cited at R0246. Complaint IN00429413 - No deficiencies related to the allegations are cited. Complaint IN00427673 - Corrected Complaint IN00427621 - Corrected Survey date: March 12, 13 and 14, 2024 Facility number: 001148 Residential Census: 51 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 3/22/24.	R 0000		
R 0246 Bldg. 00	410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Richard Kennedy	Executive Director	04/11/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	documented in the nursing notes indicating the time and date of the contact. Based on interview and record review, the facility failed to ensure a Qualified Medication Assistant (QMA) received authorization from a licensed licensed nurse prior to administering an as needed (prn) narcotic or anti-anxiety medication, for 3 of 3 residents reviewed for medication administration. (Residents M, K and L) Findings include: 1. On 3/12/24 at 1:18 P.M., a review of the clinical record for Resident M was conducted. The resident's diagnoses included, but were not limited: schizoaffective disorder, nicotine dependence and history of tibia fracture. A Physician's Order, dated 2/27/24, indicated oxycodone 5 mg (milligrams) every 6 hours, as needed, for pain. The Medication Administration Record (MAR) for February & March 2024 indicated oxycodone was administered on the following dates and times by a QMA: - 2/29/24 at 8:00 A.M., administered by QMA 2 - 3/1/24 at 2:32 A.M., administered by QMA 4 - 3/1/24 at 8:37 P.M., administered by QMA 5 - 3/2/24 at 12:00 P.M., administered by QMA 6 - 3/2/24 at 6:05 P.M., administered by QMA 6 - 3/3/24 at 7:02 P.M., administered by QMA 7 - 3/4/24 at 10:19 P.M., administered by QMA 8 - 3/5/24 at 4:35 A.M., administered by QMA 8 - 3/5/24 at 11:19 P.M., administered by QMA 8 - 3/6/24 at 5:31 A.M., administered by QMA 8 - 3/6/24 at 11:33 A.M., administered by QMA 2 - 3/7/24 at 9:31 A.M., administered by QMA 2 - 3/7/24 at 4:00 P.M., administered by QMA 2 - 3/8/24 at 12:15 A.M., administered by QMA 5	R 0246	1 New policy implemented, *QMA PRN Medication Administration*, with education to Nurses and QMAs to be completed by 4/5/24. 2 MAR to be audited for authorization of PRN medications 3 times per week x 2 weeks, then 2 times per week x 2 weeks, then 1 time per week x 2 weeks, then monthly x 6 months. 3 MAR audit and POC to be reviewed in QA meeting monthly x 3 months.	04/05/2024

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	- 3/9/24 at 1:05 A.M., administered by QMA 4 - 3/9/24 at 7:45 A.M., administered by QMA 2 - 3/9/24 at 1:52 P.M., administered by QMA 2 - 3/9/24 at 8:00 P.M., administered by QMA 4 - 3/10/24 at 3:15 A.M., administered by QMA 4 - 3/10/24 at 10:04 A.M., administered by QMA 2 - 3/10/24 at 4:08 P.M., administered by QMA 2 - 3/10/24 at 10:16 P.M., administered by QMA 4 - 3/11/24 at 4:17 A.M., administered by QMA 8 - 3/11/24 at 8:39 P.M., administered by QMA 5 The Progress Notes and/or MAR had no documentation indicating the QMA's listed above, had contacted or received approval from a licensed nurse prior to or after administering the oxycodone to Resident M. During an interview, on 3/13/24 at 9:50 A.M., the Administrator indicated the QMA's should be contacting a nurse for approval prior to administering a prn pain medication. On 3/13/24 at 10:30 A.M., the Administrator indicated there was no policy indicating the QMA was required to notify a licensed nurse prior to administrating a prn medication. 2. On 3/14/24 at 11:00 A.M., a review of the clinical record for Resident K was conducted. The resident's diagnoses included, but were not limited: cerebral infarction, Chronic Obstructive Pulmonary Disease (COPD) and hypertension Documentation of a Physician's Order for alprazolam (Xanax), an anti-anxiety medication, was requested but not received. The MAR indicated the resident had a physician's order, undated, for alprazolam 0.25 mg. every 6			

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	hours, as needed, for anxiety. The MAR indicated alprazolam was administered on 3/6/24 at 5:45 P.M., by QMA 6. There was no documentation indicating the QMA 6 had notified a LPN or RN prior to administration of the Alprazolam. 3. On 3/14/24 at 2:32 P.M., a review of the clinical record for Resident L was conducted. The resident's diagnoses included, but were not limited: rheumatoid arthritis and sciatica. Documentation of a Physician's Order for oxycodone was requested but not received. The MAR indicated the resident had a physician's order, undated, for oxycodone/acetaminophen 10/325 mg. every 6 hours, as needed, for pain. The Medication Administration Record (MAR) indicated oxycodone was administered on the following dates and times by a QMA: - 3/1/24 at 6:23 P.M., administered by QMA 5 - 3/2/24 at 8:53 P.M., administered by QMA 9 - 3/3/24 at 6:37 A.M., administered by QMA 9 - 3/4/24 at 9:50 P.M., administered by QMA 8 - 3/6/24 at 1:27 A.M., administered by QMA 8 - 3/6/24 at 3:38 P.M., administered by QMA 3 - 3/6/24 at 10:58 P.M., administered by QMA 5 - 3/7/24 at 8:06 A.M., administered by QMA 3 - 3/7/24 at 11:43 P.M., administered by QMA 5 - 3/8/24 at 9:34 A.M., administered by QMA 3 - 3/9/24 at 6:20 A.M., administered by QMA 4 - 3/9/24 at 5:55 P.M., administered by QMA 8 - 3/10/24 at 8:30 A.M., administered by QMA 2 - 3/10/24 at 10:06 P.M., administered by QMA 8 - 3/11/24 at 11:06 P.M., administered by QMA 5			

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	- 3/12/24 at 6:42 P.M., administered by QMA 10 - 3/13/24 at 6:20 A.M., administered by QMA 5 The Progress Notes and/or MAR had no documentation indicating the QMA's listed above, had contacted or received directives from a licensed nurse prior to or after administering the oxycodone, to Resident L. On 3/13/24 at 10:10 A.M., an interview was conducted with QMA 2 and QMA 3. Both QMAs indicated they had not documented anywhere that they had spoken to a LPN or RN prior to administering a prn medication. QMA 2 and QMA 3 did not know this was required of them, and did not have any idea where to document the licensed nurse authorization for the prn medication administration. On 3/13/24 at 10:30 A.M., the Administrator provided a form, titled " Job Description Job Title: Qualified/Certified Medication Assistant", undated and indicated the job description was the one currently used by the facility. The job description indicated "...Summary: Properly administers prescribed medications to residents and maintains related medical records under the supervision of a licensed or registered nurse...1. Administers medication to residents under supervision of licensed or registered nurse in accordance with standards of practice...." This citation relates to Complaint IN00429663.			