

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

PRINTED: 07/10/2018  
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 06/22/2018	
NAME OF PROVIDER OR SUPPLIER  ROSEWOOD MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 5200 S BURLINGTON DR MUNCIE, IN 47302			
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00259169.</p> <p>Complaint IN00259169 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 22, 2018</p> <p>Facility number: 000312</p> <p>Residential Census: 36</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on June 27, 2018.</p>		R 0000				
R 0116  Bldg. 00	<p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on interview and record review, the facility failed to ensure 2 of 10 employees reviewed for employee files had a limited criminal background check prior to working (Maintenance Employee 3 and Housekeeping Employee 4).</p> <p>Findings include:</p> <p>On 6/22/18 at 2:00 p.m., the employee file for</p>		R 0116	<p><b>What corrective action will be accomplished for those residents found to have been affected.</b></p> <p>1. Employee #4 has a current limited criminal background check on file. Employee #3 has a current limited criminal</p>		07/20/2018	

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 disclosable 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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R 0214  Bldg. 00	<p>Maintenance Employee 3 was reviewed. It indicated his first day worked was 4/17/18. His limited criminal background check was completed on 4/24/18.</p> <p>On 6/22/18 at 2:08 p.m., the employee file for Housekeeping Employee 4 was reviewed. It indicated her first day worked was 5/22/18. Her limited criminal background check was completed on 6/22/18.</p> <p>During an interview with the Director of Nursing, on 6/22/18 at 2:17 p.m., she indicated both employees worked prior to the facility obtaining the limited criminal background check. She indicated the facility should obtain a criminal background check prior to all employees first day worked. She indicated there was no policy that addressed criminal background checks.</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of</p>				<p>background check on file. <b>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken.</b></p> <p>2. All employee files have been audited to ensure the timeliness of background checks. No additional untimely background checks were found. <b>What measures will be put in place to ensure that practice does not recur.</b></p> <p>3. Facility policy has been reviewed to ensure that it complies with IC 16-28-13-3,4,5. Regarding limited Criminal History Check. The business office staff has been reinstructed as to hiring procedure and required timeframes. <b>How will corrective actions be monitored</b></p> <p>4. Employee files will be audited within 1 week of hire date and then annually thereafter to ensure timeliness and accuracy of employee records.</p> <p><b>Completion date 7/20/18</b></p>		

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	<p>each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review, the facility failed to document semi-annual evaluations for 1 of 6 records reviewed (Resident 8).</p> <p>Findings include:</p> <p>On 6/22/18 at 9:53 a.m., the clinical record for Resident 8 was reviewed.</p> <p>Her level of care assessment was initiated, on 1/24/14. It indicated the facility reviewed it on the following dates: 7/14, 1/15, 7/15, 1/16, 7/16 and 1/17.</p> <p>Her mental health care plan was initiated, on 1/24/14. It indicated the facility reviewed it on the following dates: 7/14, 1/15, 7/15, 1/16, 7/16 and 1/17.</p> <p>During an interview with the Director of Nursing, on 6/22/18 at 2:24 p.m., she indicated the care plan and the semi annual level of care for Resident 8 had not been completed since 1/17. She indicated this resident was just "missed" and she should have had the mental health care plan and the level of care re-assessed at least every six months and with any change of condition. She indicated there was no policy that addressed the frequency of resident assessments.</p>		R 0214	<p><b>What corrective action will be accomplished for those residents found to be affected by the deficient practice.</b></p> <p><b>1. The Resident Evaluation Form (resident level of care assessment) and Mental Health Care Plans were updated when Resident #8 returned to the facility on 7/2/18.</b></p> <p><b>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken.</b></p> <p><b>2. All current resident Evaluation Forms and Mental Health Care Plans will be reviewed for timeliness and updated as needed.</b></p> <p><b>What measures will be put in place to ensure that practice does not recur.</b></p> <p><b>3. Facility policy for the development of The Resident Evaluation Form and Mental Health Care Plans has been reviewed. The Director of Nursing and Administrative</b></p>		07/13/2018	

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R 0245  Bldg. 00	<p>410 IAC 16.2-5-4(e)(5) Health Services - Offense (5) Injectable medications shall be given only by licensed personnel. Based on observation, interview and record review, the facility failed to ensure injectable medications were given by a licensed nurse only for 4 of 8 residents observed for medication administration. (Residents 20, 21, 23 and 34).</p> <p>Findings include:</p> <p>On 6/22/18 at 11:44 a.m., Resident 34 was observed during the noon medication administration. With some encouragement and coaching from QMA 1, the resident dialed up the correct scheduled dosage from the insulin pen; the QMA confirmed dose visually, and the resident injected herself with the insulin. The QMA placed a check mark on the MAR (medication administration record), which indicated the injection had been completed by the resident.</p> <p>A review of Resident 34's current physician's Orders was completed, on 6/22/18 at 2:05 p.m., and</p>			R 0245	<p><b>staff will be reinstructed accordingly.</b></p> <p><b>How will corrective actions be monitored</b></p> <p><b>4. Resident Evaluation Forms and Mental Health Care Plans will be audited quarterly for timeliness and results submitted to the Administrator.</b></p> <p><b>Completion Date: 07/20/2018</b></p> <p><b>What corrective action will be accomplished for those residents found to be affected by the deficient practice.</b></p> <p><b>1. Resident #34 does not receive insulin injections. We believe that the resident observed was actually resident #36. The Assessment for Self Administration was current and available in The Book labeled Rosewood Manor Assessments for Self Administration of Meds and Located on the shelf beside the chart rack in the Nurses Station. The Surveyor did not ask for the Assessments nor were we aware that she was looking for them. The</b></p>		07/20/2018

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	<p>indicated she may participate in the facility's self medication administration program. The physician's orders were signed by the Director of Nursing.</p> <p>The clinical record lacked an assessment for medication self administration.</p> <p>On 6/22/18 at 11:47 a.m., Resident 20 was observed during the noon medication administration. With a great deal of encouragement and coaching from QMA 1, the resident dialed the insulin dose indicated to her by QMA 1. The resident dialed the dose, then went to her room as instructed by QMA 1 to inject herself with the insulin pen. The QMA placed a check mark on the MAR, which indicated the injection had been completed by the resident.</p> <p>A review of Resident 20's current physician's orders, on 6/22/18 at 2:10 p.m., indicated she may participate in the facility's self medication administration program. The physician's orders were signed by the Director of Nursing.</p> <p>The clinical record lacked an assessment for medication self administration.</p> <p>On 6/22/18 at 11:20 a.m., Resident 21 was observed during the noon medication administration. With a great deal of encouragement and coaching from the QMA 1, the resident used the lancet to prick his finger. The QMA placed the glucometer strip in the meter and a blood sugar reading was recorded. With a great deal of encouragement and coaching from the QMA, the resident dialed up the sliding scale dosage from the insulin pen as instructed by QMA 1. The QMA checked the dial and noted it was the correct dose. The resident then injected</p>				<p><b>Physician orders were current, signed by the physician and available on the chart. A copy of these signed orders was requested by and provided to the surveyors.</b></p> <p>The Assessment for Self Administration for Resident #20 was current and available in The Book labeled Rosewood Manor Assessments for Self Administration of Meds and Located on the shelf beside the chart rack in the Nurses Station. The Surveyor did not ask for the Assessments nor were we aware that she was looking for them. The Physician orders were current, signed by the physician and available on the chart. A copy of these signed orders was requested by and provided to the surveyors.</p> <p><b>The Assessment for Self Administration for Resident #21 was current and available in The book labeled Rosewood Manor Assessments for Self Administration of Meds and Located on the shelf beside the chart rack in the Nurses Station. The Surveyor did not ask for the Assessments nor were we aware that she was looking for them. The Physician orders were current, signed by the physician and available on the chart.</b></p> <p><b>The Assessment for Self Administration for Resident #23</b></p>		

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	<p>himself with the insulin pen and bent the needle upon recapping needle. The resident attempted to straighten needle with bare fingers and proceeded to bend the needle upon his second attempt to recap the needle. QMA 1 took the pen from the resident and disposed of the needle. The QMA placed a check mark on the MAR, which indicated the injection had been completed by the resident.</p> <p>A review of Resident 21's current physician's orders, on 6/22/18 at 2:12 p.m., indicated he may participate in the facility's self medication administration program. No physician's orders were present.</p> <p>The clinical record lacked an assessment for medication self administration.</p> <p>On 6/22/18 at 11:40 a.m., Resident 23 was observed during the noon medication administration. With a great deal of encouragement and coaching from the QMA 1, the resident used the lancet to prick his finger. The QMA placed the glucometer strip in the meter and obtained a blood sample for a blood sugar reading which was recorded. With a great deal of encouragement and coaching from the QMA , the resident dialed up the sliding scale dosage from the insulin pen as instructed by QMA 1. The QMA checked the dial and indicated it was short 2 units and re-instructed the resident to correct the dosage. QMA 1 again checked dose and found it to be the correct dose. The resident then injected himself with the insulin pen. The QMA placed a check mark on the MAR, which indicated the injection had been completed by the resident.</p> <p>A review of Resident 23's current physician's orders, on 6/22/18 at 2:12 p.m., indicated he may participate in the facility's self medication</p>				<p><b>was current and available in The Book labeled Rosewood Manor Assessments for Self Administration of Meds and Located on the shelf beside the chart rack in the Nurses Station. The Surveyor did not ask for the Assessments nor were we aware that she was looking for them. The Physician orders were current, signed by the physician and available on the chart.</b></p> <p><b>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken.</b></p> <p><b>2. All residents self administering medication will be reviewed to ensure that assessments and physicians orders are timely.</b></p> <p><b>What measures will be put in place to ensure that practice does not recur.</b></p> <p><b>3. Facility policy for Self Administration of Medications has been reviewed and Nursing Staff will be reinstructed by 7/20/18. How will corrective actions be monitored</b></p> <p><b>4. Assessments for Self Administration of Medications and physicians orders will be audited quarterly to ensure</b></p>		

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	<p>administration program. The physician's orders were signed by the Director of Nursing.</p> <p>The clinical record lacked an assessment for medication self administration.</p> <p>During an interview with QMA 1 on 6/22/18 at 12:30 p.m., she indicated residents were supposed to do their own glucometers, but she would (gestured finger quotes) "help the residents" with their insulin dose and would prime the needle with 2 units prior to handing it to residents to dial the dose. She would then confirm the correct dose was dialed into the pen prior to residents injecting themselves.</p> <p>On 6/22/18 at 2:10 p.m., the DON indicated QMA's may confirm insulin dosages and indicated facility has been "doing so for many years".</p> <p>An undated, facility policy, titled, "Administration and Self Administration of Medication Policy," was provided by the DON on 6/22/18 at 1:55 p.m., and indicated the following: "...POLICY: Per state guidelines, it is the resident's right to self administer medication...A resident assessment form will be completed for each resident upon admission and annually thereafter to ensure resident is capable of self administration of medication...PROCEDURE...All nursing staff will be trained in observation and monitoring of self-administration of medication and administering medication daily....Staff will observe and monitor proper usage, dosage, and route of all meds given as well as all residents who participate in self-administration of medication/PRN's (as needed medications)...Residents will be instructed periodically and as needed in the appropriate method of self-administering medications...."</p>			<p><b>timeliness and results submitted to the Administrator.</b></p> <p><b>Completion Date: 07/20/2018</b></p>			

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R 0298  Bldg. 00	<p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days. Based on record review and interview, the facility failed to ensure that a licensed pharmacist reviewed residents' medication regimen at least once every 60 days, for 4 of 6 residents reviewed (Resident 22, 23, 33 and 8).</p> <p>Findings include:</p> <p>The Pharmacy Consultant Medication Regimen Reviews were reviewed on 6/22/2018 at 1:20 p.m., the following was indicated:</p> <p>a. Resident 22's medications were last reviewed on 4/4/2018.</p> <p>b. Resident 23's medications were last reviewed on 4/4/2018.</p> <p>c. Resident 33's medications were last reviewed on 8/4/2017.</p> <p>d. Resident 8's medications were last reviewed on</p>			R 0298	<p><b>What corrective action will be accomplished for those residents found to be affected by the deficient practice.</b></p> <p><b>1. A new Pharmacy was contracted by the facility on July 1 2018. Pharmacy reviews will be completed for resident #22, #23, #33, and #8 by July 20.</b></p> <p><b>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken.</b></p> <p><b>2. An audit of all residents will be conducted and pharmacy reviews completed for any resident found to be</b></p>		07/20/2018



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R 0304  Bldg. 00	<p>4/4/2018.</p> <p>During an interview with the DON (Director of Nursing), on 6/22/18 at 11:10 a.m., she indicated the current pharmacy consultant performed his last review on 4/4/18. She indicated she was aware the pharmacy reviews were not within the 60-day review regulation requirement. She indicated a new pharmacy consultant will be taking over in July 2018.</p> <p>410 IAC 16.2-5-6(e) Pharmaceutical Services - Deficiency (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit.</p> <p>Based on observation and interview, the facility failed to ensure the treatment cart was locked when not in use for 1 of 2 observations of the treatment cart.</p> <p>Findings include:</p> <p>During the initial tour, on 6/22/18 at 8:48 a.m., the treatment cart was unattended and unlocked.</p>			R 0304	<p><b>untimely by July 20, 2018.</b></p> <p><b>What measures will be put in place to ensure that practice does not recur.</b></p> <p><b>3. The new Pharmacy has provided a Policy for Drug Regimen Review and Reporting to ensure the completion and timeliness of Drug reviews. Nursing staff will be in-serviced by July 20, 2018. How will corrective actions be monitored</b></p> <p><b>4. Drug Regimen Reviews will be audited monthly for timeliness and results provided to the Administrator. Completion Date:07/20/2018</b></p> <p><b>What corrective action will be accomplished for those residents found to be affected by the deficient practice.</b></p> <p><b>1. The Treatment Cart is now locked. How will the facility identify other residents having the potential to be affected by the</b></p>		07/20/2018

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	<p>At 8:49 a.m., the Business Office Manager walked by the treatment cart and did not address it.</p> <p>At 8:54 a.m., Resident 11 was ambulating past the treatment cart and the cart remained unlocked and unattended.</p> <p>At 9:00 a.m., QMA 1 walked past the treatment cart and did not address it.</p> <p>At 9:11 a.m., QMA 1 removed a basket off of the top of the treatment cart and did not address the cart being unlocked.</p> <p>During an interview with QMA 1, on 6/22/18 at 9:15 a.m., she indicated the treatment cart should not be left unattended and unlocked. The cart contents were witnessed by QMA 1 and included, but were not limited to: bandages, rolls of tape, prisma Matrix Wound Dressing (contains collagen, oxidized regenerated cellulose and silver) and peroxide.</p> <p>During an interview with the Director of Nursing, on 6/22/18 at 2:24 p.m., she indicated the treatment cart should have been locked at all times when not in use and there was no policy that addressed securing medication/treatment carts.</p>				<p><b>same practice and what corrective action will be taken.</b></p> <p><b>2. All treatment carts have been inspected to ensure locking mechanisms are working and that the carts are locked when unattended. What measures will be put in place to ensure that practice does not recur.</b></p> <p><b>3. Facility policy has been developed to ensure that treatment carts are locked when unattended. Nursing staff will be inserviced by 7/20/18. How will corrective actions be monitored</b></p> <p><b>4. Weekly audits will be conducted to ensure that treatment carts are locked when unattended and results submitted to the Administrator.</b></p> <p><b>Completion Date: 07/20/2018</b></p>		