

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

PRINTED: 06/06/2024
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 05/15/2024	
NAME OF PROVIDER OR SUPPLIER OASIS AT 30TH				STREET ADDRESS, CITY, STATE, ZIP COD 5651 E 30TH STREET INDIANAPOLIS, IN 46218			
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R 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey which included the investigation of Complaint IN00426449 and Complaint IN00429137 completed on February 29, 2024.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00431009 and IN00430929</p> <p>Complaint IN00426449- Corrected</p> <p>Complaint IN00429137- Corrected</p> <p>Complaint IN00431009- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430929- No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 14 and 15, 2024</p> <p>Facility number: 013347</p> <p>Residential Census: 110</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 16, 2024</p>			R 0000			
R 0243 Bldg. 00	410 IAC 16.2-5-4(e)(3) Health Services - Deficiency (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment						

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

TITLE

(X6) DATE

Michele Simoneaux

RDCS

05/31/2024

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>records that indicate the:</p> <p>(A) time;</p> <p>(B) name of medication or treatment;</p> <p>(C) dosage (if applicable); and</p> <p>(D) name or initials of the person administering the drug or treatment.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was administered diabetic medications per physician's orders, failed to document the dosage of insulin administered in the medication record, and incorrectly documented administrations of insulin medications by unqualified personnel for 1 of 3 residents reviewed for medication administration. (Resident 64)</p> <p>Findings include:</p> <p>The clinical record for Resident 64 was reviewed on 5/13/24 at 4:03 p.m. Resident 64's diagnoses included, but not limited to, diabetes type II, chronic kidney disease (CKD), and bipolar disorder with psychotic features.</p> <p>A physician's order dated 6/8/23 for Resident 64 indicated, to inject Novolog 100 units/milliliter (insulin) per sliding scale as follows for blood glucose levels:</p> <p>151-200, administer 2 units;</p> <p>201-250, administer 4 units;</p> <p>251-300, administer 6 units;</p> <p>301-350, administer 8 units;</p> <p>351-400, administer 10 units;</p> <p>> 400, administer 10 units and call medical doctor.</p> <p>A physician's order dated 6/8/23 for Resident 64 indicated, to inject 15 units of Lantus 100 units/milliliter (insulin) at bedtime.</p> <p>A physician's order dated 7/5/23 for Resident 64</p>			R 0243	<p>1 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>a 2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective will be taken</p> <p>a All residents receiving insulin had the potential to be affected by the alleged deficient practice. The Director of Nursing will provide an in-service to all QMAs and Nurses on properly documenting insulin administration including the dose. Employees found to be out of compliance with properly documenting will receive additional education and possible corrective action.</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>a An in-service will be held by the Director of Nursing for all QMAs and Nurses. Any clinical</p>		07/10/2024

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	<p>indicated, to inject 1.8 milligrams of Victoza 3-pen 18 milligrams/3 milliliters once daily.</p> <p>1. Resident 64's Medication Administration Record (MAR) for May 2024 was reviewed on 5/13/24. It indicated, on the following dates and times:</p> <p>a. Resident 64 did not receive his Novolog as the MAR was left blank on:</p> <p>5/1/24 at 8 a.m. 5/3/24 at 8 p.m. 5/6/24 at 8 p.m. 5/8/24 at 8 p.m. 5/9/24 at 8 p.m. 5/11/24 at 12 p.m., 4 p.m., and 8 p.m. 5/12/24 at 8 p.m.</p> <p>b. Resident 64 did not receive his Lantus at 8 p.m., as the MAR was left blank on:</p> <p>5/3/24 5/8/24 5/11/24 5/12/24</p> <p>c. Resident 64 did not receive his Victoza at 8 a.m., as the MAR was left blank on:</p> <p>5/1/24 5/3/24 5/8/24 5/12/24</p> <p>Additionally, on 5/9/24, 5/10/24, 5/11/24, and 5/13/24, the MAR indicated, the Victoza was documented as "o". The notes section of Resident 64's MAR indicated, "o" was other-not available or n/a.</p> <p>2. The May 2024 MAR for Resident 64 did not indicate the dosage of Novolog that was given for any of the administrations.</p>				<p>staff member out of compliance with facility's policies and protocols relating to documentation will receive progressive corrective action. The Director of Nursing, or designee will educate all newly hired clinical staff on policies and protocols relating to proper documentation during employee job-specific orientation moving forward.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place:</p> <p>a The Director of Nursing will audit insulin administration daily for two (2) weeks, then two (2) times a week for two (2) weeks, and then weekly for three (3) weeks, then as needed to ensure that insulin administration, including the dose, is properly documented. Results to be reviewed at monthly QI meetings and make further recommendations based off audit results</p> <p>5 By what date will the systematic changes be completed</p> <p>a 07/10/2024</p>		

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	<p>3. Resident 64's May 2024 MAR indicated, QMA (Qualified Medication Assistant) 10 had administered Novolog on 5/12/24 and Lantus on 5/6/24.</p> <p>The Indiana Professional Licensing Agency last accessed on 5/14/24 at https://www.in.gov/pla/license/free-search-and-verify/ indicated, QMA 10 was not listed as an Insulin Administrator and therefore was not qualified to administer insulin.</p> <p>An interview with DON (Director of Nursing) conducted on 5/14/24 at 9:51 a.m. indicated, he was not sure as to why Resident 64's May 2024 MAR for his Novolog, Lantus, and/or Victoza had blanks in the charting but stated the MARs should not have blanks in the administration record. He indicated, the wireless internet within the facility has been an issue and the tablets which they use to document medication administrations do not always get a signal depending on where they are using them within the facility. He stated, they (the facility) had been trying to work on upgrading the wireless internet signal. As for the "other-not available"s listed for Resident 64's Victoza, he indicated, the resident was unavailable and not that the medication was unavailable.</p> <p>An interview with QMA 10 conducted on 5/14/24 at 10:10 a.m. indicated, she was rushing through her charting and "clicking" things off and accidentally "clicked" off the insulin. She indicated she did not administer the insulin but, accidentally charted that she had done so.</p> <p>The facility's Resident Sign In/Out sheets from 5/1/24 to 5/13/24 were reviewed on 5/14/24 at 9:45</p>						

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	<p>a.m. They indicated Resident 64 had signed out of the facility on the following dates and times:</p> <ul style="list-style-type: none">- 5/3/24 at 8:31 a.m. and 9:15 a.m.;- 5/8/24 at 10 p.m.- 5/10/24 at 12:05 p.m.- 5/13/24 at 12:48 p.m. <p>A Medication Management, Administration , & Storage policy received on 2/28/24 at 10:18 a.m. from DON indicated, "Medication Administration: Medication administration will be administered as ordered by the resident's provider and will be administered by a licensed nurse or QMA...The rights of medication administration will be adhered to at all times and includes: right resident, right medication, right dose, right route, right time, right response, and right documentation....Documentation: At the time of administration, the licensed nurse of QMA administering the medication will document the administration in the medication (or treatment) administration record that includes the following:</p> <ul style="list-style-type: none">a. Resident Nameb. Name of medication or Treatmentc. Date, Timed. Routee. Dosage (if applicable)f. Name or initials of the person administering the drug or treatmentg. Response to medication for all PRNs [sic, as needed] and if indicated... <p>Injectations: Licensed nurses will administer all injectable medications with exception to circumstances which the QMA has completed specialized training as is in keeping with our Insulin Administration- QMA policy...7. Resident Unavailable: in the event a resident is not available, for any reason, at the time medication administration is attempted, the licensed nurse of</p>						

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R 0273 Bldg. 00	<p>QMA will make two additional attempts to administer the medication(s) within the acceptable window of time (one hour before the scheduled dose or one hour after the scheduled dose), prior to documenting that a resident was unavailable for the medication administration...Resident Refusals...If a QMA is administering medications to a resident and the resident refuses medication and/or any health parameter associated with a medication as ordered by the provider, the QMA will notify the Director of Nursing or licensed nurse."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the kitchen was clean, in good repair, and dietary staff covered facial hair. This had the potential to affect 101 of 101 residents that reside in the facility.</p> <p>Findings include:</p> <p>An observation was made of the kitchen with the Dietary Manager (DM) on 5/13/24 at 11:41 a.m. The dishwasher area was observed with a strong odor. The walls behind the dishwasher was stained with a yellow substance, and the drains contained a black grime substance. The flooring in the dishwasher area was wet. A silver panel was observed on the floor that had water leaking out of the sides of the panel. The DM indicated it was a grease debris storage area. During that time, Dietary Aide (DA) 4 lifted up the silver panel, and</p>			R 0273	<p>1 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>a 2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective will be taken</p> <p>a All residents that dine from the kitchen had the potential to be affected by the alleged deficient practice. The Dietary Manager or designee will provide an in-service to all kitchen staff regarding the use of facial hair coverings, all kitchen and equipment cleaning</p>		07/10/2024

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	<p>inside was observed to be full of a black watery substance with a strong odor. The DM indicated the grease storage area was just emptied not that long ago. The company comes out and empties it every 2-3 months. The dishwasher conveyor rack was observed with a pile of cooked macaroni noodles that were lying by the door of the dishwasher. Across from the dishwasher, a food cart was observed sitting by the wall with brown storage containers that contained wet food debris. Gnats were flying around the brown containers and lying on the wet food debris.</p> <p>During the tour, DA 4 and DA 5 were observed with facial hair that were not covered by beard coverings by the food prep area that contained cooked food. After, DA 4 and DA 5 were observed with no beard coverings pushing food carts with uncovered food into the dining room. A side counter was observed with an uncovered dessert sitting on it, and a food cart next to the counter had plates of desserts with parchment paper lying on top of the plates. Gnats were observed flying around the uncovered dessert and landing on the parchment paper on the food cart. The DM indicated at that time, the desserts would have to be thrown away due to gnats. The kitchen does have beard coverings, but she thought the male aides only had to wear them if they were cooking.</p> <p>An observation was made of the walk-in-freezer. The freezer was observed with large dripped frozen ice cycle chunks down all the racks and covering the brown boxes of food items. The floor also had large chunks of ice. Cook 3 and DA 4 indicated the freezer had been working, but had been freezing up again about a week ago. A work order had been placed last week given to the maintenance department.</p>				<p>procedures; to include a time-line of when procedures should be completed. Employees found to be out of compliance with proper disposal of medications will receive additional education and possible corrective action.</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>a An in-service will be held by the Dietary Manager or designee to include all kitchen staff. Any staff member out of compliance with facility's policies and protocols relating to facial coverings and all kitchen and equipment cleaning procedures, will receive progressive corrective action. The Dietary Manager or designee will educate all newly hired clinical staff on policies and protocols relating to proper documentation during employee job-specific orientation moving forward.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place:</p> <p>a The Dietary Manager or designee will audit the use of</p>		

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	<p>An interview was conducted with the DM on 5/13/23 at 12:00 p.m. She indicated the kitchen was short staffed. The staff do what they can regarding the cleaning of the kitchen. A review of daily cleaning logs were provided. She indicated she was unable to provide a cleaning log of completed cleaning task for 5/12/24.</p> <p>An observation was made of the kitchen with the Regional Plant Service Director on 5/13/24 at 12:23 p.m. The dishwasher area was observed with water pouring out of a pipe underneath the dishwasher into a drain onto the floor. The DM indicated the water around the dishwasher area was from the drain under the dishwasher. DA 4 indicated the water will "eventually" go down.</p> <p>At interview was conducted from the Regional Plant Service Director on 5/13/24 at 12:30 p.m. He indicated he was unaware of the water not draining in the dishwasher area. He was going to purchase a bacteria digestion product to see if that will unclog and/or fix the problem with the drain. He believed the water was coming from the dishwasher drain. He also will notify the grease removal service company to clean out the grease storage area due to water filling it up. The grease removal company comes out every 3 months to empty the grease, and the last time the service was provided was on April 18th. The Regional Plant Service Director was aware of the freezer icing up. He received a work order last week. He believes it is a program/control problem. He will contact a HVAC (heating, ventilation, and air condition) company to come out and inspect.</p> <p>A kitchen cleaning policy was provided by the Executive Director on 5/13/24 at 4:22 p.m. It</p>				<p>facial coverings daily for two (2) weeks, then two (2) times a week for two (2) weeks, and then weekly for three (3) weeks, then as needed to ensure that the proper procedure is properly executed. The Dietary Manager or designee will audit proper kitchen and equipment cleaning procedures, daily for two (2) weeks, then two (2) times a week for two (2) weeks, and then weekly for three (3) weeks, then as needed to ensure that the proper procedures are properly executed. Results to be reviewed at monthly QI meetings and make further recommendations based off audit results.</p> <p>5 By what date will the systematic changes be completed</p> <p>a 07/10/2024</p>		

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R 0306 Bldg. 00	<p>indicated "...e) Non-food-contact surfaces of equipment shall be cleaned as often as necessary to keep the equipment free of accumulation of dust, dirt, food particles, and other debris..."</p> <p>The "Dietary Uniform and Dress Code Practices Policy and Procedure" was provided by the Executive Director on 5/13/24 at 4:22 p.m. It indicated "...Beardnets must be worn if facial hair is longer than an 1/8" of an inch long..."</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident 's clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug.</p> <p>Based on observation and interview, the facility failed to ensure an opened vial of a multi-administration medication was labeled with an opened date, the timely disposal/disposition of medications for discharged residents, expired medications, and expired medication administration supplies for 1 of 1 medication rooms observed for medication storage.</p>			R 0306	<p>1 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>a 2 How the facility will identify other residents having the potential to be affected by</p>		07/10/2024

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	<p>Findings include:</p> <p>A medication storage observation was conducted on 5/13/24 at 3 p.m. with QMA (Qualified Medication Assistant) 2.</p> <p>In the medication room on the main level, within the nursing station, the following was observed:</p> <p>1. Within the cabinets in the medication room:</p> <p>a. A bottle of Miralax (a laxative) labeled with Resident 110's name was found to have an expiration date of 3/24</p> <p>An interview with QMA 2 conducted at the same time as the observation indicated, Resident 110 was no longer a resident at the facility.</p> <p>b. Within a large plastic bag containing urine collection tubes, a sample of three tubes were found to be expired. Two of the urine collection tubes had an expiration date of 4/23 and one had an expiration date of 12/17.</p> <p>2. Within the drawers in the medication room, were two 22 gauge, 1.5 inch needles with expiration dates of 1/23/23 and 2/28/22.</p> <p>3. Within the medication fridge, a previously opened vial of Tubersol (Tuberculin, used to detect Tuberculosis) was found to have no opened date labeled on the vial.</p> <p>A Tubersol package insert provided by https://www.fda.gov/media indicated, "A vial of TUBERSOL which has been entered and in use for 30 days should be discarded."</p> <p>4. In a small basket located on top of the</p>				<p>the same deficient practice and what corrective will be taken</p> <p>a All residents receiving medication had the potential to be affected by the alleged deficient practice. The Director of Nursing will provide an in-service to all QMAs and Nurses on proper and timely destruction of expired or discontinued medications. Employees found to be out of compliance with proper disposal of medications will receive additional education and possible corrective action.</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>a Director of Nursing with provide education to all QMAs and Nurses on the timely and proper disposal of expired and discontinued medications. Any clinical staff members out of compliance with facility's policies and protocols relating to appropriate disposal of medications will receive progressive corrective action. The Director of Nursing will educate all newly hired clinical staff on policies and protocols relating to medication disposal during employee job-specific orientation moving forward.</p>		

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

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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 05/15/2024	
NAME OF PROVIDER OR SUPPLIER OASIS AT 30TH				STREET ADDRESS, CITY, STATE, ZIP COD 5651 E 30TH STREET INDIANAPOLIS, IN 46218			
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	<p>medication fridge was a bottle of Erythromycin 0.5% eye medication (an antibiotic) labeled for Resident 111.</p> <p>An interview with QMA 2 conducted at the same time as the observation indicated, Resident 111 no longer resided at the facility.</p> <p>An interview with DON (Director of Nursing) conducted on 5/13/24 at 3:44 p.m. indicated, Resident 110 had discharged from the facility on 4/15/23 and Resident 111 had discharged from the facility on 2/15/23.</p> <p>A Medication Management, Administration, & Storage policy received on 5/14/24 at 11:15 a.m. from DON indicated, the purpose of the policy was to ensure resident safety when managing, preparing, administering, and storing all medications while complying with state and federal guidelines.</p>				<p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place:</p> <p>a The Director of Nursing will audit the medication room daily for two (2) weeks , then two (2) times a week for two (2) weeks, and then weekly for three (3) weeks then as needed to ensure that medications are being disposed of properly and timely. Results to be reviewed at monthly QI meetings for 6 months and make further recommendations based off audit results</p> <p>5 By what date will the systematic changes be completed</p> <p>a 7/10/2024</p>		