

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

PRINTED: 01/13/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155673		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/27/2022	
NAME OF PROVIDER OR SUPPLIER MARKLE HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 170 N TRACY ST MARKLE, IN 46770			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Based on interview and record review the facility failed to ensure security of medications from misuse for 1 of 10 residents reviewed. (Resident B)</p> <p>Findings Include:</p> <p>An investigation file was provided by the Administrator on 12/27/22 at 11:30 AM. The file included a facility reportable dated 12/15/22 the facility was notified by a detective from the local police department about an investigation regarding Registered Nurse (RN) 2. The detective indicated RN 2 was found to be in possession of a Resident B's bottle of gabapentin (anticonvulsant).</p> <p>A statement, dated 12/19/22, by RN 3 indicated she spoke with the detective. RN 3 indicated she had admitted resident B and no medication was brought into the facility by the family at the time of admission. RN 3 indicated the family indicated the medications were brought into the facility that evening and given to a floor nurse. The statement indicated after Resident B's discharge, RN 3 pulled cards out of the medication cart and placed them into the pharmacy return bag in the medication room. RN 3 and RN 2 were the only nurses in the building at the time with keys to the medication room containing the pharmacy return bag. RN 3</p>			F 0602	<p>F602</p> <p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>*Resident B no longer resides at the facility.</p> <p>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>*All nurses were in-serviced on "Medication Brought to Facility by Resident/Resident Responsible Party" policy per RDCS/DNS. *Audit completed by RDCS by 1/9/23 to identify residents utilizing outside pharmacy to ensure proper labeling and storage.</p>		01/09/2023

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

TITLE

(X6) DATE

Vicki L Walburn

Executive Director 1.9.2023

01/09/2023

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.

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

PRINTED: 01/13/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155673		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/27/2022	
NAME OF PROVIDER OR SUPPLIER MARKLE HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 170 N TRACY ST MARKLE, IN 46770			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>indicated she later returned to the medication room, found the medications pulled back out of the pharmacy bag in the sink. RN 3 indicated she thought RN 2 was under the impression the medications were "new medications" to be separated into the halls for distribution and RN 3 started to return them to the bag. RN 3 indicated she noticed 2 cards of gabapentin flipped the opposite direction and pulled away from the pile a bit. RN 3 indicated she felt uncomfortable so she sealed the bag of medication, placed them in the locked medication cart and passed the information onto the 3rd shift for pharmacy return.</p> <p>In an interview on 12/27/22 at 11:30 AM, the Administrator indicated on 12/15/22 a local police detective reported to the facility a bottle of gabapentin labeled with Resident B's name was found in possession of RN 2. The Administrator indicated she was unsure exactly how the nurse obtained possession of the medication as the nurse never administered medication to Resident B per documentation. The Administrator indicated she spoke with RN 3. She indicated on 10/13/22, RN 2 and RN 3 worked together. The Administrator indicated the resident's family had brought in medication from home after the resident was admitted. RN 3 indicated she did not receive any medication from the family at the time of admission or throughout her shift.</p> <p>In an interview on 12/27/22 at 2:35 PM, RN 6 indicated when a resident's family brought in medication from home the nurse obtained an order from the Nurse Practitioner (NP) before administering the medication. If the NP was not available, the medication would be placed in the locked medication cart or medication room until an order had been obtained.</p>				<p>III. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>*All nurses in-serviced on Medication Brought to Facility by Resident/Resident Responsible Party policy per RDGS/DNS by 1/9/23.</p> <p>*Director of Marketing & Admissions/designee will address Pharmacy use at the time of admission.</p> <p>*At the Road to Recovery meeting, IDT will review Pharmacy use with Resident/Responsible Party.</p> <p>*IDT team will complete Admission Reviews the next business day post admission/readmission verifying pharmacy/outside pharmacy utilization.</p> <p>*If resident is using medication brought to the facility, IDT will check for proper storage during GEMBA rounds.</p> <p>IV. How will the correction action(s) be monitored to ensure the deficient practice will not recur, what quality assurance program will be put in place;</p> <p>*Ongoing compliance with this corrective action will be monitored</p>		

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

PRINTED: 01/13/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155673		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/27/2022	
NAME OF PROVIDER OR SUPPLIER MARKLE HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 170 N TRACY ST MARKLE, IN 46770			
(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
	<p>In an interview on 12/27/22 at 2:11 PM, the Director of Nursing (DON), indicated when a family brought in medication for a resident. The medication would be placed in the locked medication room and labeled with the resident's name until an order was received.</p> <p>In an interview on 12/27/22 at 11:04 AM, Licensed Practical Nurse (LPN) 7 indicated medications are only given to those who are prescribed the medication.</p> <p>A policy, last revised 2/2020, titled "Abuse Prohibition, Reporting and Investigation," indicated...each resident should be provided an environment free from abuse, neglect, misappropriation of resident property....misappropriation of resident funds or property: deliberate misplacement, exploitation or wrongful, temporary or permanent use of resident's property or money without the resident's consent.</p> <p>This Federal Finding relates to Complaint IN00397437.</p> <p>3.1-28(a)</p>				<p>via the facility QAPI program, with meetings being held monthly, and is overseen by the Executive Director.</p> <p>*CQI tool identified as "Medications Brought to the Facility" will be completed weekly x 4 weeks, monthly x 6 months, and quarterly, thereafter, until compliance is achieved.</p> <p>*If Threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>V. By what date the systemic changes will be completed; *Completion date: 1/7/23</p>		