

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

PRINTED: 09/16/2022

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 08/18/2022	
NAME OF PROVIDER OR SUPPLIER  KEYSTONE WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 2335 N MADISON AVE ANDERSON, IN 46011			
(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
R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00383836.</p> <p>Complaint IN00383836 - Substantiated. State deficiencies related to the allegations are cited at R0240.</p> <p>Survey date: August 18, 2022</p> <p>Facility number: 010409</p> <p>Residential Census: 55</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed August 22, 2022.</p>			R 0000	<p>This plan of correction is submitted as required under state and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Keystone Woods as to the accuracy of the Surveyor's findings or the conclusion drawn therefrom. Submission of the Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it is be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney or shareholder of the Community or affiliated companies.</p>		
R 0240  Bldg. 00	<p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with</p>						

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 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>activities of daily living, shall be provided based upon individual needs and preferences.</p> <p>Based on interview and record review, the facility failed to ensure Qualified Medication Aides (QMA) administered medications within their scope of practice for 1 of 3 residents reviewed for medication administration. (Resident C)</p> <p>Findings include:</p> <p>During an interview on 8/18/22 at 12: 40 p.m., QMA 3 indicated she was not qualified to administer Trulicity (injection for diabetes) because it had to be administered by a nurse.</p> <p>During an interview on 8/18/22 at 1:48 p.m., QMA 3 indicated the nurse was readily available to administer the medications that she was not qualified to administer.</p> <p>Resident C's clinical record was reviewed on 8/18/22 at 3:40 p.m. Diagnoses included, but were not limited to diabetes type II, chronic kidney disease, and hypertension.</p> <p>Medications included, but were not limited to, Trulicity INJ (diabetes medication) 1.5 milligram/0.5 milliliters inject one pen subcutaneously weekly.</p> <p>Review of the resident's service plan, dated 5/5/22, indicated the residents medications were to be provided by the nurse according to physician orders.</p> <p>The Medication Administration Record reviewed dated July 2022 and August 2022 indicated QMA 3 administered Trulicity injections to Resident C on the following dates: 7/7/2022, 7/21/2022 and</p>			R 0240	<p>1) Resident C's medications are being administered by a Qualified Medication Aide (QMA")</p> <p>2) The Community reviewed each resident's record to determine residents, if any, could be affected by the alleged deficient practice.</p> <p>3) The Community in-serviced QMA's and nurses on administering medications within their scope of practice. Additionally, QMA's will no longer be permitted to administer non-insulin injections. QMA's were in-serviced 8/18/22 and again 9/9/22.</p> <p>4) The Wellness Director or designee will monitor to ensure QMA's are administering medications within their scope of practice. DON or designee to observe a med pass 1 x monthly for the next 6 months to ensure deficient practice does not reoccur. DON or designee will also review new orders for the next 6 months to ensure deficient practice does not reoccur.</p> <p>5) Changes were corrected 8/18/22.</p>		08/18/2022

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	<p>8/4/2022.</p> <p>During an interview on 8/18/22 at 4:24 p.m., Licensed Practical Nurse 5 indicated she was unaware if a QMA could administer Trulicity injections (diabetes medication). She deferred to the DON.</p> <p>During an interview on 8/18/22 at 4:25 p.m., the Director of Nursing (DON) indicated it was not appropriate for QMA's to administer Trulicity injections.</p> <p>During an interview on 8/18/22 at 4:31 p.m., the DON indicated on the date of the survey QMA 3 informed her she had been administering Trulicity injections prior to this date. She denied any knowledge of this practice prior to 8/18/22 and did not recognize QMA 3 had administered Trulicity injections until QMA 3 brought it to her attention. The QMA's had not asked her to administer the Trulicity prior to 8/18/22.</p> <p>During an interview on 8/18/22 at 4:43 p.m., the Administrator indicated Trulicity injections were easier to administer than insulin and she did not understand why QMA's could not administer Trulicity. A request for a policy related to QMA administration of injectable medications other than insulin was made at this time.</p> <p>During an interview on 8/18/22 at 4:48 p.m., the Administrator indicated the facility did not have a policy regarding the QMA's administration of injectable medications other than insulin because they did not administer other injectable medications. The facility followed the Indiana State Board of Health regulations for medications that can be administered by a QMA. A request was made for any additional certification or</p>						

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	<p>education completed by QMA 3 for administration of injectable medications. The QUALIFIED MEDICATION AIDE Scope of Practice document from the employee file indicated the following: "All LPN's and QMA's in Indiana must review and sign this scope of practice" The form contained QMA 3's name but lacked her signature and date acknowledging of the scope of practice for QMA's.</p> <p>Review of a document, titled "QUALIFIED MEDICATION AIDE Scope of Practice," provided by the Administrator on 8/18/22 at 4:52 p.m., indicated the following: "...The following tasks shall NOT be included in the QMA scope of practice: (1) Administer medication by the injection route, including the following: (A) Intramuscular route. (B) Intravenous route. (C) Subcutaneous route. (D) Intradermal route...."</p> <p>This state tag relates to complaint IN00383836</p>						