

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

PRINTED: 10/09/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155333		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/05/2024	
NAME OF PROVIDER OR SUPPLIER PAOLI HEALTH AND LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 559 W LONGEST ST PAOLI, IN 47454			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00442129.</p> <p>IN00442129: State Deficiencies related to the allegations are cited at F9999.</p> <p>Survey Date: September 5, 2024</p> <p>Facility number: 000226 Provider number: 155333 AIM number: 100267730</p> <p>Census bed type: SNF: 8 SNF/NF: 80 Total: 88</p> <p>Census payor type: Medicare: 13 Medicaid: 60 Other: 15 Total: 88</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1 in regards to Complaint IN00442129.</p> <p>Paoli Health and Living Community was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaint IN00442129.</p> <p>Quality review completed on September 17, 2024.</p>			F 0000	<p>This plan of correction is to serve as Paoli Health and Living credible allegation of compliance.Submission of this plan of correction does not constitute an admission by Paoli Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.The facility respectfully requests desk review for the following citations.</p>		
F 9999							

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

TITLE

(X6) DATE

Tiffany

Tackett

09/26/2024

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 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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Bldg. 00	<p>3.1-25 Pharmacy Services</p> <p>(b) The administration of drugs and treatments, including alcoholic beverages, nutrition concentrates, and therapeutic supplements, shall be as ordered by the attending physician and shall be supervised by a licensed nurse as follows:</p> <p>(1) Medication shall be administered by licensed nursing personnel or qualified medication aides. When other than licensed personnel administer drugs, the facility shall ensure that the person has been properly qualified in medication administration by a state approved course.</p> <p>(8) Per required need (PRN) medications may be administered only upon authorization of a licensed nurse or physician. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>This State finding was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure QMAs (Qualified Medication Aide) documented the administration of as needed (PRN) pain medications completely. Documentation of authorization to administer the drug from a nurse was not recorded in the record as required by the QMA Scope of Practice. (Resident F, Resident G, Resident H)</p> <p>Findings include:</p>			F 9999	<p>span=""> ="" span=""> ="" span=""> ="" span=""> ="" span=""> ="" span=""> 1. The corrective actions to be accomplished for those residents found to have been affected by the practice. Resident F, Resident G and Resident H were assessed by a licensed nurse for pain or any concerns once identified. All three residents had no concerns or negative impact from the deficient practice. QMA 4 and QMA 8 were re-educated at the time the deficiency was noted. ="" span=""> 2. The facility will identify other residents that may potentially be affected by the practice. All residents who have had a PRN medication administered in the last 7 days by a QMA, without a nurse authorizing first, was identified and assessed by a licensed nurse for any pain or concerns. No other residents had any concerns from their assessment. Any QMA involved was re-educated. 3. The QMA scope of practice was reviewed and the facility procedures were reviewed, with changes made . The facility will put into place the following systematic changes to ensure that the practice does not recur.</p>		09/29/2024

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	<p>1. During an observation and interview on 9/5/24 at 10:00 A.M., Resident F was heard calling out for help. Resident F was lying in her bed with her right leg pulled up towards her chest. Resident F indicated having pain in the right leg and repositioning the leg helped to alleviate some pain. Resident F also indicated that she received pain medication.</p> <p>On 9/5/24 at 11:15 A.M., Resident F's diagnoses included, but were not limited to, pain in specified joint, idiopathic progressive neuropathy, anxiety, arthritis, muscle spasm, wedge compression fracture of first lumbar vertebra, right lower leg fracture, and other cervical disk disorders.</p> <p>Resident F's most recent quarterly Minimum Data Set (MDS) assessment, dated 7/12/24, indicated the resident had moderate cognitive impairment and experienced pain during the 7 day assessment period.</p> <p>Resident F's physician orders included, but were not limited to, hydrocodone-acetaminophen 5-325 mg (milligram) every six hours PRN, tramadol 50 mg three times a day PRN, and Biofreeze 4 % three times a day as needed.</p> <p>A review of Resident F's medication administration record (MAR) from 8/6/24 thru 8/31/24 indicated the following PRN medication was administered by a QMA without approval by a nurse: Hydrocodone-acetaminophen 325 mg PRN was administered by QMA 4 on 8/13/24 and 8/21/24. Tramadol 50 mg PRN was administered by QMA 4 on 8/10/24 and 8/13/24. Biofreeze 4 % PRN was administered by QMA 6 on 8/25/24.</p>				<p>The Facility EMAR was revised to allow License Nurse authorization to be documented at the time of the PRN medication administration by a QMA.</p> <p>The Facility QMAs and licensed nurses will receive re-education regarding QMA scope of practice and the new procedures implemented in the EMAR for nurse authorization by 9/29/24.</p> <p>4. The facility will monitor the corrective action by implementing the following measures. The DON or designee will audit PRN medication usage by QMAs on all shifts to ensure the nurse is authorizing prior to the administration. The audits will be done 5 days per week for 4 weeks then 3 days per week for 4 weeks, then weekly for 4 weeks, then monthly for 6 months or as deemed by the Quality Assurance Team. The results of the audit will be reviewed at the monthly quality assurance meeting. Changes may be established to the auditing process, based upon the results of the audits.</p> <p>5. Plan of Correction completion date: 9/29/24</p>		

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	<p>2. On 9/5/24 at 11:40 A.M., Resident G's diagnoses included, but were not limited to, unspecified pain, anxiety, fracture of acetabulum and fractures of the 3rd, 4th and 5th vertebra.</p> <p>Resident G's most recent significant change Minimum Data Set (MDS) assessment, dated 7/11/24, indicated the resident had moderate cognitive impairment and experienced occasional pain.</p> <p>Resident G's physician orders included, but were not limited to, oxycodone 5 mg every six hours PRN.</p> <p>A review of Resident G's medication administration record (MAR) from 8/6/24 thru 8/31/24 indicated the following PRN medication was administered by a QMA without approval by a nurse: Oxycodone 5 mg PRN was administered by QMA 4 on 8/6/24.</p> <p>3. On 9/5/24 at 11:15 A.M., Resident H's diagnoses included, but were not limited to, unspecified pain and migraine.</p> <p>Resident H's most recent quarterly MDS assessment, dated 6/11/24, indicated the resident was cognitively intact and had occasional pain.</p> <p>Resident H's physician orders included, but were not limited to, oxycodone 10 mg every four hours as needed.</p> <p>A review of Resident H's medication administration record (MAR) from 8/6/24 thru 8/31/24 indicated the following PRN medication was administered by a QMA without approval by a nurse:</p>				<p>="" span=""> ="" span=""> ="" span=""> ="" span=""> ="" b=""> ="" p=""> ="" p=""> ="" p=""> ="" b=""> ="" p=""> ="" p=""> ="" p=""> ="" span=""> ="" span=""> ="" span=""> ="" span=""> ="" b=""> ="" p=""> ="" p=""> ="" p=""> ="" b=""> ="" p=""> ="" p=""> ="" p=""> ="" b=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""></p>		

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	<p>Oxycodone 5 mg PRN was administered by QMA 6 on 8/10/24 and 8/12/24 and by QMA 4 on 8/24/24.</p> <p>During an interview on 9/5/24 at 2:35 P.M., QMA 8 indicated that prior to the administration of a PRN medication, a nurse should assess and then either administer the pain medication if needed, or authorized a QMA to administer the medication. If a QMA administers a PRN medication, the QMA must document that a nurse approved the administration.</p> <p>During an interview on 9/5/24 at 3:30 P.M., the Director of Nursing (DON) the facility did not have a policy regarding QMA PRN administration, but did follow the state rules regarding QMA scope of practice.</p> <p>Qualified Medication Aide Scope of Practice: (11) Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility 's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following: (A) Document in the resident record symptoms indicating the need for the medication and time the symptoms occurred. (B) Document in the resident record that the facility 's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact. (C) Obtain permission to administer the medication each time the symptoms occur in the resident. (D) Ensure that the resident 's record is cosigned by the licensed nurse who gave permission by the end of the nurse 's shift, or if the nurse was on call, by the end of the nurse 's next tour of duty.</p>				<p>="" p=""> ="" p=""> ="" p=""> ="" pthe="" results="" of="" the="" be="" reviewed="" at="" quality="" assurance="" meeting. ="" changes="" may="" established="" to="" auditing="" process,="" based="" upon="" audits. <="" p <="" p ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" pthe="" results="" of="" the="" be="" reviewed="" at="" quality="" assurance="" meeting. ="" changes="" may="" established="" to="" auditing="" process,="" based="" upon="" audits. <="" p <="" p ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""></p>		

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