

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 10/04/2023
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NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK OF SEYMOUR	STREET ADDRESS, CITY, STATE, ZIP CODE 2288 NICHOLAS CT SEYMOUR, IN 47274
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: October 3 and 4, 2023</p> <p>Facility number: 004376</p> <p>Residential Census: 8</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 10, 2023.</p>	R 0000		
R 0117  Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Meredith Eder	Executive Director	10/25/2023

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 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>every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview the facility failed to schedule a staff member who was certified in Cardiopulmonary Resuscitation for 2 of 8 days reviewed. This deficient practice had the potential to affect all 8 residents who resided in the facility.</p> <p>Findings include:</p> <p>The employee files were provided by the Administrator and reviewed on 10/04/22 at 10:15 A.M.</p> <p>The following times lacked a Cardiopulmonary Resuscitation (CPR) certified staff member during the reviewed time period of 09/23/23 through 09/30/23:</p> <ul style="list-style-type: none"> <li>- 09/25/23 6:00 A.M. to 8:30 A.M., and</li> <li>- 09/27/23 6:00 A.M. to 8:30 A.M.</li> </ul> <p>During an interview on 10/04/23 at 10:30 A.M., the DON (Director of Nursing) indicated she came to the facility at 8:30 A.M. in the mornings, and was in the building until shift change at 6:00 P.M.</p> <p>During an interview on 10/04/23 at 11:48 A.M., the DON indicated the Dietary Manger (who had been in the building at 6:30 A.M., (on the above listed days) was not CPR certified.</p> <p>During an interview on 10/04/23 at 2:49 P.M., the Administrator indicated the facility followed the State regulation for CPR. There must be one person in the building that was certified in CPR at all times.</p>	R 0117	<p>1: Time frames identified were in the past. Staff member identified renewed CPR certification on 10/3/23; therefore, non-compliance had been corrected by the time of survey.</p> <p>2: All residents had the potential to be affected. DON/designee will review the staffing schedule to ensure there is CPR and first aid coverage 24 hours a day. 100% audit was completed on 10/13/23 of all clinical staff to ensure CPR certification is current. No other staff were found to be out of compliance.</p> <p>3: The Executive Director (ED) and Director of Nursing (DON) were re-educated on 10/18/2023 on the Indiana State rule to meet the 24-hour scheduled and unscheduled needs of the residents and services provided. New staff will be screened upon hire to ensure their certifications are up to date. An up-to-date list will be kept with all the staff names who are current with their certifications to ensure 24-hour CPR first aid coverage and renewals scheduled accordingly. DON and/or ED will review the staffing schedule to ensure there is CPR and first aid coverage 24 hours a day.</p> <p>4: The DON/designee will</p>	10/20/2023

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R 0295  Bldg. 00	<p>410 IAC 16.2-5-6(a) Pharmaceutical Services - Noncompliance (a) Residents who self-medicate may keep and use prescription and nonprescription medications in their unit as long as they keep them secured from other residents. Based on observation, interview, and record review, the facility failed to ensure residents' medications were stored safely for 3 of 3 residents reviewed for self-administration of medications. (Residents 5, 2, and 4)</p> <p>Findings included:</p> <p>1. During an interview on 10/03/23 at 11:00 A.M., the Administrator indicated three of the eight residents in the facility self-administered their medications.</p> <p>During an interview on 10/03/23 at 12:30 P.M., Resident 5 indicated she administered her own medications. Her medications were stored in a red purse-type bag that was observed to be sitting on the end table next to her chair. The bag was closed, but not locked. She would put the pill bottles that would fit inside the bag into the bag, and she stored the rest of her medication supply</p>	R 0295	<p>complete audits by reviewing the staffing schedule weekly for 4 weeks, biweekly for 4 weeks, then monthly for 1 month to ensure there is 24-hour CPR first aid coverage. The audit will be discussed at monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p>1: Residents #5, 2, and 4 purchased lock boxes on 10/10/23 to store their medications. DON completed education with residents #5, 2, and 4 on 10/10/23 regarding the appropriate storage of medications in their room in a locked location. 2: Residents identified in the sample are the only current residents who self-administer their medications. No other residents are affected. 3: Staff re-education was completed on or before 10/20/23 to ensure all staff are aware that medication must be stored in a locked area for all residents who self-administer medication. All new residents will be educated on keeping medications stored in a</p>	10/20/2023

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	<p>in her bedroom closet on a shelf. She did not lock the closet or bedroom door at any time. The resident indicated she took Norco (hydrocodone and acetaminophen, a narcotic pain medication) when she needed it, and that medication was stored in the red bag too. She did not lock her apartment door, she had never locked the apartment door, she did not think she needed to.</p> <p>The resident's record was reviewed on 10/04/23 at 12:01 P.M. The diagnoses included, but were not limited to, hypertension, neuropathy, depression, chronic kidney failure, heart failure, and stroke.</p> <p>The resident's current MAR (Medication Administration Record) was provided by the DON (Director of Nursing) on 10/04/23 at 12:01 P.M. The MAR indicated the resident administered her own medications. The medications the resident would have in her room included, but was not limited to, the following medications:</p> <ul style="list-style-type: none"> <li>- propranolol (a cardiac medication), 20 mg (milligrams),</li> <li>- Lasix (a diuretic), 20 mg,</li> <li>- Plavix (an antiplatelet medication), 75 mg,</li> <li>- Celexa (an antidepressant), 20 mg,</li> <li>- spironolactone (a diuretic), 25 mg, and</li> <li>- Norco, 5/325 mg.</li> </ul> <p>During an interview on 10/04/23 at 11:30 A.M., the resident indicated she was going out for an appointment that afternoon.</p> <p>During an interview on 10/04/23 at 1:22 P.M., the DON indicated the resident had left the facility for her appointment.</p> <p>During an observation on 10/04/23 at 1:24 P.M., the resident's room was observed. The resident's</p>		<p>locked location.</p> <p>4: DON/designee will complete a 100% audit of residents who self-administer medications that meds are stored in a locked area weekly for 4 weeks, then bi-weekly for 4 weeks, then monthly for 1 month. All new residents who self-administer medication will be educated on keeping medications stored in a locked location. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.</p>	

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	<p>door was unlocked, and the resident had not returned from her appointment. The resident's red bag of medication was observed on her side table next to her chair.</p> <p>2. During an observation and interview on 10/03/23 at 10:51 A.M., Resident 2 was in his room sitting on the side of the bed. The resident indicated he was able to administer his own medications, he didn't take any narcotic pain medication, he didn't lock his door when he left the room, but he did have a key that he left on the table by the bed to lock his door. The resident opened an unlocked drawer beside his bed to show the medications. The following medications were observed:</p> <ul style="list-style-type: none"> <li>- a prescription bottle of Lipitor with medication inside,</li> <li>- a prescription bottle of Lamictal with medication inside,</li> <li>- a prescription bottle of Keppra with medication inside,</li> <li>- a prescription bottle of Flomax with medication inside,</li> <li>- a prescription bottle of Gabapentin with medication inside,</li> <li>- a prescription bottle of Metoprolol with medication inside, and</li> <li>- a prescription bottle of Clonazepam (an antianxiety medication) that was 1/4 full and indicated the resident was to take the medication twice a day.</li> </ul> <p>The clinical record for Resident 2 was reviewed on 10/03/23 at 1:05 P.M. The resident was admitted on 09/15/23. The diagnoses included, but were not limited to, spinal stenosis, hypertension, seizures, and kidney disease.</p> <p>The resident's current MAR was provided by the</p>			

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	<p>DON on 10/04/23 at 12:01 P.M. The MAR indicated the resident administered his own medications. The medications the resident would have in his room included, but were not limited to, the following medications:</p> <ul style="list-style-type: none"> <li>- Tylenol 500 mg,</li> <li>- Atomoxetine (an attention deficit disorder medication), 40 mg,</li> <li>- Lipitor (a cholesterol medication), 40 mg,</li> <li>- Lamictal (an antiepileptic), 200 mg,</li> <li>- Keppra (an antiepileptic), 500 mg,</li> <li>- Gabapentin (an anticonvulsant), 300 mg,</li> <li>- Metoprolol (a blood pressure medication), 200 mg,</li> <li>- Lisinopril (a blood pressure medication), 5 mg,</li> <li>- Colace (stool softener), 100 mg,</li> <li>- Lasix 20 mg, and</li> <li>- Clonazepam 1 mg.</li> </ul> <p>During an observation on 10/04/23 at 11:22 A.M., Resident 2 propelled himself out of his room towards the front of the building.</p> <p>During an observation on 10/04/23 at 11:24 A.M., Resident 2's room door was unlocked with the resident was not in his room.</p> <p>3. During an interview and observation on 10/03/23 at 12:09 P.M., Resident 4 indicated she self-administered her medications. The medications sat on her counter, and she didn't lock them up. She would lock her door when she left her room. The following medications were observed on the counter in the resident's room:</p> <ul style="list-style-type: none"> <li>- a prescription bottle, with the cap off with pills inside of Rosuvastatin,</li> <li>- a prescription bottle, with the cap off with pills inside of Clopidogrel,</li> </ul>			

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	<p>- a prescription bottle, with the cap off with pills inside of Losartan,</p> <p>- a prescription bottle, with the cap off with pills inside of Sertraline,</p> <p>- a prescription bottle, with the cap off with pills inside of Pantoprazole (a stomach acid medication),</p> <p>- a bottle of aspirin, and</p> <p>- a blister pack of Alprazolam that contained 26, ½ tablets.</p> <p>The clinical record for resident 4 was reviewed on 10/03/23 at 1:30 P.M. The diagnoses included, but were not limited to, stroke, hypertension, and anxiety.</p> <p>The resident's current MAR was provided by the DON on 10/04/23 at 12:01 P.M. The MAR indicated the resident administered her own medications. The medications the resident would have in her room included, but were not limited to, the following medications:</p> <ul style="list-style-type: none"> <li>- Amlodipine (a blood pressure medication), 10 mg,</li> <li>- aspirin 81 mg,</li> <li>- Clopidogrel (an antiplatelet medication), 75 mg,</li> <li>- Famotidine (a stomach acid medication), 20 mg,</li> <li>- Losartan (a blood pressure medication), 150 mg,</li> <li>- Rosuvastatin (a cholesterol medication), 40 mg,</li> <li>- Sertraline (an antidepressant), 100 mg,</li> <li>- Trazodone (an antidepressant medication), 50 mg, and</li> <li>- Alprazolam (an anti-anxiety medication), 1 mg.</li> </ul> <p>During an observation on 10/04/23 at 11:20 A.M., Resident 4 was sitting in the dining room at a table.</p> <p>During an observation on 10/04/23 at 11:22 A.M.,</p>			

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	<p>Resident 4's room door was unlocked with the resident not in her room.</p> <p>During an observation on 10/04/23 at 11:28 A.M., Residents 2 and 4 were sitting in the dining room.</p> <p>Residents' Service Plan records were provided by the DON on 10/04/23 at 12:01 P.M. The records indicated three of the eight residents that resided in the facility were independently mobile and had a diagnosis of Dementia.</p> <p>During an interview on 10/04/23 at 10:55 A.M., the DON indicated residents had a self-administration assessment completed to determine if they were capable of managing their own medications. They would get approval from their doctor. Residents who self-administered medications had to store their medications in their apartment in a drawer in their kitchenette that was not locked. If they had narcotics there was a little cabinet in their bathroom that had a lock on it. The staff go over the procedure for medication storage with the residents when it had been determined that they could self-administer. If they managed their own medications, the residents knew that their apartment door had to be locked when coming down to the dining room or leaving their apartment any time.</p> <p>The current "Resident Self-Administration Medication Policy &amp; Procedure", dated 02/23/22, was provided by the DON on 10/04/23 at 11:05 A.M. The policy indicated, "...It is Cedarhurst policy to ensure residents are assessed to determine independence with managing their medications as well as ensure safe storage and delivery...Residents' medications must be stored in a locked container in their apartment, accessible only to the resident and designated staff, or</p>			

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

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	<p>stored in the residents' private apartment, if the resident door is locked when the resident is away..."</p> <p>The current "Medication Self Administration Agreement" policy, dated 01/15/19, was provided by the DON on 10/04/23 at 12:01 P.M. The policy indicated, "...Medications must be locked at all times...Allow staff member to check my medications a least weekly...Original pill bottles must be kept in my locked cabinet..."</p>				