

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 06/16/2021	
NAME OF PROVIDER OR SUPPLIER  TOWNE CENTRE ASSISTED LIVING LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410			
(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
R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00353594.</p> <p>Complaint IN00353594 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: 6/16/21</p> <p>Facility number: 002392</p> <p>Residential Census: 178</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 6/18/21.</p>			R 0000	<p>"This plan of correction is submitted as required under State and Federal Law. The submission of the Plan of Correction does not constitute an admission on conclusions drawn therefrom- Submission of this 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 the 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 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 0244  Bldg. 00	<p>410 IAC 16.2-5-4(e)(4) Health Services - Noncompliance (4) Preparation of doses for more than one (1) scheduled administration is not permitted. Based on observation, record review, and</p>			R 0244	<p>The corrective actions that</p>		07/15/2021

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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>interview, the facility failed to ensure doses for only 1 scheduled medication administration pass were pre-set, related to medications prepared for more than one medication pass time and stored without resident identification, time to be administered, and medication information, for 1 of 2 Medication Carts, with 16 resident's medications pre-set. (Residents D, E, F, G, H, J, K, L, M, N, P, Q, R, S, T, and U)</p> <p>Finding includes:</p> <p>During an observation on 6/16/21 at 12:05 p.m. with QMA 1, there were medications stored in paper medication cups without resident names, times, or medication information in the drawers of the Medication Cart. The paper cups were stored on top of each other in stacks of 3-4 medication cups. QMA 1 stated, "I know who they are" and acknowledged there were no names on the cups. She indicated the medications were Resident G's 4 p.m. medicines, Resident H's 12 p.m. and 4 p.m. medications, Resident J's 4 p.m. medications, Resident K's 12 p.m. and 4 p.m. medications, Resident L's 4 p.m. medications, Resident M's 4 p.m. medications, Residents N, P, Q, R, S, T, and U's 4 p.m. medications.</p> <p>An undated facility policy, titled, "Pre-pouring", received from the Director of Nursing as current on 6/16/21 at 12:58 p.m., indicated pre pouring of medication was only allowed for one medication pass time. The medication cups were to be stored separately and were to include the residents' name and room number. The medication cup must be protected and covered with a clean unused soufflé or medication cup on top so the medications were protected.</p>		<p>were accomplished included a medication storage audit conducted by the Director of Nursing on 6/18/2021 utilizing an audit tool. The audit included the inspection of all medication drawers and medication carts in the facility to determine if any other residents were affected by this deficient practice. The facility recognizes that others could have been affected however, discovered that none were affected by the deficient practice at that time.</p> <p>The measures that will be put into place and the systematic changes that the facility will make to ensure that the deficient practice does not recur included an educational in-service for QMA's and Licensed Nurses conducted by the Director of Nursing on 6/24/21. This in-service included the review of the facility's policy regarding pre-pouring and proper labeling of medications. A post in-service review is scheduled to be conducted on 7/7/21 to review and evaluate the staff's knowledge and understanding regarding the facility's medication storage and pre-pouring policy. In addition, on 07/08/21 at 10 am &amp; 2pm Intouch pharmacy will be conducting a medication administration educational in-service for all</p>	

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R 0304	410 IAC 16.2-5-6(e) Pharmaceutical Services - Deficiency		<p>QMA's and nurses.</p> <p>The facility will monitor the corrective actions by utilizing an audit tool created by the Director of Nursing, to ensure proper storage, labeling policies and procedures are followed. The Director of Nursing and/or designee will monitor compliance with proper storage, labeling policies and procedures by completing the inspection of 10 medication drawers and 5 medication carts weekly for 20 weeks (about 4 and a half months), then 10 medication drawers and 5 medication carts monthly for 3 months. Findings will be documented utilizing the audit tool. A monthly mandatory meeting will also be conducted by the Director of Nursing monthly for 6 months with all QMA's and nurses to evaluate and discuss the audit findings. The first monthly meeting is scheduled for 7/12/21.</p> <p>The date of systemic changes is 7/15/21.</p>	

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Bldg. 00	<p>(e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit.</p> <p>Based on observation, interview, and record review, the facility failed to ensure Schedule II drugs were stored under double lock in a mobile drug storage unit, related to Lyrica (medication for nerve pain) and Norco (pain medication) stored in paper medication cups in a drawer in the Medication Cart, for 3 residents medications stored in 1 of 2 Medication Carts observed for medication storage. (Residents D, E, and F)</p> <p>Finding includes:</p> <p>During an observation of a Medication Cart located at the C/D Hall Nurses' Station on 6/16/21 at 12:05 p.m., QMA 1 opened the drawer of the cart. Inside the drawer were medications located in paper medication cups. QMA 1 indicated inside the separate paper medication cups were Resident D's Norco and Lyrica scheduled for 12 p.m. and 6 p.m., Resident E's Lyrica scheduled for 4 p.m., and Resident F's Lyrica scheduled for 4 p.m. QMA 1 indicated the scheduled medications were not stored with a double lock.</p> <p>An undated facility policy, titled, "Storage of Narcotics", received from the Director of Nursing as current on 6/16/21 at 12:58 p.m., indicated narcotics were to be stored utilizing a double-lock system. Narcotics were not to be pre-poured.</p>	R 0304	<p>he corrective actions that were accomplished for those residents found to have been affected by the deficient practice includes: an audit performed on 6/18/21 by Director of Nursing to ensure that all narcotics were stored according to ISDH rules and the facility's policy. No deficient narcotic storage practices were discovered at that time. As a result of this audit, the facility recognizes that others may have been affected by the alleged deficient practice however, no other residents were found to have been affected at that time. On 6/22/21 the facility's medication administration policy was revised to reflect the "9' rights of medication administration" i.e. right resident, right dose, right route, right time, right documentation, right of the resident to refuse, right reason &amp; right storage. An educational in-service is scheduled for 7/7/21 for all QMA's and nurses to provide education regarding this revised policy including ensuring that all</p>	07/15/2021

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			<p>medications are stored properly in accordance with the community's policy, and all schedule II drugs be kept under double lock as well as the providing education of the facility's pre pouring policy.</p> <p>The measures that will be put into place and the systematic changes that the facility will make to ensure that the deficient practice does not recur</p> <p>includes ongoing monthly educational in-services conducted by the Director of Nursing and/or designee monthly for 6 months and then quarterly thereafter regarding the facility's revised policy, Schedule II drug storage, and proper medication administration. On 07/08/21 at 10 am &amp; 2pm Intouch pharmacy will be conducting an all-nursing staff educational medication administration in-service. Monitoring of the corrective actions includes audits completed by the Director of Nursing and /or designee. The audits will include the inspection of 3 medication carts and 3 narcotic storage areas weekly for 16 weeks, then 10 audits monthly for 6 months including the inspection of 10 medication carts and 10 narcotic storage areas. Audits will be completed utilizing an audit tool. In addition, the Director of Nursing and/or designee will conduct medication pass audits</p>	

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			on all qualified staff monthly for 12 months utilizing a medication pass audit tool to monitor corrective actions. The completion date of systemic changes is 7/15/2021		