STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	12/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MUNCIE ESTATES SENIOR LIVING	1601 N MORRISON RD MUNCIE, IN 47304

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: December 6 and 7, 2023 Facility number: 010886 Residential Census: 51 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed December 15, 2023.	R 0000	R OOOO The filing of this plan of correction is complete as evidenced by the Communities desire to comply with Indiana Regulatory Requirements and to continue providing quality of care to our residents. This plan of correction serves as our allegation of substantial compliance. To assure regulatory compliance the community has taken the following measures:	
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dawn Beeman	Health Facility Administrator	12/27/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	person awake and on duty at all times for 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 interview and record review, the facility failed to ensure a working staff member was certified in First Aid for 3 of 21 shifts reviewed. Findings include: On 12/7/23 at 9:25 a.m., a review of the employee schedule and the CPR/First Aid certifications indicated the staff member on duty for evening shift was not certified in First Aid on 11/27/23, 11/28/23, and 12/2/23. During an interview, on 12/7/23 at 10:10 a.m., the Administrator indicated the employee in question had been taking the First Aid course. Review of a current facility policy, dated 8/1/21, titled "First Aid and CPR Certification," provided by the Administrator on 12/7/23 at 2:00 p.m., indicated the following: "...4. All staff will be trained in basic first aid...."	R 0117	410-IAC 16.2-5-1.4(b) Personnel - Deficiency It is the policy of Muncie Estates to manage and maintain state specific requirements for CPR and First Aide course completion of at least one staff member per shift. Corrective action was put into place as follows: 1. An audit was completed on 12/8/23 by the Health Services Director of all nursing associates to determine training needs. 2. Licensed associates will be offered CPR and First Aide Training within 90 days of employment. 3. The Training and Development Coordinator or designee will be responsible to monitor schedule to assure there is at least one certified CPR and First Aide Associate on every shift. 4. The Training and Development Coordinator/Designee will highlight associate per shift on daily schedule to affirm CPR/First Aide associate per shift per state requirements. 4. Quarterly the Business Office Manager/Designee will do a complete audit to ensure compliance is continued. 5. Quarterly audits will be	01/31/2024

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			reviewed in CQI (quality assurance meetings) 5. The next CPR/First Aide training is scheduled 1/24/2023 and will continue quarterly thereafter. The Health Services Director/Designee will be responsible to schedule and maintain training needs for compliance.	
R 0246 Bldg. 00	410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. 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. Based on record review and interview, the qualified medication assistant (QMA) failed to obtain authorization from a licensed nurse or physician prior to administering a PRN (as needed) medication for 3 of 7 sampled residents. (Resident 27, 7, and 101) Findings include: 1. The clinical record for Resident 27 was reviewed on 12/6/23 at 2:54 p.m. Diagnoses included fracture to fourth lumbar vertebra and radiculopathy. Current physician's orders included	R 0246	410-IAC 16.2-5-4(e)(6) Health Services It is the policy of Muncie Estates to follow state guidelines for PRN medication administration by a Qualified Medical Assistant (QMA). PRN medication may be administered by a QMA only upon authorization of a Licensed Nurse or physician. The QMA will meet the state requirements as follows: 1. On 12/7/23 the Health Services Director in-serviced	12/08/2023

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	acetaminophen (to treat pain) 325 mg (milligram), take two tablets every four hours 12 hours as needed for cough (11/17/23) and Mucus Relief 600 mg Extended Release (to treat congestion) 600 mg, take one tablet every 12 hours as needed (11/27/23). Review of the electronic medication administration report (eMAR) for November and December 2023, indicated the following: On 11/4/23 at 8:21 p.m., QMA 2 administered acetaminophen 650 mg for arm pain and indicated the outcome as "effective." The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration. On 11/19/23 at 9:44 p.m., QMA 2 administered dextromethorphan suspension 30 mg or 5 ml for coughing. The record lacked a documented outcome. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration. On 12/3/23 at 3:27 p.m., QMA 2 administered mucus relief 600 mg ER for nasal congestion and indicated the outcome as "effective." The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration. 2. The clinical record for Resident 7 was reviewed on 12/6/23 at 10:46 a.m. Diagnoses included Alzheimer's disease, depression, and anxiety. Current physician's orders included morphine solution (to treat pain) 100 mg/5 ml, take 0.25 ml (5 mg) every two hours as needed for pain or shortness of breath (5/31/23). Review of the eMAR for October and November		QMA's on regulation and requirements along with resolution to complete documentation on approval and outcome of prn medication given in community EMAR system. 2. A second check system has been put into place by Health Services Director to document prn medications given by QMA's. This form contains residents name, date, name of QMA, name of nurse/physician who authorized prn medication, nurse initials and outcome of prn medication. 3. Results of the prn medication will be reviewed by nurse on shift. If approved by HSD/on call nurse after hours, they will initial their next scheduled day worked. HSD/Designee will monitor for compliance daily x 2 week then weekly thereafter for continued compliance.	

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	2023, indicated the following: On 11/4/23 at 5:48 a.m., QMA 3 administered morphine solution 5 mg for "resident was saying ow ow". The record lacked a documented outcome. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration. 3. The clinical record for Resident 101 was reviewed as a closed record on 12/7/23 at 9:46 a.m. Diagnoses included dementia, depression, and chronic kidney disease. Physician's orders included hyoscyamine sublingual (to dry secretions) 0.125 mg, take two tablets under the tongue or by mouth every two hours as needed for secretions (4/17/23). Review of the eMAR for September 2023, indicated on 9/10/23 at 11:55 p.m., QMA 3 administered two hyoscyamine tablets for secretions and indicated the outcome as "effective." The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration. During an interview on 12/7/23 at 2:09 p.m., the DON indicated the QMAs were to obtain approval to administer a PRN (as needed) medication prior to administration. The narcotic sheet was to be co-signed at the time of administration by the licensed nurse. The non-narcotic medication administrations by QMAs should be approved and documented in the electronic health record as a progress note. The DON provided a document she indicated was the current facility policy titled, "Qualified Medication Aide Scope of Practice," on 12/7/23 at 2:26 p.m., which indicated the following: "...The following tasks are within the scope of practice for			

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	the QMA....(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:...(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...."			