

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

PRINTED: 05/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155209		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/04/2024	
NAME OF PROVIDER OR SUPPLIER  WATERS OF CLIFTY FALLS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 950 CROSS AVE MADISON, IN 47250			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00429501 and IN00430594.</p> <p>Complaint IN00429501 - Federal/State deficiencies related to the allegation is cited at F755 and F842.</p> <p>Complaint IN00430594 - No deficiencies related to the allegation is cited.</p> <p>Survey dates: April 3 and 4, 2024</p> <p>Facility number: 000116 Provider number: 155209 AIM number: 100266330</p> <p>Census Bed Type: SNF/NF: 92 Total: 92</p> <p>Census Payor Type: Medicare: 3 Medicaid: 62 Other: 27 Total: 92</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 15, 2024.</p>			F 0000			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement						

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

TITLE

(X6) DATE

Melinda Hewitt

Administrator

04/28/2024

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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	<p>described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure medication errors did not occur for 1 of 4 residents reviewed for medication administration.</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 4/3/24 at 12:30 p.m. The diagnosis included, but was not limited to, anxiety.</p>			F 0755	Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission of agreement by the facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal		04/29/2024

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	<p>The physicians order, dated 6/9/23, indicated the resident was to receive Clonazepam (narcotic anti-anxiety medication), 0.5 mg (milligrams) three times a day.</p> <p>The January 2024 medication administration record(MAR) indicated the Clonazepam was to be administered at 6:00 a.m., 2:00 p.m. and 10:00 p.m.</p> <p>Review of the January 2024 controlled drug record indicated on 1/5/24, the resident received an additional dose at 9:00 a.m.</p> <p>The clinical record lacked documentation of a physicians' order for the additional dose administered on 1/5/24.</p> <p>The January 2024 MAR indicated on 1/26/24 at 10:00 p.m., the resident received the scheduled dose of Clonazepam.</p> <p>The January 2024 controlled drug record lacked documentation of the administration of the Clonazepam.</p> <p>On 4/4/24 at 1:13 p.m., the Assistant Director of Nursing indicated the additional Clonazepam administered on 1/5/24 appeared to be a medication error as he could not find any orders or documentation for the additional dose administered.</p> <p>During an interview on 4/4/24 at 2:26 p.m., the Director of Nursing indicated if a medication was signed off on the MAR as administered but not on the controlled drug record, it would be a medication error.</p> <p>On 4/4/24 at 1:32 p.m., the Assistant Director of Nursing provided a current, undated copy of the</p>				<p>Laws. date of alleged compliance is April 29, 2024. Facility is respectfully requesting paper compliance for all deficiencies in this .</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient ?</p> <p>Resident E was assessed by the and no negative outcome related to the alleged deficient practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All have the potential to be affected by the alleged deficient practice. An audit was completed on 04/26/24 by the DON to verify all PRN controlled substances were signed out of the EMAR and controlled substance sheet and all concerns were addressed immediately.</p>		

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	<p>document titled "Medication Administration Errors". It included, but was not limited to, "Procedure...A medication error is any preventable event that may cause or lead to inappropriate medication use...Administration-based errors...Medication administered without an order...Missed medication...."</p> <p>This Citation relates to Complaint IN00429501</p> <p>3.1-48(c)(1)</p>				<p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The Director of Nursing or in-nursing staff on guidelines for administering PRN controlled substances. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated. Inservice completed by 4/29/24.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place.</p> <p>The Director of Nursing or will complete a PRN controlled substance audit on 10 random residents a 4 week; then 5 random</p>		

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F 0842 SS=E Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p>		<p>residents weekly x 4 weeks then 3 random residents a week x 4 months. If the facility is within 95% compliance at the end of 6 then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly CQI meetings. Any concerns will have been addressed. However, any patterns will be identified. Any will be written by the QAPI committee. Any written action plan will be monitored by the Administrator weekly until resolved.</p> <p>Date of Completion: 04/29/24</p>		

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	<p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must</p>						

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	<p>contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to ensure residents' medication administration records accurately reflected the administration of narcotic pain medication for 4 of 4 residents; and failed to account for controlled drug record forms for 3 of 4 residents reviewed for medical records. (Residents C, D, E and F)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 4/3/24 at 12:01 p.m. The resident's diagnoses included, but were not limited to, neuropathy and chronic pain.</p> <p>The January 2024 and February 2024 medication administration records (MAR) indicated the resident was to receive Hydrocodone-Acetaminophen (narcotic pain medication) 5-325 mg (milligrams) 4 times a day for pain at 9:00 a.m., 1:00 p.m., 5:00 p.m. and 9:00 p.m.</p> <p>The January MAR lacked documentation of the administration of the medication on 1/8/24 at 5:00 p.m. and the February 2024 MAR lacked documentation of the administration on 2/20/24 at 5:00 p.m.</p>			F 0842	<p>F842- It is the Intent of this facility to ensure that medications are administered, and documentation is completed to substantiate administration; It is the intent of this facility to adhere to the requirements of the Health Insurance Portability and Accountability Act Policy and safeguard both the resident's medical records and its information against loss.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident C, D, E and F were assessed by the DON on 04/05/2024 no negative outcome related to the alleged deficient practice.</p> <p>How other residents having the potential to be affected by the</p>		04/29/2024

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	<p>The clinical record lacked documentation of the resident's administered narcotic count sheets (controlled drug reports) for the following dates:</p> <p>-1/1/24 at 9:00 a.m. through 1/15/24 at 5:00 p.m. -1/23/24 at 1:00 p.m. through 1/31/24 at 1:00 p.m. -2/8/24 at 9:00 a.m. through 2/24/24 at 9:00 p.m. -3/3/24 at 5:00 p.m. through 3/9/24 at 1:00 p.m. -3/16/24 at 5:00 p.m. through 3/24/24 at 1:00 p.m.</p> <p>During an interview on 4/4/24 at 11:24 a.m., the ADON (Assistant Director of Nursing) indicated he had searched for the requested controlled drug reports and could not find them anywhere.</p> <p>During an interview on 4/4/24 at 1:00 p.m., LPN (Licensed Practical Nurse) 5 indicated when a medication/narcotic was administered, it was to be signed out on the narcotic count sheet and then signed off on the MAR to show the medication had been administered.</p> <p>2. The clinical record for Resident D was reviewed on 4/3/24 at 12:15 p.m. The resident's diagnoses included, but were not limited to, low back pain, osteopenia and peripheral autonomic neuropathy.</p> <p>Review of the January 2024 MAR indicated the resident was to receive Tramadol (pain medication) 50 mg every 6 hours as needed for pain.</p> <p>The January 2024 controlled drug report indicated the medication was signed out as given on the following dates and times:</p> <p>-1/27/24 at 5:30 p.m. -1/28/24 at 1:00 a.m. -1/28/24 at 9:00 p.m.</p>				<p>same deficient practice will be identified and what corrective action will be taken.</p> <p>An audit completed by Nursing on 04/26/24 to verify all narcotics are signed out on the EMAR and narcotic sign out sheet. An audit completed by nursing on 04/26/24 to verify all completed narcotic sign out sheets are obtained and placed into the appropriate resident's electronic medical record.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>The Director of Nursing or designee in serviced all nursing staff on the guidelines of administering narcotic medications and providing supporting documentation; The Director of Nursing or designee in-serviced all nursing staff on policies for resident medical records. Add the date.</p>		



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	<p>-1/30/24 at 10:00 a.m.</p> <p>-1/31/23 at 10:50 a.m.</p> <p>-1/31/24 at 4:50 p.m.</p> <p>The January 2024 MAR lacked documentation of the medication administered on the above dates and times.</p> <p>Review of the February 2024 MAR indicated the resident was to receive Tramadol 50 mg every 6 hours as needed for pain. The order for every 6 hours as needed was discontinued on 2/8/24 and a new order for the Tramadol 50 mg every 4 hours was obtained.</p> <p>The February 2024 controlled drug report indicated the medication was signed out as given on the following dates and times:</p> <p>-2/01/24 at 10:00 a.m.</p> <p>-2/02/24 at 9:00 a.m. and 4:00 p.m.</p> <p>-2/03/24 at 2:00 a.m.</p> <p>-2/04/24 at 8:10 p.m.</p> <p>-2/05/24 at 10:00 a.m., 4:00 p.m. and 10:00 p.m.</p> <p>-2/06/24 at 7:00 a.m. and 9:00 p.m.</p> <p>-2/08/24 at 8:00 p.m.</p> <p>-2/09/24 at 10:00 a.m. and 4:00 p.m.</p> <p>-2/10/24 at 9:00 a.m. and 8:00 p.m.</p> <p>-2/11/24 at 9:00 a.m. and 9:00 p.m.</p> <p>-2/12/24 at 10:00 a.m. and 8:00 p.m.</p> <p>-2/13/24 at 9:00 a.m.</p> <p>-2/14/24 at 9:00 a.m. and 9:00 p.m.</p> <p>-2/15/24 at 9:00 a.m. and 7:30 p.m.</p> <p>-2/16/24 at 11:00 a.m.</p> <p>-2/17/24 at 8:00 p.m.</p> <p>-2/18/24 at 8:00 p.m.</p> <p>-2/19/24 at 9:00 a.m. and 9:30 p.m.</p> <p>-2/20/24 at 9:00 a.m. and 9:00 p.m.</p> <p>-2/21/24 at 8:20 p.m.</p>				<p>Additionally, any staff that fails to comply with points of this in-service will be further educated and/or disciplined.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place.</p> <p>The Director of Nursing or designee will monitor the EMAR and Narcotic Sign Out sheets for 10 random residents a week x 4 weeks then 5 random residents a week x 4 weeks, then 3 random residents a week x 4 months... If the facility is within 95% compliance at the end of the 6 months; then monitoring can be stopped. Results of the monitoring will be reviewed at the monthly QAPI meetings. Any concerns will have been addressed. However, any patterns will be identified. Any will be written by the QAPI committee. Any written action plan will be monitored by the administrator weekly until resolved.</p> <p>Date of Completion: 04/29/24</p>		

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	<p>-2/22/24 at 9:00 p.m.</p> <p>-2/23/24 at 6:30 a.m., 2:15 p.m. and 7:15 p.m.</p> <p>-2/24/24 at 9:00 a.m.</p> <p>-2/25/24 at 9:00 a.m. and 9:00 p.m.</p> <p>-2/26/24 at 8:00 p.m.</p> <p>-2/27/24 at 9:00 a.m. and 3:30 p.m.</p> <p>-2/28/24 at 9:00 a.m. and 9:00 p.m.</p> <p>-2/29/24 at 9:00 a.m. and 9:00 p.m.</p> <p>The February 2024 MAR lacked documentation of the medication administered on the above dates and times.</p> <p>The March 2024 MAR indicated the resident was to receive Tramadol 50 mg every 4 hours as needed for pain.</p> <p>The March 2024 controlled drug record indicated the resident received the medication on the following dates and times:</p> <p>-3/01/24 at 9:00 p.m.</p> <p>-3/03/24 at 8:30 p.m.</p> <p>-3/04/24 at 4:00 a.m., 9:00 a.m. and 8:30 p.m.</p> <p>-3/05/24 at 9:00 a.m., 3:00 p.m. and 8:00 p.m.</p> <p>-3/06/24 at 7:00 p.m.</p> <p>-3/08/24 at 9:00 a.m. and 7:30 p.m.</p> <p>-3/09/24 at 6:25 p.m.</p> <p>-3/10/24 at 10:00 a.m.</p> <p>-3/11/24 at 8:00 a.m. and 8:30 p.m.</p> <p>-3/12/24 at 7:20 a.m.</p> <p>-3/13/24 at 7:00 a.m., 1:00 p.m. and 8:00 p.m.</p> <p>-3/14/24 at 9:00 a.m..</p> <p>-3/15/24 at 8:00 a.m. and 2:00 p.m.</p> <p>-3/16/24 at 8:00 p.m.</p> <p>-3/17/24 at 6:30 p.m.</p> <p>-3/18/24 at 4:00 a.m., 10:00 a.m. and 4:00 p.m.</p> <p>-3/19/24 at 12:20 a.m., 8:00 a.m. and 8:00 p.m.</p> <p>-3/23/24 at 4:00 a.m. and 6:00 p.m.</p> <p>-3/24/24 at 4:00 a.m. and 7:00 p.m.</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155209		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/04/2024	
NAME OF PROVIDER OR SUPPLIER  WATERS OF CLIFTY FALLS, THE				STREET ADDRESS, CITY, STATE, ZIP COD 950 CROSS AVE MADISON, IN 47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	<p>-3/25/24 at 5:00 a.m. and 4:00 p.m. -3/26/24 at 9:00 a.m. -3/27/24 at 8:00 a.m. and 9:15 p.m. -3/29/24 at 10:00 p.m. -3/30/24 at 8:00 p.m. -3/31/24 at 5:00 a.m. and 7:45 p.m.</p> <p>The March 2024 MAR lacked documentation of the medication administered on the above dates and times.</p> <p>3. The clinical record for Resident E was reviewed on 4/3/24 at 12:30 p.m. The resident's diagnoses included, but were not limited to, chronic pain syndrome and anxiety.</p> <p>The January 2024 MAR indicated the resident was to receive Percocet (narcotic pain medication) 10-325 mg every 6 hours as needed for pain.</p> <p>The January 2024 controlled drug record indicated the resident received the medication on the following dates and times:</p> <p>-1/01/24 at 1:00 p.m. and 9:00 p.m. -1/02/24 at 12:30 p.m. and 9:30 p.m. -1/03/24 at 6:00 a.m., 2:30 p.m. and 9:00 p.m. -1/04/24 at 11:00 p.m. -1/05/24 at 9:00 a.m., 3:00 p.m. and 11:55 p.m. -1/06/24 at 9:00 p.m. -1/07/24 at 11:00 p.m. -1/09/24 at 11:40 a.m. and 11:15 p.m. -1/10/24 at 7:00 p.m. -1/11/24 at 2:40 p.m. and 9:00 p.m. -1/13/24 at 5:30 a.m. and 1:45 p.m. -1/15/24 at 1:00 a.m., 7:00 a.m. and 1:00 p.m. -1/16/24 at 5:00 a.m. -1/17/24 at 7:00 p.m. -1/18/24 at 2:00 a.m., 8:00 a.m., 2:00 p.m. and 9:00 p.m.</p>						

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	<p>-1/19/24 at 12:50 p.m.</p> <p>-1/20/24 at 2:10 p.m. and 9:00 p.m.</p> <p>-1/21/24 at 1:00 p.m. and 9:00 p.m.</p> <p>-1/22/24 at 12:30 p.m.</p> <p>-1/23/24 at 12:00 a.m., 12:00 p.m. and 11:00 p.m.</p> <p>-1/24/24 at 5:00 a.m., 11:00 a.m. and 6:00 p.m.</p> <p>-1/26/24 at 5:00 a.m., 11:00 a.m., 4:00 p.m. and 10:00 p.m.</p> <p>-1/27/24 at 2:00 p.m.</p> <p>-1/28/24 at 4:00 a.m., 9:00 a.m. and 2:00 p.m.</p> <p>-1/29/24 at 1:00 p.m. and 11:00 p.m.</p> <p>-1/30/24 at 8:00 a.m., 2:00 p.m. and 10:00 p.m.</p> <p>-1/31/24 at 12:00 p.m.</p> <p>The January 2024 MAR lacked documentation of the medication administered on the above dates and times.</p> <p>The clinical record lacked documentation of the resident's administered narcotic count sheets (controlled drug reports) from 2/3/24 through 3/31/24.</p> <p>4. The clinical record for Resident F was reviewed on 4/3/24 at 12:43 p.m. The resident's diagnoses included, but were not limited to, Parkinson's disease and arthritis.</p> <p>The January 2024 MAR indicated the resident was to receive Hydrocodone-Acetaminophen (narcotic pain medication) 5-325 mg every 6 hours as needed for pain.</p> <p>The January 2024 controlled drug record indicated the medication was administer to the resident on the following dates and times:</p> <p>-1/01/24 at 9:00 p.m.</p> <p>-1/03/24 at 9:00 p.m.</p> <p>-1/04/24 at 9:00 p.m.</p>						

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	<p>-1/07/24 at 9:00 p.m.</p> <p>-1/09/24 at 9:05 a.m.</p> <p>-1/11/24 at 10:00 a.m. and 9:00 p.m.</p> <p>-1/14/24 at 10:00 p.m.</p> <p>-1/15/24 at 9:00 a.m. and 9:00 p.m.</p> <p>-1/16/24 at 9:00 p.m.</p> <p>-1/17/24 at 9:00 p.m.</p> <p>-1/18/24 at 7:00 a.m. and 9:00 p.m.</p> <p>-1/20/24 at 9:00 p.m.</p> <p>-1/21/24 at 9:00 p.m.</p> <p>-1/23/24 at 9:00 a.m.</p> <p>-1/24/24 at 9:00 a.m.</p> <p>-1/25/24 at 3:00 a.m.</p> <p>-1/26/24 at 9:00 a.m. and 9:00 p.m.</p> <p>-1/28/24 at 9:00 a.m.</p> <p>-1/30/24 at 9:00 a.m.</p> <p>-1/31/24 at 9:00 a.m.</p> <p>The January 2024 MAR lacked documentation of the medication administered on the above dates and times.</p> <p>-2/01/24 at 9:00 a.m.</p> <p>-2/04/24 at 10:00 p.m.</p> <p>-2/05/24 at 10:00 p.m.</p> <p>-2/06/24 at 10:00 p.m.</p> <p>The February 2024 MAR lacked documentation of the medication administered on the above dates and times.</p> <p>-3/23/24 at 2:00 p.m.</p> <p>-3/24/24 at 8:00 a.m.</p> <p>-3/25/24 at 8:00 a.m.</p> <p>-3/26/24 at 8:00 p.m.</p> <p>-3/27/24 at 8:00 p.m.</p> <p>-3/29/24 at 8:00 a.m. and 2:00 p.m.</p> <p>The March 2024 MAR lacked documentation of the medication administered on the above dates</p>						

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	<p>and times.</p> <p>The clinical record lacked documentation of the resident's administered controlled drug records between 2/8/24 through 3/22/24.</p> <p>On 4/4/24 at 10:43 a.m., the ADON provided a current, undated copy of the document titled "Medication Administration". It included, but was not limited to, "Purpose...To ensure that medications are administered...and documentation is completed to substantiate administration...Policy...Medication Administration Record will be signed after for each medication administered to the resident...."</p> <p>On 4/4/24 at 1:45 p.m., the ADON provided a current, undated copy of the document titled "Confidentiality of Medical Records". It included, but was not limited to, "Purpose...To adhere to the requirements of the Health Insurance Portability Accountability Act...Policy...It is the facilities responsibility for safeguarding both the resident's medical record and its information against loss...."</p> <p>This Citation relates to Complaint IN00429501</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>						