

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

PRINTED: 09/09/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155729		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/30/2024	
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE				STREET ADDRESS, CITY, STATE, ZIP COD 12011 WHITTERN RD MONROEVILLE, IN 46773			
(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: July 24, 25, 26, and 30, 2024. Facility number: 002549 Provider number: 155729 AIM number: 200289420 Census Bed Type: SNF/NF: 40 Total: 40 Census Payor Type: Medicare: 4 Medicaid: 25 Other: 11 Total: 40 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed July 31, 2024			F 0000			
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals Based on observation, interview, and record review; the facility failed to separate oral medications from external medications for 1 of 1 cart reviewed affecting 1 resident. (100 hall, Resident 28). On 07/24/24, at 09:45 AM, during an observation and interview with RN 2; Resident 28's oral medications were obsered stored in locked medication cart (100 Hall) alongside his external			F 0761	POC 7/30/24-Annual Survey Preparation and execution of this plan of correction does not constitute admission or agreement by provider to the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency.		08/12/2024

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 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 30 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>medication Triad hydrophilic wound dressing paste and Bengay. RN 2 denied any problem mixing orals with externals. RN 2 explained all the medications were for Resident 28. RN 2 explained one of the creams was Bengay and the other was a topical for a wound. RN 2 offered to move external medications to the treatment cart.</p> <p>In an interview on 7/25/24 at 7:51AM, the DON (Director of Nursing) indicated RN 2 was from the hospital and was not up to date on nursing home requirements. The DON further indicated after speaking with RN 2 she had just completed the dressing change and put the cream there due to being called away. The medication cart and treatment cart were within 10 feet of each other.</p> <p>Resident 28's record review began on 7/29/24 at 9:36AM. Diagnoses included paraplegia, pain, and heart disease.</p> <p>A medication administration audit report dated July 2024, indicated Resident 28's dressing change was completed on 7/24/24 at 6AM and at 1:41PM by RN 2. The 100 Hall cart was observed 7/24/24 at 09:45AM, approximately 3 hours later.</p> <p>Resident 28's physician orders included Triad hydrophilic external paste, apply to buttocks/thighs topically every day and evening shift for excoriation apply to areas around wound vac; dated 5/24/24. Additionally, an order for Bengay lidocaine external cream 4%, apply to joints topically every 12 hours as needed for pain, ok for unsupervised self-administration was dated 4/10/24.</p> <p>A current facility policy, titled Storing Medications, dated 2/1/94 was provided by DON on 7/29/24 at 11:10AM. The policy indicated ...all</p>				<p>The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Adams-Heritage maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of the residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams-Heritage asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance. Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated accomplished corrective action. These do not necessarily chronologically correspond to the date that Adams Heritage is under the opinion that it the requirements of participation or</p>		

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	<p>drugs intended for internal use should be stored together in a medication cart.</p> <p>No other policies were provided at time of exit.</p> <p>3.1- 25(j)</p>		<p>that corrective action was necessary.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>External medication removed from the cart immediately. Facility educated nurse of the best practice procedure. All staff involved will be educated on proper medication storage. Policies and education will be presented to the nursing staff. An in-service to nursing staff was performed.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>All residents that receive oral medications have the potential to be affected. All staff involved in medication administration will be educated on proper medication storage.</p> <p>What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur. Routine education will be provided to all staff and education will be sent to agency staff pertaining to the storage of external and internal medications. Continued routine bi-weekly cart audits will be completed by our charge nurse and audit form will be filled out and turned into the DON.</p> <p>How the corrective action will be</p>		

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			monitored to ensure the deficient practice will not recur. What quality assurance program will be put into place. The DON and charge nurse will monitor signature log for the nursing staff in regard to the education. Education will be provided to read and signature log will be in place. The abovementioned will audit on a weekly basis for accuracy on the carts to ensure compliance. Audits will be presented monthly at the QAPI committee meetings with a goal of 100% compliance. QAPI will re-evaluate protocols and techniques of medication storage to ensure 100% compliance is achieved, frequency will be determined by the QAPI team. By what date the systemic changes for each deficiency will be completed. The systemic changes will be completed by August 12th, 2024. Informal Dispute Resolution F761 The citation was for label/store drugs and biologicals. In the regulation F761, it states that facility must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys. On page 2 paragraph 3 it states: The facility failed to separate oral medications		

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			from external medications for 1 of 1 cart reviewed affecting one resident. F761 does not state that the facility must separate internal and external medications. Regulation F761 states facility must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys. The facility did meet the regulation as outlined. On page 2 paragraph 4: During an observation and interview with RN2 resident 28 oral medications were observed stored in locked medication cart alongside his external medication Triad Hydrophilic wound dressing paste and Bengay. RN2 denies any problem with mixing internal and external meds. The facility policy states all drugs intended for internal use should be stored together in a medication cart or other designated area and kept separated according to resident. RN2 explained all the medications stored in the compartment were for resident 28. RN2 offered to remove external medication to the treatment cart. The DON/Administrator completed an interview of RN2 after the incident was reported by the surveyor, RN2 stated that she was in resident 28's room administering medication and went to med cart and put medication in the cart due		

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			<p>to being called away to assist another resident. Normal practice in the facility is keeping medications for treatments in the treatment cart but RN2 felt that assisting the resident was more a priority than taking a medication to the treatment cart at the time of incident. RN2 was not in violation of regulation F761 as noted in the medication storage and label pathway and according to facility policy medication was separated by resident, as noted on page 2 paragraph 4. On page 2 paragraph 5, it was reported that the DON stated that RN2 was from the hospital and was not up to date on nursing home requirements. The conversation was misinterpreted. The DON stated that RN2 works PRN and primarily works at the hospital. Regardless of the primary work location and the location of the treatment cart, resident care takes priority. Page 3 paragraph 3 states a medication administration audit report dated 7/24/24 indicated residents 28 dressing change was completed on 7/24/24 at 6am and 1:41pm. As noted on attachment A, scheduled time on 7/24/24 for the Triad Hydrophilic Wound dressings in scheduled for 6am. The order states in attachment B frequency of administration is every day and evening shift. Day shift may administer 0600 to 1400 and evening shift may administer</p>		

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			between 1400 and 2200. On attachment A the administration time is noted on 7/24/24 1341 which is within the parameters of the physician order. The 6am noted by the surveyor is the scheduled time and not the administration time. Page 3 paragraph 5 The policy indicates...all drugs intended for internal use should be stored together in a medication cart. The accurate facility policy states: Except for those medications requiring refrigeration, all drugs intended for internal use should be stored together in a medication cart or other designated area and kept separated according to resident. Based on the facility policy RN2 did not violate regulation F761. See attachment C from the facilities current pharmacy representative who has completed medication/treatment cart audits for the last several years. Facility reached out to pharmacy to provide documentation on the audits performed from previous survey to present. As you will see from attachment C no discrepancies have been noted and AH has been nearly 100% compliant with all the audits. No errors regarding storage of oral, solid, or liquid creams/ointments have been noted.		