

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

PRINTED: 04/18/2023

FORM APPROVED

OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00391445.</p> <p>Complaint IN00391445 -- State deficiencies related to the allegations are cited at R241 and R296.</p> <p>Survey date: March 23, 2023</p> <p>Facility number: 014548</p> <p>Residential Census: 44</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 27, 2023</p>			R 0000	<p>R 0000</p> <p>Submission of this Plan of Correction does not constitute admission or agreement by the provider of the alleged allegations of deficient practice(s). This Plan of Correction is prepared and submitted as a requirement under state and federal law.</p> <p>The attachments hereto serve to support and provide evidence of compliance with the submitted Plan of Correction and to ensure the facility meets the requirements under state and federal law.</p> <p>The facility respectfully requests paper compliance for the alleged allegations.</p> <p>Respectfully, Angela M Mann, HFA/RCA/CNA Timber Creek Village Assisted Living Facility Administrator Timber Creek Village Assisted Living</p>		
R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident 's physician and shall be supervised by a licensed nurse on the premises or on call as follows:</p> <p>(1) Medication shall be administered by licensed nursing personnel or qualified</p>						

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

TITLE

(X6) DATE

ANGELA

MANN

04/11/2023

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 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.

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

PRINTED: 04/18/2023

FORM APPROVED

OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>medication aides.</p> <p>Based on interview and record review, the facility failed to ensure physician orders were followed for insulin orders for 1 of 4 residents reviewed for injectable medications. (Resident D)</p> <p>Findings include:</p> <p>A review of Resident D's clinical record on 3-23-23 at 2:20 p.m., indicated her diagnoses included, but were not limited to, type 2 diabetes mellitus. A Mini-Mental Status Examination (MMSE), dated 7-25-22, indicated she is cognitively intact. In an interview on 3-23-23 at 3:47 p.m., with Resident D, she indicated she does not take any medications for her diabetes, that it is controlled through her diet alone.</p> <p>A physician order, dated 10-24-22, indicated she was to receive Lantus 20 units subcutaneously (under the skin) daily in the evening. This order was changed on 12-12-22 to Lantus 24 units subcutaneously daily in the evening. Both orders were documented as administered from 12-1-22 to 12-31-22. The orders were identified as being ordered by different physicians.</p> <p>An additional order for Humalog insulin sliding scale before each meal, dated 10-24-22, with no insulin coverage for blood sugars of 1-150, 2 units for blood sugars of 151 to 200, 3 units for blood sugars of 201 to 250, 4 units for blood sugars of 251 to 300, 5 units for blood sugars of 301 to 351. The order did not specify what was to be done for blood sugars greater than 351. However, on the MAR, it added to give 5 units for blood sugars 351 to 400. The MAR did not specify what was to be done for blood sugars greater than 400. An additional order was effective on 11-28-22 to inject 3 units of Humalog insulin at each meal, plus the</p>			R 0241	<p>R 241 410 IAC 16.2-5-4(e)(1) Health Services Offense</p> <p>We respectfully request paper compliance for this alleged deficiency.</p> <p>The Rule: Based on an interview and record review, the facility failed to ensure physician orders were followed, for insulin orders for 1 of 4 residents reviewed for injectable medications. (Resident D)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices</p> <p>DONW to in-service the QMA staff on QMA Scope of Practices regarding residents with diabetes; which included administering, monitoring and documenting glucose readings; including the parameters regarding physician prescribed insulin injectable medication (Exhibit I) and Timber Creek Village Policy and Procedure for Medication Administration and the Addendum Residents with Diabetes (Exhibit II).</p> <p>DONW contacted the prescribing physicians of Resident (D), to</p>		04/21/2023

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

PRINTED: 04/18/2023
FORM APPROVED
OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>sliding scale insulin.</p> <p>An order for Novolin insulin 12 units, dated 12-13-22, indicated it was to be provided subcutaneously at bedtime, with further instructions for it to be increased by 2 units every day until the fasting blood sugar was continuously between 80 and 130. In review of the January, February and March, 2023, MAR's, the dosage remained unchanged with blood sugars not remaining within the targeted range and the dosage unchanged.</p> <p>In an interview with the Administrator on 3-23-23 at 12:20 p.m., she indicated the facility currently has two QMA's that are insulin-certified, but was unsure if those two staff are actually administering insulin to any residents. The names of those staff were not provided.</p> <p>In an interview on 3-23-23 at 5:30 p.m., with QMA 5, she indicated she has only been at facility for a short time and "haven't really been trained as to what I can do in an AL [assisted living facility]," as a QMA. She indicated she is not insulin-certified. "I'm not really clear on what I can do as far as helping a resident with their insulin. Nobody has really explained it to me." She indicated she is unclear on the MAR if signing off on the insulin order means the QMA just observed the resident give the ordered insulin or if it means the QMA or nurse actually administered the medication. She indicated it is very hard to even read the MAR to identify whose initials are present, let alone determine if that person is a QMA that is insulin certified. She indicated she was unaware of a listing of staff names, initials and titles, except possibly in the narcotic book.</p>				<p>clarify the current diabetic medication orders and the physician approved order for self-administration of any prescribed diabetic injectable medication.</p> <p>How the facility will identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken:</p> <p>The residents of the community have the potential to be affected by the alleged deficient practice. The DONW or designee, will complete an audit review of charts and orders, ensuring insulin diabetic residents have active physician orders and orders to self-administer any physician prescribed injectable diabetic medication.</p> <p>What measures will be put into place or what systematic changes will the facility make to ensure that the deficient practice does not recur:</p> <p>Current Staff and any new staff hired to be in-serviced on the policy and procedure for Resident with Diabetes. The DONW or designee to be sure any new or current resident, or any current resident who is newly diagnosed</p>		

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

PRINTED: 04/18/2023
FORM APPROVED
OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>In an interview on 3-23-23 at 6:05 p.m., with the Administrator, she indicated the facility's policies "come from the corporate offices in Illinois. We are the only building they have in Indiana. So, the policies are mostly focused on the Illinois regulations, which tend to more lax than this state. As a matter of fact, in Illinois, you don't even have to be licensed to be an administrator [in an assisted living facility]. I am not a nurse, but I am in the process of getting my QMA certification and am doing clinicals at an area nursing home right now. I feel like this will give me a better understanding of what my staff are required to do. I guess I hadn't given much thought to how our MAR's are set up for documenting the insulin and that fits in with the policies we have. Our MAR doesn't really tell you if the staff member was just observing or cueing the resident to give their insulin or if that staff member actually gave the insulin. Right now, I believe we have only 2 QMA's that are insulin-certified. We need to look at all this and make sure we are doing everything within the state guidelines."</p> <p>On 3-23-23 at 6:03 p.m., the Administrator provided a copy of a policy entitled, "Assistance with Medication," with a review date of January, 2023. This policy indicated, "Residents may manage their own medications unless the physician writes an order for the facility to provide oversight or assistance with self-administration of medication...The facility medication administration policies must be approved by a physician, pharmacist, or licensed health care professional and needs to address...4. Assisting with Self-Administration of medication. 5. Recording of medication assistance provided to residents and maintenance of medication records. Supervising the Self-Administration of Medicine-Process. Only RN's or a LPN can</p>				<p>as a diabetic has current physician medication orders and if required a physician order on file authorizing self-administer of any prescribed injectable diabetic medication.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:</p> <p>A CQI monitoring tool see (Exhibit III), will be implemented, on or before 04/21/2023, to ensure compliance is maintained and that only licensed nursing staff personnel or residents who have a physician's order to Self-Administered injectables are administering insulin medications. The DONW or designee will monitor daily for 2 weeks, then weekly for 4 weeks, then monthly until compliance is maintained consecutively for a period of 3 months or until the Quality Assurance Committee finds compliance has been met.</p> <p>By what date will the systemic changes be completed:</p> <p>Systemic changes will be completed by 04/21/2023</p>		

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

PRINTED: 04/18/2023
FORM APPROVED
OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0296 Bldg. 00	<p>oversee the training for a QMA to administer medications to residents...Administration of Medication [procedure] Getting the medication out of the locked med cabinet. Opening the medication container for a resident who is physically unable to do so. (Resident must remove medication from the container.) Confirming that residents have obtained and are taking the dosage prescribed. Document in writing that the resident has taken (or refused to take) the medication...The licensed health care professional will create a MAR (Medication Administration Record) for each resident that has requested assistance with Medication assistance. QMA's or authorized staff will initial the appropriate box for the time of day the medication supervision was administered (examples AM, Noon, PM, HS, PRN)...A QMA or licensed personnel can assist resident with injections..."</p> <p>This State tag relates to Complaint IN00391445.</p> <p>2.5-4-(e)</p> <p>410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on interview and record review, the facility failed to provide clearly written policies and procedures pertaining to the administration and/or assistance staff Qualified Medication Aides (QMA's) may provide to insulin-dependent residents for 2 of 4 residents reviewed for injectable medications. (Residents D and E)</p> <p>Findings include:</p>			R 0296	<p>R 296 410 IAC 16.2-5-6(b) Pharmaceutical Services-Noncompliance</p> <p>We respectfully request paper compliance for this alleged deficiency.</p>		04/21/2023

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

PRINTED: 04/18/2023

FORM APPROVED

OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>1. A review of Resident E's clinical record on 3-23-23 at 2:47 p.m., indicated her diagnoses included, but were not limited to, type 2 diabetes mellitus. A physician order, dated 6-2-22, and updated 3-13-23, indicated she was to receive Lantus 20 units subcutaneously (under the skin) daily at bedtime. Resident E's most recent Service Plan, dated 1-20-23, indicated the facility provides "total assist" with "medication administration" and "injections."</p> <p>In an interview with the Director of Nursing (DON) on 3-23-23 at 3:10 p.m., she indicated she would have to verify if Resident E self-administered her insulin, but was of the opinion the resident did self-administer her physician-ordered medication.</p> <p>In an interview with Resident E on 3-23-23 at 3:48 p.m., she indicated she does not self-administer her insulin, but the nursing staff administers her bedtime insulin dosage to her. A Mini-Mental Status Examination (MMSE), dated 1-20-23, indicated she is cognitively intact.</p> <p>In an interview with QMA 4 on 3-23-23 at 12:20 p.m., she indicated she is not certified to do insulin injections. She indicated she recalled she "had asked the previous DON...when I was on the med cart, what did it mean when I was signing the MAR for someone that had a blood sugar and needed insulin, what it meant when I signed the date and time block for someone that might have a sliding scale insulin order or just an insulin order. She told me it just meant that I had done the blood sugar. Because I am not sure that we as QMA's are okay to help a resident with their insulin when they give it themselves. I wasn't sure if it is okay for us to sign on the date and time block to sign it</p>				<p>The Rule: Based on an interview and record review, the facility failed to provide clearly written policies and procedures pertaining to the administration and/or assistance staff Qualified Medication Aides (QMA's) may provide to insulin-dependent residents for 2 of 4 residents reviewed for injectable medications. (Residents D and E)</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practices and what corrective action will be taken:</p> <p>DONW contacted the physician(s) of residents D and E and obtained a copy of the physician authorization to self-administer physician prescribed diabetic injectable medication. DONW to in-service the QMA staff on QMA Scope of Practices regarding residents with diabetes; which includes administering, monitoring, and documenting glucose readings; and with the parameters regarding physician prescribed insulin injectable medication(s), see (Exhibit I), and Timber Creek Village Policy and Procedure for Residents with Diabetes, see (Exhibit II).</p> <p>How the facility will identify</p>		

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

PRINTED: 04/18/2023
FORM APPROVED
OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>if the resident does their own insulin. Nobody has really explained that to me. I don't want to be doing something that I shouldn't be doing." In a subsequent interview with QMA 4 on 3-23-23 at 4:40 p.m., she indicated she has provided cueing assistance with Resident E for the resident to self-administer her insulin.</p> <p>A review of Resident E's medication administration record (MAR) for 12-22, 1-23, 2-23 and 3-23, did not specify if the staff person's initials indicated on the MAR actually administered the Lantus or supervised the resident self-administering the medication.</p> <p>2. A review of Resident D's clinical record on 3-23-23 at 2:20 p.m., indicated her diagnoses included, but were not limited to, type 2 diabetes mellitus. A Mini-Mental Status Examination (MMSE), dated 7-25-22, indicated she is cognitively intact. In an interview on 3-23-23 at 3:47 p.m., with Resident D, she indicated she does not take any medications for her diabetes, that it is controlled through her diet alone.</p> <p>A physician order, dated 10-24-22, indicated she was to receive Lantus 20 units subcutaneously (under the skin) daily in the evening. This order was changed on 12-12-22 to Lantus 24 units subcutaneously daily in the evening. Both orders were documented as administered from 12-1-22 to 12-31-22. The orders were identified as being ordered by different physicians.</p> <p>An additional order for Humalog insulin sliding scale before each meal, dated 10-24-22, with no insulin coverage for blood sugars of 1-150, 2 units for blood sugars of 151 to 200, 3 units for blood sugars of 201 to 250, 4 units for blood sugars of 251 to 300, 5 units for blood sugars of 301 to 351.</p>				<p>other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken:</p> <p>The residents of the community have the potential to be affected by the alleged deficient practice. The DONW to in-service the Qualified Medication Aide's, (QMA's) and nursing staff on the Timber Creek Village Assisted Living Policy and Procedure for Residents with Diabetes, (Exhibit II).</p> <p>What measures will be put into place or what systematic changes will the facility make to ensure that the alleged deficient practice does not recur:</p> <p>DONW or designee to in-service any new Qualified Medication Aides, (QMA's) on the Timber Creek Village Assisted Living Policy and Procedure for Residents with Diabetes.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:</p> <p>A CQI monitoring tool will be</p>		

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

PRINTED: 04/18/2023

FORM APPROVED

OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>The order did not specify what was to be done for blood sugars greater than 351. However, on the MAR, it added to give 5 units for blood sugars 351 to 400. The MAR did not specify what was to be done for blood sugars greater than 400. An additional order was effective on 11-28-22 to inject 3 units of Humalog insulin at each meal, plus the sliding scale insulin.</p> <p>An order for Novolin insulin 12 units, dated 12-13-22, indicated it was to be provided subcutaneously at bedtime, with further instructions for it to be increased by 2 units every day until the fasting blood sugar was continuously between 80 and 130. In review of the January, February and March, 2023, MAR's, the dosage remained unchanged with blood sugars not remaining within the targeted range and the dosage unchanged.</p> <p>In an interview with the Administrator on 3-23-23 at 12:20 p.m., she indicated the facility currently has two QMA's that are insulin-certified, but was unsure if those two staff are actually administering insulin to any residents. The names of those staff were not provided.</p> <p>In an interview on 3-23-23 at 5:30 p.m., with QMA 5, she indicated she has only been at facility for a short time and "haven't really been trained as to what I can do in an AL [assisted living facility]," as a QMA. She indicated she is not insulin-certified. "I'm not really clear on what I can do as far as helping a resident with their insulin. Nobody has really explained it to me." She indicated she is unclear on the MAR if signing off on the insulin order means the QMA just observed the resident give the ordered insulin or if it means the QMA or nurse actually administered the medication. She indicated it is</p>				<p>implemented, on or before 04/21/2023,. The nursing staff to be In-serviced on Education, Training and Observed for competency of Task as it relates to Residents with Diabetes, by 04.21.23. Random audits will then be conducted to ensure compliance is maintained, see (Exhibit IV). The DONW or designee will monitor daily for 2 weeks, then weekly for 4 weeks, then monthly until compliance is maintained consecutively for a period of 3 months or until the Quality Assurance Committee finds compliance is met .</p> <p>By what date will the systemic changes be completed:</p> <p>Systemic changes will be completed by 04/21/2023</p>		

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

PRINTED: 04/18/2023
FORM APPROVED
OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>very had to even read the MAR to identify whose initials are present, let alone determine if that person is a QMA that is insulin certified. She indicated she was unaware of a listing of staff names, initials and titles, except possibly in the narcotic book.</p> <p>In an interview on 3-23-23 at 6:05 p.m., with the Administrator, she indicated the facility's policies "come from the corporate offices in Illinois. We are the only building they have in Indiana. So, the policies are mostly focused on the Illinois regulations, which tend to more lax than this state. As a matter of fact, in Illinois, you don't even have to be licensed to be an administrator [in an assisted living facility]. I am not a nurse, but I am in the process of getting my QMA certification and am doing clinicals at an area nursing home right now. I feel like this will give me a better understanding of what my staff are required to do. I guess I hadn't given much thought to how our MAR's are set up for documenting the insulin and that fits in with the policies we have. Our MAR doesn't really tell you if the staff member was just observing or cueing the resident to give their insulin or if that staff member actually gave the insulin. Right now, I believe we have only 2 QMA's that are insulin-certified. We need to look at all this and make sure we are doing everything within the state guidelines."</p> <p>On 3-23-23 at 6:03 p.m., the Administrator provided a copy of a policy entitled, "Assistance with Medication," with a review date of January, 2023. This policy indicated, "Residents may manage their own medications unless the physician writes an order for the facility to provide oversight or assistance with self-administration of medication...The facility medication administration policies must be</p>						

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

PRINTED: 04/18/2023

FORM APPROVED

OMB NO. 0938-039

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 03/23/2023	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 990 PROGRESS PARKWAY SHELBYVILLE, IN 46176			
(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
	<p>approved by a physician, pharmacist, or licensed health care professional and needs to address...4. Assisting with Self-Administration of medication. 5. Recording of medication assistance provided to residents and maintenance of medication records. Supervising the Self-Administration of Medicine-Process. Only RN's or a LPN can oversee the training for a QMA to administer medications to residents...Administration of Medication [procedure] Getting the medication out of the locked med cabinet. Opening the medication container for a resident who is physically unable to do so. (Resident must remove medication from the container.) Confirming that residents have obtained and are taking the dosage prescribed. Document in writing that the resident has taken (or refused to take) the medication...The licensed health care professional will create a MAR (Medication Administration Record) for each resident that has requested assistance with Medication assistance. QMA's or authorized staff will initial the appropriate box for the time of day the medication supervision was administered (examples AM, Noon, PM, HS, PRN)...A QMA or licensed personnel can assist resident with injections..."</p> <p>This State tag relates to Complaint IN00391445.</p> <p>2.5-6(b)</p>						