

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

PRINTED: 10/23/2019

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 09/05/2019	
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
(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 a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00303730.</p> <p>Complaint IN00303730 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 4 and 5, 2019</p> <p>Facility number: 013163</p> <p>Residential Census: 63</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 9, 2019</p>			R 0000			
R 0296 Bldg. 00	<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. Based on observation, interview, and record review, the facility failed to maintain clear, written policies and procedures for disinfection of insulin pens for 1 of 5 residents reviewed during medication pass. (Resident 39)</p> <p>Findings include:</p> <p>An observation was made on 9/5/19 at 9:15 a.m. of Licensed Practical Nurse (LPN) 1 administering Resident 39's diabetes medications. LPN 1 performed hand hygiene then retrieved the</p>			R 0296	<p>IDR-R296: 410 IAC 16.2-5-6(b) pharmaceutical services. Resident 39 was administered insulin from LPN 1. Surveyor requested policy for insulin Pen Injection which noted sterilization shall default to manufactures instructions. Please see attached documents that are manufactures instructions for use of insulin pen. Both documents do not mention cleaning of the pen stopper with</p>		09/06/2019

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 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 disclosed 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.

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

PRINTED: 10/23/2019
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 09/05/2019	
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
(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>Novolog and Levemir insulin pens from medication cart. She, then, went to residents room and donned a clean pair of gloves. LPN 1 removed the cap to Novolog pen, placed a sterile needle on pen then primed the needle with 2 units of Novolog. After that, she dialed up the dose of Novolog ordered. LPN 1 then removed the cap to the Levemir pen, placed a sterile needle to the pen and primed the needle with 2 units of Levemir. LPN 1 took the two pens over to Resident 39's bedside and removed the cap that was attached to the sterile needle. LPN 1 swabbed the residents LUA (Left upper arm) with an ETOH (alcohol) swab then injected the resident with Novolog 5 units, subcutaneous then replaced the needle cap. Immediately following, LPN 1 swabbed the residents LUQ (Left Upper Quadrant of her abdomen) with another ETOH swab, injected resident with 44 units of Levemir and replaced the needle cap. She then disposed of both pen's needles in sharps container and replaced their pen caps. LPN 1 threw the trash and doffed (removed) gloves into the trash. LPN 1 performed hand hygiene prior to leaving the room. LPN 1 did not swab the rubber stopper with an alcohol swab nor perform an disinfection procedure prior to attaching a sterile needle to the Novolog or Levemir pen.</p> <p>An interview conducted on 9/5/19 at 10:10 a.m., with LPN 1 indicated, she should have swabbed the insulin pens' rubber stoppers with an alcohol swab prior to attaching a sterile needle to each pen.</p> <p>The Novolog Flex Pen Guide provided by (manufacturer of insulin pen) states, "....Remove the cap. Pull off the pen cap and wipe the rubber stopper with an alcohol swab...."</p>				<p>an alcohol wipe is required. It is believed the surveyor referenced the 3rd document which states when using a vile (non pre loaded insulin) cleaning the stopper is required. The CDC also does not mention cleaning of the pen with an alcohol wipe as requirement for insulin pens. This facility requests this deficiency be removed as the facility followed manufacturers guidelines for the insulin pens used. Should the department request this step be added regardless of the manufacturers instructions, facility will comply but would request the tag still be removed because manufacturers guidelines were followed.</p> <p>POC-R296: PREPARATION AND EXECUTION OF THIS RESPONSE AND PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF STATE LAW.</p> <p>FACILITY REQUESTS A DESK REVIEW</p>		

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

PRINTED: 10/23/2019
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 09/05/2019	
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
(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 0357 Bldg. 00	<p>A Subcutaneous Insulin Pen Injection policy provided by the ED (Executive Director on 9/5/19 at 12:06 p.m., stated, "....7. There are several different brands of insulin pens on the market, including NovoLog/NovoRapid, Humalog, Levemir and Lantus. a. Always refer to manufacturer instructions for individual steps to take to prime/pump, inje, attach/detach needles, etc. B. Manufacture instruction should accompany the insulin pen and be kept for reference by Licensed Nurse administering the insulin. Instructions are available via the Internet. 8. Injecting insulin with an insulin pen: a. Perform hand hygiene (see HAND HYGIENE POLICY). b. Put on gloves. c. Turn the knob on the end of the pen (or "dial") to the number of unites needed. d. ACCORDING TO MANUFACTURER INSTRUCTIONS, apply the needle to the insulin pen....".</p> <p>A Levemir Leaflet from product packaging states, "Before using Levemir - Check the label to make sure it is the right type of insulin - Always check the cartridge, including the rubber plunger (stopper). Do not use it if any damage is seen or if there is a gap between the rubber plunger and the white label band. Take it back to your supplier. See your delivery system manual for further instructions - Disinfect the rubber membrane with a medicinal swab...".</p> <p>410 IAC 16.2-5-8.1(j)(1-3) Clinical Records - Noncompliance (j) If a death occurs, information concerning</p>				<p>Facility followed manufacturers instructions which does not state to wipe pen stopper with alcohol wipe. Department considers a best practice to wipe stopper as an increased step in infection control.</p> <p>1.) Immediately in service was completed with all nurses stating to wipe pen stopper with alcohol wipe during the process of insulin administration. Signed documentation was obtained.</p> <p>2.) Residents receiving insulin injections via pen have the potential to be effected.</p> <p>3.) A systemic change was made to ensure guidelines for pen insulin and vile insulin are wiped with alcohol wipe during the process of insulin administration at the departments request.</p> <p>4.) As a quality assurance measure, the DON or designee will check insulin administration via pen weekly for use of alcohol wipes during the process for 3 month to ensure compliance. DON or designee will provide random auditing to ensure compliance for 3 months. Total auditing will take place for 6 months.</p>		

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

PRINTED: 10/23/2019

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 09/05/2019	
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
(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>the resident ' s death shall include the following:</p> <p>(1) Notification of the physician, family, responsible person, and legal representative.</p> <p>(2) The disposition of the body, personal possessions, and medications.</p> <p>(3) A complete and accurate notation of the resident ' s condition and most recent vital signs and symptoms preceding death.</p> <p>Based on interview and record review, the facility failed to include information regarding the disposition of medications and body for 1 of 2 residents whose closed records were reviewed. (Resident 66)</p> <p>Findings include:</p> <p>The closed clinical record for Resident 66 was reviewed on 9/5/19 at 9:30 a.m. The diagnoses for Resident 66 included, but were not limited to, anxiety. Resident 66 expired in the facility on 7/26/19.</p> <p>The 7/26/19, 10:15 a.m. nurses note, written by LPN (Licensed Practical Nurse) 2, read, "This writer was called to [Resident 66's room number] by QMA [Qualified Medication Aide.] Res [Resident] was expired....Time of death called at 9:15a [9:15 a.m.]..."</p> <p>There was no information in Resident 66's clinical record, regarding disposition of Resident 66's body.</p> <p>An interview was conducted with the DOW (Director of Wellness) on 9/5/19 at 11:27 a.m. At this time, he provided the 7/26/19 Provisional Notification of Death - Burial Transit Permit, signed by LPN 2. The DOW indicated he had this form faxed to the facility today from the funeral</p>			R 0357	<p>IDR-R357: 410 IAC 16.2-5-8.1(j) (1-3) Clinical Records. Resident 66 expired at facility on 7/26/19. A burial transit form was completed and taken by the funeral home as well as a copy given to the facility. At the time of survey, a surveyor requested a copy of the burial transit form and it was not initially located. To appease surveyor timelines, a copy was requested from the funeral home and presented. Since that time, filing has been completed and resident 66 chart has been closed. During this process, the burial transit form was located and placed in the file. The document was in a secured "to be filed" folder that had not been filed yet. Facility requests this portion of the tag be removed as the regulation does not state how soon the form must be filed and closed. The form was filed and the chart was closed within a 45 day period which is considered a reasonable time to close the chart.</p> <p>Part II of this tag references all of the narcotics being logged as disposed of for the same resident</p>		09/06/2019

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

PRINTED: 10/23/2019
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 09/05/2019	
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
(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>home, as he was unable to locate the information regarding disposition of Resident 66's body in her clinical record.</p> <p>The physician's orders for Resident 66, current at the time of her passing, indicated 6 medications, including Lorazepam, Morphine, Tramadol, Atropine eye drops, Tylenol, and Senna.</p> <p>The 8/1/19 Medication Disposition Sheet indicated the Lorazepam, Morphine, and Tramadol were destroyed, but did not reference the Atropine eye drops, Tylenol, and Senna.</p> <p>An interview was conducted and observation was made with the DOW on 9/5/19 at 10:45 a.m. in the First Floor Medication Room. The DOW was standing next to a blue medication destruction receptacle. He indicated the Atropine eye drops, Tylenol, and Senna were placed into the receptacle, because they were opened medications, but the facility only documented the destruction of controlled substance medications.</p> <p>The DOW provided the Medication Destruction policy on 9/5/19 at 12:45 p.m. It read, "Each medication will be logged on to the MEDICATION DESTRUCTION LOG and signed by the nurse(s) that placed the medication into the receptacle."</p>				<p>but not the eye drops, Tylenol, or Senna. The policy states EACH MEDICATION will be logged as destructed. With the assistance of pharmacy, the DOW was able to confirm the items were disposed of in the provided lock box by pharmacy which was verified and subsequently logged. An internal audit by the ED and DOW revealed this was an isolated incident of failure to timely log over the counter medications that were properly disposed. The facility requests this tag be dismissed as it does not show signs of repeated negligence as all other medical destruction forms are correct. POC R0357 PREPARATION AND EXECUTION OF THIS RESPONSE AND PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF STATE LAW.</p> <p>FACILITY REQUESTS A DESK REVIEW</p> <p>1.) Immediately following notification of missing</p>		

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

PRINTED: 10/23/2019
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 09/05/2019	
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
(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>documentation, this facility called the funeral home on record and asked for a copy of the burial transit form on record for expired resident. Following exit conference, the original copy was located and placed in the file. Furthermore, while the documentation was not verified in the chart, DON and ED verified with assistance from the pharmacy that the over the counter drugs were properly disposed of and added to the drug reconciliation form by DON.</p> <p>2.) An audit of charts of other expired residents by DON, did not disclose any other missing documentation and the potential impact to resident is 1.</p> <p>3.) Changes include the DON or other management designee, whom is the medical records designee, to dispose of medications and close the chart following ISDH guidelines going forward. Ensuring all medications, including over the counter medications, are documented as destroyed and filing is completed within a reasonable time to close the chart.</p> <p>4.) The quality assurance protocol in place is following the closure of the chart by DON or designee, ED will review closed charts before placing in secured storage.</p>		

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

PRINTED: 10/23/2019
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 09/05/2019	
NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 11011 VILLAGE SQUARE LANE FISHERS, IN 46038			
(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