

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

PRINTED: 01/20/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155751		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/04/2023	
NAME OF PROVIDER OR SUPPLIER  MEADOW LAKES				STREET ADDRESS, CITY, STATE, ZIP COD 200 MEADOW LAKE DR MOORESVILLE, IN 46158			
(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	<p>This visit was for the Investigation of Nursing Home Complaints IN00393482, IN00397208, and IN00397609. This visit included the Investigation of Residential Complaint IN00394183.</p> <p>Complaint IN00393482 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00397208 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00397609 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00394183 - Substantiated. State deficiencies related to the allegations are cited at R241.</p> <p>Survey dates: January 3 and 4, 2023</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Census Bed Type: SNF/NF: 96 SNF: 14 Residential: 48 Total: 158</p> <p>Census Payor Type: Medicare: 18 Medicaid: 71 Other: 21 Total: 110</p> <p>Meadow Lakes was found to be in compliance</p>			F 0000			

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

TITLE

(X6) DATE

Annette Cheever

HFA, Executive Director

01/18/2023

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 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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R 0000  Bldg. 00	<p>with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Nursing Home Complaints IN00393482, IN00397208, and IN00397609.</p> <p>Quality review completed January 10, 2023.</p> <p>This visit was for the Investigation of Residential Complaint IN00394183. This visit included the Investigation of Nursing Home Complaints IN00393482, IN00397208, and IN00397609.</p> <p>Complaint IN00394183- Substantiated. State deficiencies related to the allegations are cited at R241.</p> <p>Complaint IN00393482 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00397208 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00397609 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 3 and 4, 2023.</p> <p>Facility number: 004831</p> <p>Residential Census: 48</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p>			R 0000	<p>R 0000</p> <p>The submission of this plan of correction does not indicate an admission by Meadow Lakes that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of this facility. This facility recognizes its obligation to provide legally and medically necessary care and service to its residents in an economic and safe manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for licensed residential care health facility. To this end, this plan of correction shall serve as the credible allegation of compliance with all state requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p> <p>This facility respectfully requests from the Department a desk review for paper compliance. The facility will provide additional information</p>		

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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: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to administer medications as ordered by the physician for 1 of 3 residents reviewed for medication administration. This resulted in the resident receiving an inaccurate dose of their medications and the resident was admitted to the ICU (Intensive Care Unit). (Resident C)</p> <p>Findings include:</p> <p>On 1/3/23 at 1:40 p.m., Resident C's clinical record was reviewed. Resident C's diagnoses included, but were not limited to, diabetes mellitus, chronic obstructive pulmonary disease, and depression.</p> <p>The Physician's Order's for 11/1/22 thru 11/30/22 included, but were not limited to:</p> <p>Humalog (insulin) 100 units/ml (milliliters) kwikpen, give 15 units subcutaneous (under the skin) every night at bedtime.</p> <p>On 1/3/23 at 12:00 p.m., the DON provided November 2022 MAR (Medication Administration Record). The DON indicated Resident C was to receive Humalog 15 units at bedtime but RN 1</p>			R 0241	<p>as needed to identify compliance for desk review and completion of paper compliance</p> <p>The facility will ensure this requirement is met through the following actions.</p> <p>1.What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident reviewed did not suffer any long term ill effects from the alleged deficient practice. 1:1 education completed with RN1 related to insulin pen administration and the 5 Rights of Medication. Staff education was completed with the license nurses on the Residential side related to insulin administration, including ensuring correct dose is being administered.</p> <p>2.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action</p>		01/18/2023

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	<p>gave Resident C 100 units instead of the 15 units.</p> <p>On 1/3/23 at 3:15 p.m., the DON indicated it was the 9:00 p.m. dose and RN 1 gave 100 units instead of the prescribed 15 units. The physician was notified and the facility sent the resident to the emergency room. The resident was admitted to the hospital for observation.</p> <p>On 1/4/23 at 9:06 a.m., a review of the ER (Emergency Room) notes, dated 11/6/22 at 10:46 p.m., indicated Resident C arrived at the ER via ambulance. Resident C was administered 200 units of Humalog insulin instead of her normal 15 units. Resident C was hypoglycemic (low blood sugar levels) for EMS (emergency medical service), but improved with D50 (a medication to bring blood sugar levels up). Resident brought to ER. Blood sugar levels temporarily improved with food and D50, but despite observing for 8 hours (recommended observation time per Poison Control), continues to have recurrent hypoglycemia. For this reason, resident was started on D10-1/2 NS (normal saline) infusion. Physician agreed with overnight observation in ICU.</p> <p>On 1/4/23 at 12:15 p.m., the DON indicated the nurse who administered the wrong dose of insulin to Resident C was not familiar with the insulin pens.</p> <p>On 1/3/22 at 2:30 p.m., the DON provided a copy of the facility policy titled Medication Pass Procedure, review date 12/2016, and indicated this policy was currently in use. A review of the document indicated under the staff member was to "Perform the 5 rights of medication", which included right dose.</p>				<p>will be taken?</p> <p>All residents who receive insulin pen injections from licensed nurse have the potential to be affected. However, none were. Please see corrective action below.</p> <p>Licensed nurses were educated on "insulin pen administration including the 5 rights of medication, by CEN/Designee on 1/17/23</p> <p>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Licensed nurses were educated on "insulin pen administration including the 5 rights of medication, by CEN/Designee on 1/17/23</p> <p>All licensed nurses working on the Residential side will complete a return demonstration using the "Insulin Pen Administration? skills validation tool and following the 5 Rights of Medication to the Clinical Director/Designee by 1/17/23</p> <p>4. To ensure compliance Clinical Director/Designee will complete 2 skills validation observations utilizing Insulin Pen Administration and Medication Pass 2x's weekly x's 4 weeks, 1x's weekly x's 8wks with audits being forwarded for review to QA committee</p> <p>Frequency and duration of the audits will be adjusted as needed</p>		

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	This State tag relates to Complaint IN00394183.				or recommended by the Quality Assurance team.		