STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ASTER PLACE	741 PARK EAST BLVD LAFAYETTE, IN 47905

(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
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00443540. Complaint IN00443540- State deficiencies related to the allegations are cited at R0296. Survey dates: October 8 and 9, 2024. Facility number: 013045 Residential Census: 104 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review was completed on October 16, 2024.	R 0000		
R 0296 Bldg. 00	410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance Based on interview and record review, the facility failed to ensure medications were given as ordered by the resident's physician for 3 of 3 residents reviewed for administration of medications. (Residents B, C and D) Findings include: 1. The clinical record for Resident B was reviewed on 10/8/24 at 4:50 p.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus, hyperlipidemia, hypokalemia, depression, and anxiety. The Medication Administration Record (MAR) indicated Resident B was to receive 5 units of	R 0296	Corrections from previous timeframes cannot be made. Residents B, C, and D were evaluated by nursing on 10/09/2024 to ensure no adverse reactions had occurred. No abnormal findings identified during the assessment. Staff member 2 provided disciplinary action and education. Current nurses and QMAs were re-educated beginning 10/09/2024 prior to next shift worked by the Executive Director (ED) and Director of Nursing (DON) regarding proper medication administration and documentation	11/09/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cari Branshaw	Executive Director	10/23/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Fiasp (a rapid-acting insulin) 100 unit/ml subcutaneously (under the skin) 3 times a day with meals. The medication was not documented as given on 7/13/24 at 12:00 p.m. and 4:00 p.m., on 7/14/24 at 12:00 p.m. and 4:00 p.m., and on 9/15/24 at 12:00 p.m. The MAR indicated Resident B was to receive Fiasp 100 unit/ml subcutaneously per the physician ordered sliding scale 3 times daily after the blood sugar reading was obtained. On 7/27/24, zero units were given, and 4 units should have been given. On 9/29/24, zero units were given, and 4 units should have been given. On 10/5/24 at 4:00 p.m., 2 units were given, and 3 units should have been given. During an interview, on 10/8/24 at 2:35 p.m., Resident B indicated she had trouble with a weekend staff member (staff member 2) who did not give her the correct insulin for her blood sugar levels. She indicated it was an ongoing issue and she had reported this to the management team. 2. The clinical record for Resident C was reviewed on 10/8/24 at 4:30 p.m. The diagnoses included, but were not limited to, kidney and liver transplant, depression, and type 2 diabetes mellitus. The MAR indicated Resident C was to receive 5 units of Fiasp 100 unit/ml subcutaneously 3 times a day with meals. The medication was not documented as given on 9/7/24 at 6:00 p.m. 3. The clinical record for Resident D was reviewed on 10/9/24 at 1:50 p.m. The diagnoses included, but were not limited to, vascular dementia, hypertension, and type 2 diabetes mellitus.		(Attachments 1 and 2). On 10/10/2024, DON and designee conducted a medication administration audit of current residents to ensure residents are free from medication omissions without supportive documentation with no additional findings noted. By 10/25/2024, ED and designee will conduct an interview of cognitively intact residents to ensure residents are free from medication administration concerns. Results will be reviewed at WeCare Meeting and appropriate interventions will be implemented at time of finding as necessary. Current nurses and QMAs were re-educated beginning 10/09/2024 but, prior to the next shift worked; by the Executive Director (ED) and Director of Nursing (DON) regarding proper medication administration and documentation. Resident B's care plan was updated on 10/16/2024 by ED to include staff preferences. Staff member 2 provided disciplinary action and education. DON and designee will audit all medication administration records. (Monday-Friday) for four (4) weeks; two times (2x) a week for the following four (4) weeks; once a week (1x) for the following four (4) weeks; and two times (2x) per month for the following eight (8) weeks. The results of these audits	

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	The MAR indicated Resident D was to receive Novolog (a rapid-acting insulin) subcutaneously per the physician ordered sliding scale after the blood sugar check 3 times a day after meals. The medication was not documented as given on 9/22/24 at 7:00 a.m. and 11:00 a.m. The documentation indicated no test strips. On 9/28/24 at 7:00 a.m., the medication was documented as not given. During an interview, on 10/9/24 at 4:15 p.m., staff member 2 indicated he gave the medications but did not document the administration. He did not notify the physician of the medication omissions due to missing testing equipment or resident refusal. The facility policy indicated he only had to call after 3 omissions. He utilized good nursing practice by observing the resident when the medication was not given. During an interview, on 10/9/24 at 12:50 p.m., the Director of Nursing indicated if the medication had been given the documentation should have been completed. She indicated good nursing practice would have been to notify the physician when a medication was not given. A current facility policy, titled "Resident Refusal of Medications/Treatments," with an effective date of 11/15 and received from the Executive Director on 10/9/24 at 3:10 p.m., indicated "...Medication and treatments will be offered to the residents as prescribed by the physician...If a resident refuses administration of a medication or treatment for three consecutive days, the physician and family will be contacted and made aware of the refusals. 6. If medication that is being refused will potentially place the resident in harm's way, timely communication to physician/family is to occur...."		will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends and continued recommendations for process monitoring and improvement until 100% compliance is achieved.	

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	This citation relates to Complaint IN00443540.			