STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	03/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN 46074

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F 0000 Bldg. 00	This visit was for Investigation of Complaints IN00403435 and IN00403818. Complaint IN00403435 - Federal/State deficiencies related to the allegations are cited at F755 and F842. Complaint IN00403818 - No deficiencies related to the allegations are cited. Survey dates: March 20, 21 and 22, 2023 Facility number: 000106 Provider number: 155199 AIM number: 100266390 Census bed type: SNF: 3 SNF/NF: 82 Total: 85 Census payor type: Medicare: 5 Medicaid: 51 Other: 29 Total: 85 These deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on March 28, 2023.	F 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests desk review (paper compliance) on or after 4/6/23.	
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Anthony Link | Executive Director | 04/05/2023

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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	emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.			
	Based on interview and record review, the facility failed to ensure the prescribed medications ordered by a Physician were acquired from the facility pharmacy in a timely manner for 1 of 3 residents reviewed for pharmaceutical services. (Resident B) Finding includes:	F 0755	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible	04/06/2023

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	The record for Resident B was reviewed on 3/21/23 at 1:51 p.m. Diagnoses included, but were not limited to, benign neoplasm of the brain (extra axial brain mass stem), paroxysmal atrial fibrillation, sick sinus syndrome, orthostatic hypotension, rheumatoid arthritis, pain, and hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side. Resident B's Electronic Medication Administration Record was reviewed for the dates of 1/26/23 through 2/19/23. The following prescribed medications were not found to be acquired from the facility pharmacy in a timely manner for Resident B: a. Calcium 600 mg (milligrams) + D3 5 mcg (micrograms) (200 units) (Calcium Carbonate-Vitamin D3) tablet. Administer one tablet by mouth daily from 7:00 a.m. to 11: 00 a.m. 1/26/23, was ordered. 1/27/23 at 10:59 a.m., the medication was not administered due to it was not available. b. Embrel syringe (reduces signs and symptoms such as joint swelling, pain, fatigue, and length of morning stiffness of moderate to severe Rheumatoid Arthritis) 50 mg/ml (milliliter) (1 ml). Administer 50 mg subcutaneously (under the skin) once a week on Fridays from 7:00 a.m. to 11:00 a.m. 1/26/23, was ordered. 1/27/23 at 10:59 a.m., the medication was not administered due to it was not available from the facility pharmacy. 1/31/23, the medication was discontinued on this date. c. Embrel syringe 50 mg/ml. Administer 50 mg		allegation and requests desk review (paper compliance) on or after 4/6/23. **F 755 Pharmacy Srvcs/ Procedure/ Pharmacist/ Records** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** - Resident B discharged from facility on 2/19/23. Resident had no negative outcomes due to the alleged deficient practice. No other residents noted to have been affected by this alleged deficient practice. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:** - All future residents that admit or readmit have potential to be affected by the alleged deficient practice. - Facility to provide education to staff via staff in servicing. Education to include policies on 1.General dose preparation/ medication administration and 2. Emergency medication supplies. **What measures will be put into place and what systemic changes will be made to**	

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	subcutaneously once a week on Tuesdays from 7:00 p.m. to 11:00 p.m. 1/31/23, was ordered. 1/31/23 at 6:34 p.m., the medication was not administered due to it was not available from the facility pharmacy. The facility expected the resident's family to provide the medication from home. 2/1/23, the medication was discontinued on this date. d. Entresto (a medication used to treat heart failure, which was a condition where the heart muscle cannot pump blood or fill with blood adequately, so blood backed up and fluid built up in the lungs, which caused shortness of breath) tablet 24-26 mg. Administer one tablet twice a day by mouth from 7:00 a.m. to 11:00 a.m., and 7:00 p.m. to 11:00 p.m. Hold for BP (systolic blood pressure) less than 95. 1/27/23, was ordered. 1/27/23 at 10:59 a.m., the medication was not administered due to it was not available from the facility pharmacy. 1/28/23 at 10:01 a.m., the medication was not administered due to another reason. The family was expected to provide the medication from home that day. 1/28/23 at 11:04 p.m., the medication was not administered due to it was not available from the facility pharmacy. The facility was awaiting the arrival of the medication from the facility pharmacy. 1/29/23 at 10:49 a.m., the medication was not administered due to another reason. The family was expected to provide the medication from home that day. 1/29/23 at 7:36 p.m., the medication was not administered due to it was not available from the facility pharmacy. The facility was awaiting the		**ensure that the deficient practice does not reoccur;** - Facility to provide education to all RNs, LPNs, and QMAs via staff in servicing. Education to include General dose preparation/ medication administration and Emergency medication supplies. - DNS/ nursing administration will review each admission/ re-admission for needs on the next day utilizing IDT Admission/ Re Admissions Review tool. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed** **-** The DNS/designee will be responsible for the completion of the F755 CQI Tool daily for 4 weeks, then weekly for 5 months, with results reported to the Quality Assurance and Performance Improvement Committee. Date of compliance 4/6/23	

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	arrival of the medication from the facility pharmacy. 1/30/23 at 9:09 a.m., the medication was not administered due to it was not available from the facility pharmacy. 1/31/23 at 6:34 p.m., the medication was not administered due to another reason. The family was expected to provide the medication from home that day. e. Methotrexate Sodium tablet (reduces signs and symptoms such as joint swelling, pain, fatigue, and length of morning stiffness of moderate to severe Rheumatoid Arthritis) 2.5 mg tablet. Administer 7.5 mg by mouth daily on Fridays from 7:00 a.m. to 11:00 a.m. 1/26/23, was ordered. 1/27/23 at 10:59 a.m., the medication was not administered due to it was not available from the facility pharmacy. 2/10/23 at 9:39 a.m., the medication was not administered due to it was not available from the facility pharmacy. f. Metoprolol Succinate extended release (a medication used to treat several heart conditions and high blood pressure) 25 mg by mouth daily from 7:00 a.m. to 11:00 a.m. Hold for a SBP less than 95. 1/26/23, was ordered. 1/29/23, the medication was not administered due to another reason. The family was expected to provide the medication from home that day. g. Pantoprazole delayed release tablet (a medication used to treat stomach conditions) 40 mg administered by mouth daily from 7:00 a.m. to 11:00 a.m. 1/26/23, was ordered. 1/28/23, the medication was not administered due			

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	to it was not available from the facility pharmacy. The medication was on order from the facility pharmacy. 1/29/23, the medication was not administered due to another reason. The family was expected to provide the medication from home that day. h. Paxil tablet (a medication used to treat depression) 30 mg daily by mouth from 7:00 a.m. to 11:00 a.m. 1/26/23, was ordered. 1/27/23, the medication was not administered due to it was not available from the facility pharmacy. 2/11/23, the medication was not administered due to it was not available from the facility pharmacy. The facility was awaiting the delivery of the medication from the pharmacy. A current document, titled "Omnicell Inventory," dated 3/22/23 and provided by the DNS (Director of Nursing Services) on 3/22/23 at 1:33 p.m., indicated the following medications were available from the Omnicell unit (the facility's medication emergency storage unit) during Resident B's stay at the facility: Metoprolol Succinate Extended Release 25 mg tablet and Pantoprazole delayed release tablet 40 mg. The DNS indicated Embrel, Entresto and Methotrexate Sodium were not listed as one of the common medications kept in the Omnicell unit for Emergencies or missing medications. During an interview, on 3/22/23 at 10:40 a.m., the DNS indicated Resident B's Embrel was a special-order medication, which had to be obtained by a specialty pharmacy, so the family was asked to provide the medication from home, since the facility pharmacy was unable to obtain the medication. The facility received a list of the residents' medications prior to them being			

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	accepted as a new admission to the facility, so the facility was aware of any special medications a new admission was prescribed. The facility was responsible for ensuring the residents' medications were available to be administered at the time they were due to be given. The medications were delivered by the facility pharmacy, but if a medication was unavailable, at the time of the medication pass, the staff should attempt to obtain it from the Omnicell unit. If the person passing the medication was unable to obtain the medication from the Omnicell unit, then the physician or NP should be notified, and staff should ask for an alternative medication to be given. A current document, titled "Providing Pharmacy Products and Services," dated with a revised date of 1/1/13 and provided by the DNS on 3/22/23 at 12:47 p.m., indicated "...Procedure: 1. Pharmacy will provide facility with the Facility-Specific information Sheet set forth in (the 'Facility-Specific Information Sheet'), which details how facility staff can contact pharmacy twenty-four (24) hours a day, seven (7) day a week...4. If orders for medications are received from physician/prescriber when pharmacy is closed, facility staff should take the following steps: 4.1 Remind physician/prescriber that pharmacy is closed and that a delay in medication therapy can be prevented by using a medication that is included in facility's Emergency Medication supply as permitted by state regulation. 4.2 If a medication cannot be substituted, ask physician/prescriber if the medication therapy can be initiated the next morning. It it is possible to initiate the medication therapy the next morning, facility staff should document the conversation with the prescriber and include the start time in the order. 4.3 If a medication is considered			

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	essential and cannot be substituted or delayed, contact the emergency number provided by pharmacy. The emergency number should either page the on-call pharmacist or contact an answering service. Orders should be received directly from a facility nurse or a licensed physician/prescriber and cannot be faxed, emailed or provided to answering service personnel...." This Federal tag relates to Complaint IN00403435. 3.1-25(a) 3.1-25(g)(2)			
F 0842 SS=D Bldg. 00	483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of			

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	the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;			

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	(v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. Based on interview and record review, the facility failed to ensure medications were accurately and completely documented on the Electronic Medication Administration Record (EMAR) for 3 of 3 residents reviewed for accurate and complete documentation. (Residents B, C and D) Findings include: 1. The record for Resident B was reviewed on 3/21/23 at 1:51 p.m. Diagnoses included, but were not limited to, benign neoplasm of the brain (extra axial brain mass stem), paroxysmal atrial fibrillation, sick sinus syndrome, orthostatic hypotension, rheumatoid arthritis, pain, and hemiplegia and hemiparesis following other cerebrovascular disease affecting the right dominant side. a. Resident B's EMAR was reviewed for incomplete documentation for the dates of 1/26/23 through 2/19/23, and the following tasks and medications were found to be incompletely documented: 1/26/23, Diabetic orders: Accucheck four times a day. Notify MD if accucheck was below 70 or greater than 350. 1/27/23 at 12:00 p.m., there was no documentation this task was completed. 1/26/23, Daily Weight for CHF (Congestive Heart Failure). Notify the Medical Doctor of a weight gain of three pounds in one day or a weight gain of five pounds in one week. 2/4/23 from 6:00 a.m. to 11:00 a.m., there was no documentation this task was completed.	F 0842	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests desk review (paper compliance) on or after 4/6/23. **F 842 Resident Records Identifiable Information** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** - Resident B discharged from facility on 2/19/23. Resident C has had no further instances of incomplete documentation related to medication administration. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** - All residents receiving medication have the potential to be affected by alleged deficient	04/06/2023

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	2/2/23, Embrel syringe (reduces signs and symptoms such as joint swelling, pain, fatigue, and length of morning stiffness of moderate to severe Rheumatoid Arthritis) 50 mg/ml (milliliter) (1 ml). Administer 50 mg subcutaneously (under the skin) once a week on Wednesdays from 7:00 a.m. to 11:00 a.m. 2/2/23, there was no documentation this medication was given. 2/9/23, Humalog Kwik pen Insulin (a medication used to lower blood sugar) 100 units/ml (millimeters). Administer 2 units subcutaneously three times a day. 2/16/23 at 5:00 p.m., there was no documentation this medication was given. b. Resident B's EMAR was reviewed for inaccurate documentation for the dates of 1/26/23 through 2/19/23, and the following medications were found to be inaccurately documented: 1/27/23, Entresto (a medication used to treat heart failure, which is a condition where the heart muscle cannot pump blood or fill with blood adequately, so blood backed up and fluid built up in the lungs, which caused shortness of breath) tablet 24-26 mg (milligrams). Administer one tablet twice a day by mouth from 7:00 a.m. to 11:00 a.m., and 7:00 p.m. to 11:00 p.m. Hold for BP (systolic blood pressure) less than 95. On 1/27/23 from 7:00 a.m. to 11:00 a.m., documentation indicated this medication was not given due to it was unavailable at that time. On 1/27/23 at 7:00 p.m. to 11:00 p.m., it was documented the medication was not given due to it was "on hold" for the resident's blood pressure. The resident's record lacked a blood pressure result documented for the resident for this date and time to indicate why the medication was held.		practice. - Facility to provide education to staff via staff in servicing. Education to include policies on 1.General dose preparation/ medication administration and 2. Emergency medication supplies. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur;** -Inservice to be completed by 4/6/23 educating staff on on 1.General dose preparation/ medication administration and 2. Emergency medication supplies. - DNS/ Nursing administration to review emar/ medication administration records daily utilizing F842 CQI Tool for all residents receiving medication. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed** **-** The DNS/designee will be responsible for the completion of the F842 CQI Tool daily for 4 weeks, then weekly for 5 months, with results reported to the Quality Assurance and Performance Improvement	

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	On 1/28/23 at 7:00 a.m. to 11:00 a.m., through 1/30/23 7:00 a.m. to 11:00 a.m., documentation indicated this medication was not given due to it was unavailable at the time. On 1/30/23 at 7:00 p.m. to 11:00 p.m., documentation indicated this medication was given at that time. On 1/31/23 at 7:00 a.m. to 11:00 a.m., documentation indicated this medication was given at that time. On 1/31/23 at 7:00 p.m. to 11:00 p.m., documentation indicated this medication was not given due to it was unavailable at that time. A current document, titled "Omnicell Inventory," was provided by the DNS on 3/22/23 at 1:33 p.m., and indicated Embrel, Entresto and Methotrexate Sodium was not listed as one of the common medications kept in the Omnicell unit (the facility's medication emergency storage unit) to obtain for Emergency or missing medications. 2. The record for Resident C was reviewed on 3/21/23 at 1:10 p.m. Diagnoses included, but were not limited to, Parkinson's disease, hypertension, generalized anxiety disorder, delusional disorders, chronic pain, ataxic gait, mild cognitive impairment of uncertain or unknown etiology, cognitive communication deficit, unsteadiness on feet, and need for assistance with personal care. Resident C's EMAR was reviewed for incomplete documentation for the dates of 3/1/23 through 3/21/23, and the following medications were found to be incompletely documented: 1/30/23, Omeprazole delayed release capsule (a medication used to treat stomach disorders) 20 mg. Administer 20 mg by mouth once in the morning between 7:00 a.m. to 11:00 a.m. On 3/9/23 at 7:00 a.m. to 11:00 a.m., there was no		Committee. Date of compliance 4/6/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING 00 B. WING	03/22/2023

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	documentation this medication was given. 1/1/22, Sinemet tablet (a medication used to treat Parkinson's disease) 25-100 mg. Administer 50-200 mg every six hours by mouth. On 3/9/23 at 12:00 a.m., there was no documentation this medication was given. On 3/9/23 at 6:00 a.m., there was no documentation this medication was given. 12/20/18, Tylenol tablet (a non-narcotic pain reliever) 325 mg. Administer 650 mg three times a day by mouth for chronic pain. On 3/1/23 at 8:00 a.m., there was no documentation this medication was given. 3. The record for Resident D was reviewed on 3/21/23 at 2:11 p.m. Diagnoses included, but were not limited to, stable burst fracture of second lumbar vertebra, chronic embolism, and thrombosis of deep veins of unspecified lower extremity, chronic obstructive pulmonary disease, Type II diabetes mellitus, and generalized anxiety disorder. a. Resident D's EMAR was reviewed for incomplete documentation for the dates of 2/1/23 through 2/28/23, and the following medications and tasks were found to be incompletely documented: 2/9/23, Diabetic orders: Accucheck tests twice a day. Notify the Medical Doctor if the accucheck was below 70 or greater than 350. On 2/19/23 at 7:00 a.m., there was no documentation this task was completed. Tresiba Flex Touch U-200 insulin pen (a medication used to lower blood sugar) 200 units/ml (milliliters) (3 ml). Administer 40 units subcutaneously at bedtime for diabetes.			

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	On 2/15/23 at 8:00 p.m., there was no documentation this medication was given. b. Resident D's EMAR was reviewed for incomplete documentation for the dates of 3/1/23 through 3/21/23, and the following medications and tasks were found to be incompletely documented: 2/9/23, Diabetic orders: Accucheck tests twice a day. Notify the Medical Doctor if the accucheck was below 70 or greater than 350. On 3/5/23 at 7:00 a.m., there was no documentation this task was completed. On 3/19/23 at 7:00 a.m., there was no documentation this task was completed. On 3/21/23 at 8:00 p.m., there was no documentation this task was completed. 2/9/23, Clonazepam tablet (a medication used to treat anxiety disorders) 0.5 mg. Administer 0.5 mg three times a day by mouth. On 3/19/23 at 8:00 a.m., there was no documentation this medication was given. During an interview, on 3/22/23 at 10:40 a.m., the DNS (Director of Nursing Services) indicated she was not able to say if the medications were given or the task was completed or not. The blank area most likely was incomplete documentation. When asked if she could explain why a medication had been documented as not available for a few shifts, then given the next time it was due, then documented as unavailable the next few times the medication was due, she indicated that was inaccurate documentation. A current policy, titled "General Dose Preparation and Medication Administration," with a revised date of 1/1/13 and provided by the DNS on 3/21/23 at 12:10 p.m., indicated "...Procedure...6.			

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	After medication administration, facility staff should take all measures required by the facility policy and applicable law, including, but not limited to the following: 6.1 Document necessary medication administration/treatment information (...when medications are given...if medications are refused...) on appropriate forms...." This Federal tag relates to Complaint IN00403435. 3.1-50(a)(1) 3.1-50(a)(2)			