

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2021
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BRANDYWINE	STREET ADDRESS, CITY, STATE, ZIP COD 745 N SWOPE ST GREENFIELD, IN 46140
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00369053 and IN00369344.</p> <p>Complaint IN00369053 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00369344 - Substantiated. Federal/state deficiency related to the allegations is cited at F775.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: December 29 and 30, 2021</p> <p>Facility number: 000050 Provider number: 155120 AIM number: 100266170</p> <p>Census Bed Type: SNF/NF: 98 Total: 98</p> <p>Census Payor Type: Medicare: 12 Medicaid: 69 Other: 17 Total: 98</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on January 4, 2022</p>	F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint Survey on December 30, 2021. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0554 SS=D Bldg. 00	<p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as</p>			

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.

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	<p>defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. Based on observation, interview and record review, the facility failed to acknowledge a resident's practice of medication self-administration as multiple bottles of medication were observed, unsecured, on her over-the-bed table and the facility failed to have a current assessment for medication self-administration in her clinical record for 1 of 3 residents reviewed for receipt of medications. (Resident D)</p> <p>Findings include:</p> <p>During an observation and interview with Resident D on 12-29-21 at 3:55 p.m., multiple bottles of OTC (over the counter) medications were observed sitting on Resident D's over-the-bed table and not secured in any manner. Resident D indicated a friend of hers brings in some of these medications for her to try for nutritional purposes. Resident D was unable to provide a timetable of how long she has had medications on her table. Resident D indicated she only takes one or two "Allergy Capsules" when her allergies are causing her problems and then, only takes it in the morning.</p> <p>An inventory of the medications was conducted at this time and indicated the medications included the following: 1 bottle of "Lions Mane". 1 bottle "Allergy Capsules" diphenhydramine 25 milligrams (mg), an antihistamine. 1 bottle "Peppermint Gels". 1 bottle Zinc 50 mg. 1 bottle "Probiotic" (empty). 1 bottle "MSM" methylsulfonylmethane 1000 mg. 1 bottle Monolaurein 600 mg.</p>	F 0554	<p>Resident D medications at bedside were removed from her room and notified son and NP of medications at bedside. Son notified friend of resident who then picked up medications from facility. Son and friend educated on policy of Self Administration of Medication Policy.</p> <p>All other residents have the potential to be affected. All other resident rooms were observed immediately by Patient Advocates to ensure no other residents had medications at bedside. Self-Administration Medication evaluation completed, and IDT reviewed for one resident. NP and family .</p> <p>Staff education to be completed -Administration of Medication Policy.</p> <p>During Patient Advocate Rounds, the staff will visually observe resident rooms to ensure medications are not at bedside or in resident's rooms 5 days a week for 4 weeks, then 3 times a week for 4 weeks, then 2 times a week thereafter. Any deficiencies found by Patient Advocates will be reported to DNS/designee immediately and deficiencies will be corrected immediately. Results of all audits will be reviewed monthly at QAPI for the next six</p>	01/24/2022

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	<p>1 bottle "Gut Health" 32 ounce liquid. 1 bottle Vitamin D-3, 10,000 IU.</p> <p>In an interview on 12-29-21 at 5:00 p.m., with LPN4, she indicated she normally does not work on the hall in which Resident D resides, but was working that hall today. She indicated she has no idea how long the meds found on Resident D's table had been there.</p> <p>In an interview on 12-29-21 at 5:05 p.m., with the Interim Director of Nursing (DON), she indicated she will attempt to reach Resident D's son and discuss the medications found on her over-the-bed table today.</p> <p>In an interview on 12-30-21 at 9:25 a.m., with the Interim DON, she indicated she had placed several phone calls to Resident D's son, but he had not returned any phone calls yet. "I was not able to find any assessment for [name of Resident D] to give her own meds or orders for her to have those meds at her bedside. The doctor is aware of the situation and he plans to talk with her before providing any orders for her to self-administer or to have meds at her bedside."</p> <p>The clinical record of Resident D was reviewed on 12-30-21 at 2:10 p.m. Her diagnoses included, but was not limited to, Multiple Sclerosis, paraplegia, osteomyelitis, seizures, GERD (gastroesophageal reflux disease), high blood pressure, other signs and symptoms involving cognitive function and awareness, depression, dysphagia (difficulty swallowing), pressure ulcers and non-pressure areas of her skin. Her most recent Minimum Data System (MDS) assessment, dated 10-12-21, indicated she is cognitively intact, is able to understand and be understood, her diet is mechanically altered for consumption, has a stage</p>		<p>months to identify any trends or patterns. If any issues are identified, audits will continue based on IDT recommendation, will review on a PRN basis.</p>	

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	<p>4 (deep wound reaching to the muscle and/or bone) pressure ulcer and has moisture-associated skin damage.</p> <p>In review of Resident D's current orders, the following medications were active:</p> <ul style="list-style-type: none"> <li>-UltraFlora Biotic:1 capsule orally at 6:00 a.m. and bedtime, to be kept in the refrigerator. Resident will supply as dietary supplement with a start date of 3-27-21.</li> <li>-Benadryl (diphenhydramine) 25 mg orally very six hours as needed for itchy rash. Start date of 1-30-21.</li> <li>-Methylsulfonylmethane Powder give one scoop orally in 6 oz of liquid once daily for MS. Family to provide. Start date of 5-11-21.</li> <li>-Tums E-X 759 Chewable Tablet 2 tablets orally every 2 hours as needed for indigestion. Start date of 6-29-21.</li> <li>-Zinc Sulfate 220 mg daily orally for wound healing. Start date of 10-19-21 and stop date of 11-19-21.</li> <li>-Zofran 8 mg every 8 hours orally for nausea. Start date of 7-19-21.</li> </ul> <p>There were no physician orders for the following medications: "Lions Mane", "Peppermint Gels", Zinc 50 mg, "Probiotic", "MSM" methylsulfonylmethane 1000 mg, Monolaurein 600 mg, "Gut Health" 32 ounce liquid or Vitamin D-3, 10,000 IU.</p> <p>On 12-30-21 at 3:17 p.m., the Executive Director (ED) provided a copy of a policy entitled, "Resident Self-Administration of Medication." This policy was identified as the current policy in use and had a date of copyright identified as 2021. This policy indicated, "It is the policy of this facility to support each resident's right to self-administer medication. A resident may only</p>			

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	<p>self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely...Each resident is offered the opportunity to self-administer medications during the routine assessment by the facility's interdisciplinary team. Resident's preference will be documented on the appropriate form and placed in the medical record. When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team should at a minimum consider the following: The medications appropriate and safe for self-administration; The resident's physical capacity to swallow without difficulty, open medication bottles, administer injections; The resident's cognitive status, including their ability to correctly name the medications and know what conditions they are taken for; The resident's capacity to follow directions and tell time to know when medications need to be taken; The resident's comprehension of instructions for the medications they are taking, including the dose, timing, and signs of side effects, and when to report to facility staff; The resident's ability to understand what refusal of medication is, and appropriate steps taken by staff to educate when this occurs; The resident's ability to ensure that medication is stored safely and securely. The results of the interdisciplinary team assessment are recorded on the "Medication Self-Administration Assessment Form," which is placed in the resident's medical record...Bedside storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms or to confused roommates of the resident who self-administers medication. The following conditions are met for bedside storage to occur: The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is</p>			

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F 0755 SS=D Bldg. 00	<p>ineffective; The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy. All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible party. Families or responsible parties are reminded of policy and procedure regarding resident self-administration when necessary...The care plan must reflect resident self-administration and storage arrangements for such medications...A re-assessment for safety at a minimum should be considered by the interdisciplinary team for the following: Significant change in resident's status; Medication errors occur."</p> <p>3.1-11(a)</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and 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.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility</p>			

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	<p>must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on interview and record review, the facility failed to ensure an accurate accounting of controlled medications received and administered by the facility for 1 of 3 residents reviewed for medication administration. (Resident C)</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed on 12-29-21 at 1:58 p.m. Her diagnoses included, but are not limited to trigeminal neuralgia, high blood pressure, cognitive communication deficit and general muscle weakness. Resident C was physician-ordered on 9-16-21, to receive Lyrica (pregabalin) 150 milligrams (mg) orally every 12 hours for pain.</p> <p>Review of the associated medication administration record (MAR) for November and December, 2021 indicated this medication was documented as administered by the facility staff, with the exception of 11-29-21 and 12-2-21 at 9:00 a.m.</p>	F 0755	<p>Resident C is discharged from facility.</p> <p>All other residents who receive controlled medications have the potential to be affected. An audit was conducted and accounted for all current residents with controlled medications and accurate count sheets in place.</p> <p>Education completed with nurses and QMAs on the Controlled Substance Administration and Accountability policy.</p> <p>DNS/designee will account for controlled medications and count sheets 5 days a week for 4 weeks and then 3 days a week for 4 weeks and weekly for 4 weeks. Any deficiencies will be corrected immediately. The results of audits will be reviewed in QAPI monthly x 3 months to review for any</p>	01/24/2022

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	<p>Review of the associated "Controlled Substance Accountability Sheet," for Resident C's Lyrica (pregabalin) 150 milligrams (mg) orally every 12 hours for pain for November and December, 2021, indicated this medication was not documented as administered for the dates 11-20-21 9:00 p.m., to 11-27-21 9:00 a.m. The "Controlled Substance Accountability Sheet," indicated this medication was documented as administered on 11-29-21 and 12-2-21 at 9:00 a.m.</p> <p>In an interview on 12-30-21 at 9:25 a.m., the Interim Director of Nursing (DON) indicated the facility seemed to be missing the narcotic count log for some dates in November, 2021 for Resident C. On 12-30-21 at 10:15 a.m., the Interim DON indicated the facility had reached out to the contracted pharmacy for information on the dates in question. "I cannot find any narcotic count logs for the Lyrica for the dates around 11-21-21 to 11-26-21. The MAR shows they were given, but I cannot locate the narcotic log [for those dates]."</p> <p>In an interview on 12-30-21 at 12:40 p.m. with RN3, she indicated she worked on the facility's "New Hall" infrequently, the location of Resident C. She recalled about one month ago, sometime before Thanksgiving, the facility's contracted pharmacy had some type of computer glitch during a change over in their computer system there was a significant issue affecting the electronic medical record system. "It affected the whole building and caused some residents to not have their meds or to get them late because it affected the pharmacy to have the meds available. The nurses would have to go get the meds that the residents were out of from our emergency med supply. Ended up taking a lot longer and had some delays. It is much better now. It did affect routine meds, prn's [as needed medications], narcotics and</p>		continued deficient practice. If any deficient practice is identified the facility will continue audits based on IDT recommendations.	



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

PRINTED: 01/20/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>non-narcotic meds."</p> <p>In an interview with the Interim DON on 12-30-21 at 12:55 p.m., she indicated, "The week of Thanksgiving, the pharmacy switched to a new software that would be able to communicate with [name of electronic medical record system], but there were multiple snags and computer issues. The nurses were having to use the EDK [emergency drug kit] and the pharmacy tried to make sure we had more than our normal EDK supply of meds. Thankfully, it is much better. I am still waiting for the pharmacy to provide the information on [name of Resident C]'s Lyrica. Since it is a controlled[or scheduled] med, the nurses would have had to obtain it from the EDK and the pharmacy should have that information. They told me they are still working through a back log of all that type of information from last month and may not be able to get me that information for several days or more. The nurses should still have documented on the narcotic count log like usual." In an interview on 12-30-21 at 3:15 p.m., with the Interim DON, she indicated the pharmacy had informed her they will not have the information for Resident C's Lyrica before the survey exit.</p> <p>On 12-30-21 at 3:17 p.m., the Executive Director (ED) provided a copy of a policy entitled, "Medication Administration." This policy was identified as the current policy in use and had a date of copyright identified as 2021. This policy indicated, "Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice...Review MAR to identify medication to be administered...Sign MAR after administered...If medication is a controlled</p>			

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	<p>substance, sign narcotic book..."</p> <p>"Drug Schedules," was retrieved on 1-3-2022 from the Drug Enforcement Agency (DEA) website. The information indicated Lyrica is categorized as a schedule V (5 or five) medication. "...Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug 's acceptable medical use and the drug 's abuse or dependency potential...Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin..."</p> <p>This Federal tag relates to Complaint IN00369344.</p> <p>3.1-25(b)(3) 3.1-25(e)(1) 3.1-25(e)(2) 3.1-25(e)(3)</p>			