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	01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRENTWOOD AT LAPORTE	2002 ANDREW AVE LA PORTE, IN 46350

(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 IN00416996. Complaint IN00416996 - State deficiency related to the allegations is cited at R0245. Unrelated deficiency is cited. Survey date: January 18, 2024 Facility number: 010890 Residential Census: 98 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 1/22/24.	R 0000		
R 0243 Bldg. 00	410 IAC 16.2-5-4(e)(3) Health Services - Deficiency (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on record review and interview, the facility failed to ensure insulin was given as ordered for 1 of 3 residents reviewed for medication administration. (Resident B) Finding includes:	R 0243	CORRECTION: All nurses and QMA's (insulin certified) were educated on reading the MAR orders thoroughly, verifying orders, checking BS prior to insulin administration, ensuring the BS is within parameters for insulin	04/21/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Searfeeair Sutherland	LPN, DON	02/22/2024

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	Resident B's record was reviewed on 1/18/24 at 10:18 a.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, high blood pressure, and edema. The Level of Care Assessment, dated 1/6/24, indicated the resident was oriented to self only. She required assistance with medications due to cognitive loss and required daily supervision of medications. She required staff assistance with diabetic management including finger sticks. The Service Plan, dated 8/8/23, indicated the resident had diabetes mellitus. Interventions included, but were not limited to, administer medications as ordered, blood sugar checks as ordered, and monitor for signs or symptoms of low or high blood sugar. A Physician's Order, dated 8/6/23, indicated Novolog (insulin) injection flexpen, inject 3 units subcutaneously twice daily, hold for a blood sugar less than 150. A Physician's Order, dated 11/10/23, indicated insulin glargine injection 100 units, inject 25 units subcutaneously every morning and inject 22 units subcutaneously every evening, hold the medication if blood sugar is less than 150. The November 2023 Medication Administration Record (MAR), indicated the Novolog was administered when the blood sugar was less than 150 on the following dates and times: - 11/3/23 at 7:00 a.m., blood sugar 143 - 11/7/23 at 7:00 a.m., blood sugar 104 - 11/8/23 at 7:00 a.m., blood sugar 71 - 11/11/23 at 7:00 a.m., blood sugar 136 - 11/15/23 at 7:00 a.m., blood sugar 134 - 11/15/23 at 4:00 p.m., blood sugar 140		administration, and notifying the MD of abnormal BS readings. PREVENTION: DON or designee will audit all insulin MAR's twice weekly to ensure insulin is administered as ordered by MD including education and disciplinary action as warranted for 6 months. RESPONSIBLE PERSON: DON or designee DUE DATE: 4/21/2024	

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	- 11/17/23 at 7:00 a.m., blood sugar 122 - 11/22/23 at 7:00 a.m., blood sugar 144 - 11/25/23 at 7:00 a.m., blood sugar 140 - 11/26/23 at 7:00 a.m., blood sugar 93 - 11/30/23 at 4:00 p.m., blood sugar 126 The November 2023 MAR, indicated the insulin glargine was administered when the blood sugar was less than 150 on the following dates and times: - 11/11/23 at 8:00 a.m., blood sugar 123 - 11/12/23 at 8:00 a.m., blood sugar 85 - 11/13/23 at 8:00 a.m., blood sugar 105 - 11/13/23 at 5:00 p.m., blood sugar 123 - 11/14/23 at 8:00 a.m., blood sugar 129 - 11/15/23 at 8:00 a.m., blood sugar 134 - 11/15/23 at 5:00 p.m., blood sugar 140 - 11/16/23 at 5:00 p.m., blood sugar 109 - 11/22/23 at 8:00 a.m., blood sugar 144 - 11/25/23 at 8:00 a.m., blood sugar 140 - 11/26/23 at 8:00 a.m., blood sugar 93 - 11/30/23 at 8:00 a.m., blood sugar 148 - 11/30/23 at 5:00 p.m., blood sugar 126 The December 2023 MAR indicated the insulin glargine and Novolog were administered when the blood sugar was less than 150 on the following dates and times: - 12/5/23 at 6:00 a.m., blood sugar 102 - 12/8/23 at 6:00 a.m., blood sugar 115 - 12/9/23 at 6:00 a.m., blood sugar 125 During an interview on 1/18/23 at 12:40 p.m., the Director of Nursing indicated the nurse should have held the medication as ordered.			
R 0245 Bldg. 00	410 IAC 16.2-5-4(e)(5) Health Services - Offense (5) Injectable medications shall be given only by licensed personnel.			

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	Based on record review and interview, the facility failed to ensure injectable medications were given only by a licensed nurse and/or a QMA (Qualified Medication Aide) who had received specialized training in insulin administration for 2 of 3 residents reviewed for insulin administration. (Residents C and D) Findings include: 1. Resident C's record was reviewed on 1/18/24 at 12:24 p.m. Diagnoses included, but were not limited to diabetes mellitus, heart failure, and major depressive disorder. The Service Plan, dated 11/4/23, indicated the resident had mild to moderate disorientation or difficulty recalling/retaining information. She had diabetes mellitus and required assistance with medication administration. A Physician's Order, dated 8/4/23, indicated Lantus injection (insulin medication), inject 50 units subcutaneously twice daily. The December 2023 Medication Administration Record (MAR) indicated QMA 1 signed out the Lantus injection as administered on 12/24/23 at 5:00 p.m. During an interview on 1/18/24 at 1:32 p.m., the Director of Nursing indicated QMA 1 was not certified to give insulin. 2. Resident D's record was reviewed on 1/18/24 at 12:53 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus, encephalopathy, and high blood pressure. The Service Plan, dated 9/13/23, indicated the	R 0245	CORRECTION: All QMA's were educated on their scope of practice including not administering injectable medications if they are not certified for administration. The QMA noted by state representative practicing outside of scope was educated and disciplined accordingly. All nursing staff were educated to only sign the MAR for medications that they administered. PREVENTION: A note was attached to all insulin MAR's for license or insulin certification verification. DON or designee will verify certification/licensure during twice weekly audit for 6 months. RESPONSIBLE PERSON: DON or designee DUE DATE: 4/21/2024	04/21/2024

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	resident was oriented and able to recall or retain information. She had diabetes mellitus and required assistance with medication administration. A Physician's Order, dated 9/15/23, indicated Novolog injection flexpen (insulin medication), 9 units subcutaneously three times daily with meals. The December 2023 Medication Administration Record (MAR) indicated QMA 1 signed out the Novolog injection as administered on 12/24/23 at 4:00 p.m. During an interview on 1/18/24 at 1:32 p.m., the Director of Nursing indicated QMA 1 was not certified to give insulin. This citation relates to Complaint IN00416996.			