

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/02/2022
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NAME OF PROVIDER OR SUPPLIER MUNCIE ESTATES SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP COD 1601 N MORRISON RD MUNCIE, IN 47304
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: November 30, December 1 and 2, 2022</p> <p>Facility number: 010886</p> <p>Residential Census: 51</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed December 7, 2022.</p>	R 0000	<p>The filing of this plan of correction is complete as evidenced by the community's desire to comply with Indiana regulatory requirements and to continue providing quality of care to our residents. This plan of correction serves as our allegation of substantial compliance. To assure regulatory compliance the community has taken the following measures:</p>	
R 0029 Bldg. 00	<p>410 IAC 16.2-5-1.2(d) Residents' Rights - Deficiency (d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a dependent resident was assisted with a meal in a dignified manner for 1 of 7 residents observed for dignity during a dining observation. (Resident 17)</p> <p>Finding includes:</p> <p>During a dining observation, on 11/30/22 at 12:14 p.m., Home Health Aide (HHA) 4 stood in front of Resident 17's high back wheelchair in the Memory Care Unit dining room as she assisted them with their meal. She did not sit down any time during the continuous meal observation, which ended at 12:35 p.m.</p> <p>During an interview, on 11/30/22 at 12:40 p.m.,</p>	R 0029	<p>410-IAC 16.2-5-1.2(d) It is the policy of Muncie Estates to provide a pleasing, relaxed, homelike dining experience and those residents who require assistance in a manner that preserves dignity. Corrective action was put into place as follows: The associate was immediately in-serviced and re-educated on policy during survey. All nursing associates will be in-serviced on Resident Rights including but not limited to dignity and respect including Muncie</p>	01/15/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dawn Beeman	Health Facility Administrator	12/19/2022

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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R 0117 Bldg. 00	<p>HHA 4 indicated she stood when she assisted the resident because she had trouble sitting. She also found it was easier when she stood and fed two residents because she had to go back and forth between the residents.</p> <p>During an interview, on 11/30/22 at 12:46 p.m., the DON indicated she noticed HHA 4 stood in front of Resident 17 in the dining room. Staff should have sat down next to and faced the resident when they assisted with their meal.</p> <p>Resident 17's clinical record was reviewed on 12/1/22 at 11:20 a.m. Diagnoses included, but were not limited to, dementia, osteoarthritis, and generalized pain.</p> <p>Review of the service plan, updated on 11/19/22, indicated the resident required a pureed diet and total assistance from staff for all meals due to end stage dementia.</p> <p>A current facility policy, titled "Food Service and Nutrition," provided by the Activity Director on 12/1/22 at 11:44 a.m., indicated the following:</p> <p>"...Policy...Residents will be provided a pleasing, relaxed and homelike dining experience and those residents who require assistance will receive the assistance in a manner that preserves dignity...."</p> <p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills</p>		<p>Estates "Food Service and Nutrition" policy via face-to-face in-service and/or Relias training.</p> <p>The Charge Nurse/Designee will monitor during meals for compliance</p> <p>All associates will be educated on resident's rights by the Executive Director, Health Service Director/Designee upon hire an at least annually.</p> <p>The Health Service Director/Designee will monitor training/education of current and new associates regarding all aspects of Residents Rights.</p> <p>Monitoring will be completed monthly in Quality Assurance for compliance.</p>		

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	<p>required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure a working staff member was certified in cardiopulmonary resuscitation (CPR) and First Aid for 7 of 21 shifts reviewed.</p> <p>Findings include:</p> <p>On 12/1/22 at 9:02 a.m., a review of the employee schedule and the CPR/First Aid certifications indicated staff members on duty for third shift were not certified in CPR or First Aid from 11/21/22 through 11/27/22.</p> <p>During an interview, on 12/1/22 9:02 a.m., the Activity Director indicated she was unable to provide any CPR or First Aide certification documents for the third shift team members on duty from 11/21/22 through 11/27/22.</p> <p>During an interview, on 12/1/22 at 9:42 a.m., the Business Office Manager indicated the facility was unable to keep up with the CPR/First Aid</p>	R 0117	<p>410IAC 16.2-5-1.4(b)</p> <p>It is the policy of Muncie Estates to establish general guidelines to manage and maintain state specific requirements for CPR and First Aide Training meeting at least the minimum requirement of one associate per shift at all times. Corrective action was put into place as follows:</p> <p>An audit was completed on 12/2/22 by the Health Service Director on associates to determine who needs training.</p> <p>Licensed associates shall be offered CPR and First Aide Training by their 90th day of employment.</p> <p>Next scheduled CPR and First Aide training course to take place 1/11/23 @ 10am then quarterly thereafter.</p>	01/15/2023

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R 0216 Bldg. 00	<p>Certifications.</p> <p>A current policy, titled "First Aid and CPR Certification," provided by the Business Office Manager on 12/1/22 at 9:42 a.m., indicated the following:</p> <p>"...Policy...The facility will be staffed by at all times by at least one individual who has a current certification in cardiopulmonary resuscitation [CPR], obstructed airway techniques and first aid. All employees who have contact with residents must be certified in CPR...."</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observation, interview, and record</p>	R 0216	<p>A member of one associate per shift will be scheduled and onsite at the community at all times. The Health Service Director will be responsible to schedule.</p> <p>The BOC/Designee will track certifications of employees and schedule for CPR training.</p> <p>The Health Service Director will audit 10% of associate files quarterly to ensure compliance with CPR and first aide.</p> <p>Associate Certifications will be held in the Health Service Directors office in a binder and in associate files.</p> <p>Administrator will review monthly during Quality Assurance Meeting for compliance.</p>	12/31/2022

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	<p>review, the facility failed to ensure Medication Self-Administration Assessments were completed and documented in the clinical record prior to residents self-administering medications for 2 of 7 residents reviewed for self-administration of medications. (Residents 33 and 38)</p> <p>Findings include:</p> <p>1. During an interview, on 11/30/22 at 4:04 p.m., the Director of Nursing (DON) provided the Medication Self-Administration List and indicated Resident 38 self-administered her eye drops.</p> <p>During an interview, on 12/1/22 at 11:05 a.m., Resident 38 indicated she administered her own eye drops every night at bedtime for glaucoma.</p> <p>Resident 38's clinical record was reviewed on 12/1/22 at 2:21 p.m. Diagnoses included, but were not limited to, glaucoma, bipolar disorder, fibromyalgia and hypothyroidism. The clinical record lacked a Medication Self-Administration Assessment.</p> <p>Orders included latanoprost solution 0.005% (glaucoma eye drops) instill 1 drop in both eyes at bedtime. The clinical record lacked an order to self-administer medications.</p> <p>Review of the resident's Service Plan and Semi-Annual Evaluation, dated 9/12/22, indicated the facility administered the resident's medications.</p> <p>During an interview, on 12/2/22 at 10:00 a.m., the DON indicated the residents clinical record lacked a Medication Self-Administration Assessment.</p> <p>During an interview, on 12/2/22 at 10:06 a.m., the</p>		<p>It is the policy of Muncie Estates to determine each Residents ability to self- administer their own medications.</p> <p>Corrective Action was put into place as follows:</p> <p>Licensed staff were immediately in-serviced 12/2/22-12/5/22 by the Health Service Director.</p> <p>Self-Administration Medication Assessment and physician orders are in place for both residents of concern during survey process.</p> <p>The Health Service Director/Designee met with all Assisted Living Residents one on one to determine if any residents are self-administering any medications in their apartment not given by licensed associates.</p> <p>Each Resident will be evaluated upon admission, with any change in condition and monthly effective 12/19/22. "Each resident who self- administers medications will have an evaluation done monthly per policy.</p> <p>Residents who self-administer medications will be reviewed monthly during Quality Assurance meeting.</p> <p>The Health Service Director/Designee is responsible for continued compliance.</p>	
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	<p>DON indicated a Medication Self-Administration Assessment should have been completed because the resident administered her eye drops at bedtime.</p> <p>During an interview, on 12/2/22 at 12:38 p.m., the DON indicated the resident's clinical record lacked a physician order to self-administer medications.</p> <p>2. The clinical record for Resident 33 was reviewed on 12/1/22 at 9:40 a.m. Diagnoses included, but were not limited to, heart failure and chronic obstructive pulmonary disease.</p> <p>During an interview with Resident 33, on 12/1/22 at 9:40 a.m., a nebulizer device (to administer aerosol medications) was observed on the resident's side table along with several ampules of clear liquid.</p> <p>Review of an initial evaluation, dated 8/31/22, indicated the resident had an order for the facility to assist with medication administration.</p> <p>The clinical record lacked physician orders for aerosol nebulizer treatments nor an assessment to self-administer medications.</p> <p>A review of the resident's nursing progress notes, included, but was not limited to, the following:</p> <p>a. A nursing observation note, dated 10/7/22 at 10:53 a.m., indicated the resident had complained of shortness of breath and the nurse had explained that the resident could "take a breathing treatment every day to breath not just every couple days."</p> <p>b. A nursing progress note, dated 10/9/22 at 9:35 a.m., indicated the nurse had observed the nebulizer tubing and mouth piece with "mold in</p>			

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R 0246 Bldg. 00	<p>them."</p> <p>c. A nursing observation note, dated 10/22/22 at 12:47 p.m., indicated the resident was having trouble catching his breath. She assisted the resident with his breathing treatment.</p> <p>During an interview, on 12/1/22 at 10:15 a.m., the Director of Nursing (DON) indicated the resident had not been assessed to self-administer aerosol nebulizer treatments and had no physician's order present in the clinical record for an aerosol nebulizer treatment. The resident had informed her a friend had brought in his nebulizer device and albuterol ampules from home about two weeks after he had moved in. The DON indicated the staff had not addressed the device, medication in his room, and the lack of a physician's order for breathing treatments.</p> <p>A current facility policy, revised 12/17/21, titled, "Medication Management," provided by the Activity Director on 12/2/22 at 10:41 a.m., indicated the following:</p> <p>"...Self-Medication Administration Policy...All residents who administer their own medications independently must have authorization, in the form of a written order from their physician, indicating that they are able to administer their own medications...Residents who administer their own medications independently will be evaluated by a licensed nurse upon admission, every 6 months and at change of condition...."</p> <p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or</p>			

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	<p>physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview, a Qualified Medication Aide (QMA) failed to obtain authorization from a licensed nurse or physician prior to administering a PRN (as needed) medication for 1 of 7 residents reviewed for medication orders. (Resident 33)</p> <p>Findings include:</p> <p>The clinical record for Resident 33 was reviewed on 12/1/22 at 9:40 a.m. Diagnoses included, but were not limited to, anxiety disorder, heart failure, and chronic obstructive pulmonary disease.</p> <p>Resident 33 had a current Physician's order, dated 9/6/22, to administer hydrocodone/acetaminophen (pain medication) 5-325 mg (milligram), as needed (PRN) every six hours for pain.</p> <p>Review of the PRN medications/treatment report from November 2022, showed the following:</p> <p>On 11/3/22 at 11:17 p.m., QMA 3 administered hydrocodone/acetaminophen for rib pain and indicated the result as "effective." The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.</p> <p>On 11/5/22 at 5:45 a.m., QMA 3 administered hydrocodone/acetaminophen for rib pain and the result of administration was blank. The clinical record lacked indication of a licensed nurse or</p>	R 0246	<p>410 IAC 16.2-5-4(e)(6) PRN Medications may be Administered by a Qualified Medication Aide (QMA) only upon authorization of a Licensed nurse or physician. The QMA will meet these requirements as follows: QMA's were in-serviced immediately 12/2/22 by the Health Service Director on regulation and requirements along with resolution in EMAR system to complete documentation on approval and outcome of prn medication given. Results of prn medication will be reviewed by the nurse on shift or the nurse coming on shift during shift change. The Health Services Director will monitor daily prn medications x 2 weeks then will monitor weekly thereafter for compliance.</p>	12/07/2022
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R 0296 Bldg. 00	<p>physician being contacted prior to administration.</p> <p>On 11/8/22 at 5:31 a.m., QMA 3 administered hydrocodone/acetaminophen for rib pain and indicated the result as "effective." The clinical record lacked indication of a licensed nurse physician being contacted prior to administration.</p> <p>During an interview, on 12/2/22 at 12:42 p.m., the Director of Nursing (DON) indicated the facility did not have a specific policy regarding PRN medication administration for QMA's. She indicated the facility follows the Indiana Administrative Code regarding QMA scope of practice and PRN medication administration.</p> <p>410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on observation, interview, and record review, the facility failed to ensure insulin administration was completed per manufacturers guidelines for 1 of 1 resident observed for insulin administration. (Resident 34)</p> <p>Findings include:</p> <p>During a medication administration observation, on 12/1/22 at 11:41 a.m., Licensed Practical Nurse (LPN) 5 prepared to administer insulin to Resident 34. LPN 5 applied a new needle to the Humalog Insulin KwikPen (to treat diabetes) and dialed the ordered dose of 14 units. LPN 5 wiped an area to the resident's left lower abdomen and inserted the insulin pen into his skin. LPN 5 pressed the injector button and then immediately removed the</p>	R 0296	<p>410 IAC 16.2-5-6(b) It is the policy of Muncie Estates to administer medication assistance according to prescribed times and methods as indicated by the Resident's physician ad as indicated on medication container's label/directions.</p> <p>All licensed associates we immediately in-serviced by the Health Service Director on 12/2/22 regarding Kwikpen (Insulin pen) administration.</p> <p>Directions for Kwikpen administration will be placed on</p>	12/31/2022

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	<p>pen from the skin and wiped the area with the alcohol swab. The pen needle had not been primed prior to the administration.</p> <p>During an interview, following observation, LPN 5 indicated she had not primed the insulin needle and should have dialed two units and press the injector button to assure any air was expelled from the pen. She indicated she lacked knowledge regarding holding the pen in place following an injection.</p> <p>During an interview, on 11/29/22 at 1:43 p.m., the Director of Nursing (DON) indicated the insulin needle should have been primed prior to injection and the administration of insulin using a Humalog KwikPen and should have been completed per manufacturer's guidelines.</p> <p>Review of an "Instructions For Use Humalog Kwikpen," manufacturer's document was provided by the Activity Director on 12/2/22 at 11:53 a.m., and indicated the following:</p> <p>"...Priming your Pen...Priming your Pen means removing the air from the Needle and Cartridge that may collect during normal use and ensures that the Pen is working correctly...Step 6: To prime your Pen, turn the Dose Knob to select 2 units...Step 8...Push the Dose Knob in until it stops, and "0" is seen in the Dose Window...</p> <p>Giving your injection...Step 11: Insert the Needle into your skin. Push the Dose Knob all the way in. Continue to hold the Dose Knob in and slowly count to 5 before removing the Needle...."</p>		<p>EMAR for each resident who uses insulin pens according to manufacturers recommendations.</p> <p>The Health Service Director will observe each licensed associate administering Kwikpen for compliance.</p> <p>All new associates will be in-serviced during orientation for compliance.</p>	