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	09/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MONROE PLACE	2770 S ADAMS RD BLOOMINGTON, IN 47403

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: September 21 and 22, 2021 Facility number: 004016 Residential Census: 39 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review completed on September 24, 2021.	R 0000	/p>	
R 0117 Bldg. 00	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 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			

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

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	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 minimum of 1 employee with a current Cardio-Pulmonary Resuscitation (CPR) certification on each shift for 1 of 7 days reviewed and a First Aid (FA) certification on each shift for 2 of 7 days reviewed. This had the potential to affect 39 of 39 residents who resided at the facility. Findings include: On 9/21/21 at 2:30 p.m., the Executive Director (ED) provided the schedule for the week of 9/19/21 through 9/25/21 and copies of the CPR and FA cards for the employees on the schedule for the week reviewed. Review of the nurses' and certified nursing assistants' schedule, dated 9/19/21 through 9/25/21, indicated the following: -On 9/20/21, there were no staff members on second shift from 6:00 p.m. through 10:00 p.m. and third shift that were CPR certified, and no staff members on second shift from 6:00 p.m. through 10:00 p.m. and third shift that were FA certified. -On 9/22/21, there were no staff members on second shift from 6:00 p.m. through 10:00 p.m. and third shift that were FA certified. During an interview, on 9/22/21 at 3:30 p.m., the ED indicated the shifts on 9/20/21 and 9/22/21 were missing staff members with CPR and FA certifications.	R 0117	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** On 10/4/2021, Care Services Manager (CSM) updated staffing schedule to ensure minimum of 1 employee with a current cardio-pulmonary resuscitation (CPR) certification and first aid (FA) certification was staffed on each shift. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** An audit of current employees' personnel records was conducted to identify staff members lacking evidence of CPR and FA certification by CSM on 09/29/2021. Identified staff will have CPR and FA certification completed by 10/7/21. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur**; On On 10/7/2021, CSM re-educated Administrative	10/22/2021

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	On 4/22/21 at 1:30 p.m., the ED provided the facility's policy, "Licensed Practical Nurse (LPN)....," revision date 10/10/14, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "...Maintains CPR and/or First Aid Certification as required by State regulations..."		Assistant on requirement to have a minimum of 1 employee with a current CPR certification and FA certification staffed on each shift. **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** The CSM is responsible for sustained compliance. The Executive Director (ED) and/or designee will conduct a certification audit on 2 employee personnel records weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1 to ensure current CPR and FA certification is present. The ED and/or designee will conduct audit of staffing schedule weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1 to ensure minimum of 1 employee with a current CPR certification and FA certification is staffed on each shift. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing	
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the			

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	facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on observation, interview, and record review, the facility failed to ensure a resident received insulin as ordered for 1 of 5 residents reviewed for medication administration. (Resident 8). Findings include: On 9/22/2021 at 12:30 p.m., Resident 8 was observed to be eating lunch in the lobby area.	R 0217	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident #8 was monitored for signs and symptoms of adverse reaction on 9/23/2021 by CSM and suffered no negative effects. MD and Responsible Party notified of omission on 9/23/2021 by	10/22/2021

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	On 9/22/2021 at 1:15 p.m., Licensed Practical Nurse 1 (LPN) was observed to administer NovoLog (insulin) 6 units subcutaneously (under the skin) to Resident 8. Resident 8's clinical record was reviewed on 9/22/2021 at 1:20 p.m. Diagnoses included, but were not limited to diabetes mellitus type II and hypoglycemia (low blood sugar). Physician orders, dated 9/1/2021 through 9/30/2021, indicated Resident 8's medications included, but were not limited to NovoLog 6 units subcutaneously one time a day with lunch. During an interview, on 9/22/2021 at 1:18 p.m., LPN 1 indicated she administered the insulin late for Resident 8. On 9/22/2021 at 3:05 p.m., the Care Services Manager provided the policy "Medication Administration" dated 9/1/2016, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... Medications and treatments are administered to residents as determined by review of their medication status, and in accordance with physician order ... the six rights of medication and treatments administration will be observed every time a medication is administered ... right time ..."		CSM. LPN 1 was in-serviced on 6 rights of Medication Administration by CSM on 9/23/2021. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** A medication administration observation audit was completed on 10/4/2021 by CSM of current nursing staff to ensure medications were administered appropriately and were re-educated as necessary at time of findings. A medication competency assessment was conducted on current nursing staff by CSM on 10/4/2021. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** Current nursing staff were in-serviced on 6 rights of Medication Administration on 10/4/2021 by CSM. A medication administration competency assessment will be conducted quarterly by CSM of current nursing staff. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality**	

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			assurance program will be put into place; and The ED is responsible for sustained compliance. The CSM and/or designee will observe medication administration for 5 residents 5x/week for 4 weeks, then 3x/week for 4 weeks, then weekly for 4 weeks to ensure medications administered as ordered. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.	
R 0246 Bldg. 00	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 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. Based on interview and record review, the facility failed to ensure a QMA documented in the resident's clinical record who gave the authorization for an as needed (prn) medication for 1 of 7 residents reviewed for prn medication	R 0246	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;**	10/22/2021

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	authorization and administration. (Resident 5). Findings include: On 9/22/21 at 3:00 p.m., Resident 5's clinical record was reviewed. Diagnoses included, but were not limited to arthritis, pain, and bilateral hand tremors. Physician Orders, dated 1/1/2021 through 1/31/2021, for Resident 5 included, but were not limited to: acetaminophen/Tylenol ES (a pain medication) 500 milligrams (mg) 2 tablets every 6 hours prn (as needed) for pain or temp (temperature). The medication start date was 11/17/2020. The Medication Administration Record (MAR) for Resident 5 indicated acetaminophen was administered once on 1/27/21. The clinical record lacked documentation of a Qualified Medication Aide (QMA) having received authorization by a licensed nurse or a physician to give the prn pain medication. During an interview, on 9/22/21 at 3:35 p.m., the Executive Director indicated the initials signing out medication on 1/27/21 were those of a QMA. The QMA had not documented in the resident's chart who gave the authorization for administration. During an interview, on 9/22/21 at 3:40 p.m., the Care Services Manager provided requested documentation for Resident 5 and indicated she did not have any specific documentation indicating the QMA who gave acetaminophen prn on 1/27/21, had received authorization by a licensed nurse or a physician to give the pain medication. She further indicated that QMAs		Resident 5 has been discharged from the facility. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** On 10/5/2021 CSM conducted audit on Medication Administration Records of current residents receiving PRN medications in past 60 days to ensure PRN medication was administered by a Qualified Medication Assistants (QMA) after receiving appropriate authorization and properly documenting in the resident's nurses' notes. Results of the audit were reviewed by the ED. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** On 10/6/2021 current nursing staff were in-serviced by CSM on the need for QMA to obtain permission from licensed nurses for the administration of PRN medications. QMA's will document in resident's medication administration record who they obtained permission from for administration of PRN medication on back of MAR including the date and time of the contact. **How the corrective action(s)**	

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	called to receive permission, but had not been documenting permission on the MAR (Medication Administration Record) for non-control class medications. On 9/22/21 at 3:05 p.m., the Care Services Manager provided the facility's policy, "Medication Administration" dated 9/1/2016, and indicated that it was the policy currently being used by the facility. A review of the policy did not indicate anything regarding QMAs and the administration of medication.		**will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and** The ED is responsible for sustained compliance. The CSM or designee will audit 5 residents records receiving PRN medication to ensure appropriate authorization was obtained and documented in the nurses notes weekly for four weeks, biweekly for four weeks, then monthly for one month. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.	