

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

PRINTED: 02/08/2023

FORM APPROVED

OMB NO. 0938-039

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 01/05/2023	
NAME OF PROVIDER OR SUPPLIER  ASSISTED LIVING AT ROMWEBER FLATS				STREET ADDRESS, CITY, STATE, ZIP COD 123 SOUTH DEPOT STREET BATESVILLE, IN 47006			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for the Investigation of Complaint IN00398424.</p> <p>Complaint IN00398424 - Substantiated. State deficiencies related to the allegations are cited at R0241.</p> <p>Survey date: January 4 and 5, 2023</p> <p>Facility number: 013321</p> <p>Residential Census: 16</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on January 10, 2023.</p>			R 0000			
R 0241  Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident 's physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation and interview, the facility failed to provide medication supervision by licensed nursing personnel or qualified medication aide for 1 of 3 residents reviewed for medications. (Resident B)</p> <p>Findings include:</p> <p>During a confidential interview on 1/4/23 to 1/5/23,</p>			R 0241	<p>January 5th, 2023, Complaint Survey (IN00398424) Preparation and/or execution of this plan of correction in general, or this corrective action, does not constitute an admission or agreement by this Assisted Living facility of the facts alleged or conclusions set forth in this</p>		01/23/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kristen Chalou

Administrator

02/01/2023

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.

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-039

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 01/05/2023	
NAME OF PROVIDER OR SUPPLIER  ASSISTED LIVING AT ROMWEBER FLATS				STREET ADDRESS, CITY, STATE, ZIP COD 123 SOUTH DEPOT STREET BATESVILLE, IN 47006			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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		
	<p>Confident 7 indicated the housekeeper was "doing CNA work and passing pills and everything." Sometimes the housekeeper would help with the nighttime medications and other times the CNAs would do it. There was no nurse at nighttime and no nurse on the weekends.</p> <p>During a confidential interview on 1/4/23 to 1/5/23, Confident 8 indicated sometimes the housekeeper was giving the medications. The housekeeper or CNA would come in, unlocked the drawer, popped the medications into the cup and hand the medications to them.</p> <p>During an interview on 1/4/23 at 1:42 p.m., the Director of Nursing (DON) indicated some residents were on medication reminders and some were medication management. If a resident was on "med management" then the medications came from the pharmacy in bubble packs (a foil backed card) separated by day and time and were kept in a locked drawer in the residents' apartments. The Certified Nursing Assistants (CNAs) would unlock the drawer in the resident's apartment and remove the bubble pack from the drawer, take it to the resident and instruct them to press on the bubble to remove the medications. The CNAs could cut the bubble pack, but the resident had to remove the pills. The CNAs could not put the pills in a cup or administer the medications. If a resident requested a narcotic at night, the CNA would call the DON and let her know. The time of the last dose would be verified to determine if it was appropriate to have another pill. If it was, then the resident would come down to the nurses' station and the CNA would unlock the lock box. The resident would self-administer, and then the box would be locked again. The residents used to have the narcotics locked in their apartment in their locked drawer, but for safety concerns the</p>		<p>statement of deficiency. The plan of corrective actions is prepared and/or executed in compliance with state and federal law. <b>See EXHIBIT ("A", "B", "C", "D", "E", "F", "G")</b></p> <p><b>R241</b> <b><u>Actions taken:</u></b> The Medication Management Policy will be updated with more clarification of medication management. It will highlight the fact that the facility does <u>not</u> administer medication. The facility only provides medication management (all residents self-administer) and medication can only administered by licensed nursing personnel or qualified medication aides if necessary. CNA's, HHA's, housekeepers and all other personnel are not to handle medication in any way. (SEE EXHIBIT "A")</p> <p>An in-service will be conducted with all staff on this policy and the importance of following it. (SEE EXHIBIT "B")</p> <p>Residents will receive a reminder that the facility does not administer medication and that we only provide medication management. (EXHIBIT "C")</p> <p>-</p> <p><b><u>Others Identified:</u></b> All our residents had the potential</p>				

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

PRINTED: 02/08/2023

FORM APPROVED

OMB NO. 0938-039

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 01/05/2023	
NAME OF PROVIDER OR SUPPLIER  ASSISTED LIVING AT ROMWEBER FLATS				STREET ADDRESS, CITY, STATE, ZIP COD 123 SOUTH DEPOT STREET BATESVILLE, IN 47006			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>narcotics are now kept in a locked box in the nurses' station. When the DON was not in the building the CNAs completed a narcotic count when the shift changed.</p> <p>During an interview on 1/4/23 at 3:00 p.m., CNA 2 indicated she normally worked the dayshift and every other weekend. When the nurse was not in the building, she would enter an apartment and remind the resident to take their medication, or for the "med management" residents she would remove the bubble pack from the locked door, tell them the day and time to remove, to verify they were taking the correct medications at the right time. She indicated she does not touch the medications.</p> <p>During an interview on 1/4/23 at 3:15 p.m., the Administrator indicated if a resident was new, then staff would go in at the time the resident medication was due and remind the resident to take their medications. The staff have the key to the medication drawers in apartments for the residents on medication management and the residents who are medication reminders have the key to the medication drawer in their apartments. Medication management procedure was the facility ordered residents' medications from the pharmacy, staff would go in and unlock the medication drawer, tell the resident the day and time of the medication to take, and then replace the bubble pack in the locked drawer.</p> <p>During an interview on 1/5/23 at 7:45 a.m., the DON indicated if it was a weekend the CNAs would handle the medication management. They would unlock the drawer, take the pill pack and cup to the resident, tell the resident the day and time of the medication to pop out of the bubble pack, and replace the bubble pack back in the</p>				<p>to be affected by this alleged deficiency.</p> <p><b><u>Measures Taken / Changes Made:</u></b> The facility is in the process of hiring more QMA's and certifying current staff as QMA's to help prevent future occurrences. There was also more clarity added to medication management policy (See Exhibit "A") emphasizing that only LPNs and QMAs are authorized to handle medication. Staff will complete an in-service on policy.</p> <p><b><u>Quality Assurance Program:</u></b> The Director of Nursing will complete medication assessments on all residents at time of admission, quarterly, and at change of condition. All staff will complete an in-service on medication management quarterly, at new hire and at change of position. If any issues are discovered, they will be reported to the Administrator immediately. In order to ensure the safety of all residents and to ensure no deficient practices are occurring the following steps will be taken: 1. Director of Nursing or Administrator will perform both random and scheduled monitoring of CNA and HHA's performing medication management. 2. All CNA's and HHA's will be</p>		

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-039

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 01/05/2023	
NAME OF PROVIDER OR SUPPLIER  ASSISTED LIVING AT ROMWEBER FLATS				STREET ADDRESS, CITY, STATE, ZIP COD 123 SOUTH DEPOT STREET BATESVILLE, IN 47006			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>drawer.</p> <p>During an observation and interview on 1/5/23 at 8:30 a.m., CNA 2 entered Resident B's apartment, removed the medication bubble pack from a locked drawer, and entered the resident's bedroom where the resident was asleep. CNA 2 instructed the resident to sit up and take her medications. The CNA assisted the resident to sit up, told the resident to pop Thursday a.m. pills into the cup. The resident struggled and was unable to pop the pills from the bubble pack. The CNA slit the foil and instructed the resident to try again. The resident was able to push a few pills out of the bubble pack into the cup but was unable to completely remove all medications. The CNA then pushed the rest of the pills into the cup. Resident B indicated she did not normally pop the bubble pack, that staff normally did it for her.</p> <p>During an interview on 1/5/23 at 8:35 a.m., CNA 2 indicated Resident B had difficulty popping the bubble pack to remove the medications if she was in bed. She did have to help her with the bubble pack, otherwise the resident would have to find another place to live.</p> <p>During an interview on 1/5/23 at 8:45 a.m., Resident D indicated there was not a nurse in the building at night or on weekends.</p> <p>During an interview on 1/5/23 at 10:31 a.m., CNA 2 indicated she works every other weekend and there was no nurse. If a resident had a narcotic, the resident came down to the nurse's room and the CNA removed the bubble pack from the locked box. The resident would remove and take the pill.</p> <p>During an interview on 1/5/23 at 11:09 a.m., CNA 3</p>				<p>subject to at minimum 1 evaluation a month for at minimum 6 months.</p> <p>3. The monitoring will be tracked by management and if after 6 months, 100% compliance is to be found monitoring will cease at that time. If not at 100% compliance after 6 months, monitoring will continue to occur for an additional 3 months at minimum.</p> <p><b><u>Date of Completion:</u></b> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements and our date of compliance is January 20th, 2023</p>		

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-039

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 01/05/2023	
NAME OF PROVIDER OR SUPPLIER  ASSISTED LIVING AT ROMWEBER FLATS				STREET ADDRESS, CITY, STATE, ZIP COD 123 SOUTH DEPOT STREET BATESVILLE, IN 47006			
(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
	<p>indicated if a resident required medication management, then she would go in to help them. She would unlock the medication drawer in their apartment, pull back the foil, but the resident had to dump the medication into the cup. If the resident had a narcotic pain pill, then that resident would have to come down to the nurses' station, she would unlock the narcotic box, remove the bubble pack, the resident had to pop the pill and take it in front of her.</p> <p>On 1/4/23 at 3:23 p.m., A Pocket Worksheet was provided by the Administrator. The worksheet indicated there were 10 residents on "med management" and two residents that had no indication of their medication status, including Resident B.</p> <p>On 1/5/23 at 11:02 a.m., A Job Description for Licensed Practical Nurse (LPN) was provided by the Administrator. The LPN was responsible for Medication Functions.</p> <p>On 1/5/23 at 11:02 a.m., A Job Description for CNA and Housekeeping was provided by the Administrator. There was no description for medication management.</p> <p>The current facility policy "Medication Management Defined by Policy" and not dated, was provided by the Administrator on 1/5/23 at 9:08 a.m. The policy indicated, " ...Licensed nurses and QMAs (Qualified Medication Assistant) may administer medication services that they are licensed and or certified to provide ..."</p> <p>This Residential tag relates to Complaint IN00398424.</p>						