STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155210	A. BUILDING _____ B. WING _____	C 02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF GREENSBURG	**410 PARK RD GREENSBURG, IN 47240**

(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
F 000	INITIAL COMMENTS This visit was for the investigation of Complaint IN00425267. Complaint IN00425267 - Federal/State deficiency related to the allegation is cited at F755. Survey date: February 2, 2024. Facility number: 000117 Provider number: 155210 AIM number: 100266460 Census Bed Type: SNF/NF: 55 Total: 55 Census Payor Type: Medicare: 1 Medicaid: 29 Other: 25 Total: 55 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 6, 2024.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §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.	F 755		

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

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F 755	Continued From page 1 §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview, observation, and record review, the facility failed to assure the appropriate resident received prescribed medications for 1 of 4 residents reviewed for pharmacy services. (Resident B) Findings included: During an interview on 02/02/24 at 10:12 A.M., QMA (Qualified Medication Aide) 3 indicated there had been an incident when a resident received the wrong medications. She had Resident D's medications in a cup and sat them down on her food tray in the dining room of the Dementia Unit.	F 755	Past noncompliance: no plan of correction required.	

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F 755	Continued From page 2	F 755		

The QMA turned her back to the resident. Usually, the resident took her medications right away. As the QMA was returning to the table with Resident B's medications, Resident D asked where her medications were. The QMA asked Resident D if she had not taken her medications. The QMA took medications to resident B who indicated he had already taken his medications (meaning he had taken Resident D's). Following the incident, the QMA indicated she would stand and wait until residents took all their medications. She had not had an issue before. She would put their medication on their tray and tell them to take them when they were ready. Prior to the incident, she had to take in-services every year for medication administration. She was educated following the incident and the resident was monitored closely.

During an interview on 02/02/24 at 10:30 A.M., the DON (Director of Nursing) indicated a QMA was passing medications on the Dementia Unit. She went to give a resident her medications. The resident set them down on the table. The QMA turned her back and another resident took the medications. When medications were being administered, staff were supposed to stay with the resident until they took them. They did not currently have any residents in the building who self-administered their medications.

During an interview and observation on 02/02/24 at 7:32 A.M., Resident D indicated staff normally stood by them when taking their medications. The resident was independently mobile and was using a walker in the dining room.

During an interview and observation on 02/02/24 at 8:05 A.M., Resident B indicated normally

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medications were delivered at the table while they were in the dining room. The resident was independently mobile and observed to be up and walking about.

The clinical record for Resident B was reviewed on 02/02/24 at 8:51 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 10/23/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited to, Alzheimer's disease, hypertension, diabetes, and renal insufficiency. The resident required supervision and one staff member's assistance for transfers. The resident used no mobility devices in the seven days of the review period.

The Progress Notes for Resident B were provided by the DON on 02/02/24 at 11:24 A.M., and included, but were not limited to, the following:

- A note, dated 01/02/24 at 8:28 A.M., indicated the resident had taken the wrong medications.

The clinical record for Resident D was reviewed on 02/02/24 at 9:06 A.M. A Quarterly MDS assessment, dated 10/31/23, indicated the resident was moderately cognitively impaired. The diagnoses included, but were not limited to, hypertension, seizure disorder, anxiety, depression, bipolar disorder, and psychotic disorder. The resident received an antipsychotic medication.

The January 2024 EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) for Resident D was provided by the Regional Nurse on 02/02/24 at 11:02 A.M. The record indicated the resident

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received the following medications at 8:00 A.M. on 01/02/24:

- Abilify (an antipsychotic) 5 mg (milligrams),
- Aptiom (an anticonvulsant) 800 mg,
- Vitamin B12 1000 mcg (micrograms),
- Lasix (a diuretic) 20 mg,
- Vitamin B complex,
- Zyrtec (an allergy medication) 10 mg,
- Lamotrigine (an anti-epileptic) 200 mg,
- Lithium Carbonate (an anti-manic) 450 mg,
- Omega-3 Fatty Acids 1000 mg,
- Topiramate (an anticonvulsant) 200 mg, and
- Oxybutynin Chloride (for bladder spasms) 5 mg.

The current "Medication Administration" policy, with a copyright date of 2023, was provided by the Regional Nurse on 02/02/24 at 11:02 A.M. The 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 accordant with professional standards of practice...Compare medication source with MAR to verify resident name, medication name, form, dose, route, and time..."

The current "Medication Errors" policy, with a copyright date of 2023, was provided by the DON on 02/02/24 at 11:24 A.M. The policy indicated, "...It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors..."

The Past noncompliance began on 01/02/24 and the deficient practice was corrected on 01/24/24, prior to the survey entrance. The facility

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F 755	Continued From page 5 implemented a systemic plan that included the following actions: The facility completed staff education on medication administration, the QMA was directly in-service and monitored, the medication administration/errors were included and monitored through QAPI (Quality Assurance and Performance Improvement). This deficiency relates to complaint IN00425267. 3.1-25(b)(1)	F 755		