STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155729	A. BUILDING 00 B. WING	10/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ADAMS HERITAGE	12011 WHITTERN RD MONROEVILLE, IN 46773

(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: October 25, 26, 27, 28, and 31, 2022. Facility number: 002549 Provider number: 155729 AIM number: 200289420 Census Bed Type: SNF/NF: 42 Total: 42 Census Payor Type: Medicare: 2 Medicaid: 24 Other: 16 Total: 42 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed November 1, 2022	F 0000		
F 0760 SS=D Bldg. 00	483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. Based on observation, interview, and record review, the facility failed to ensure medications were administered without errors for 2 of 12 residents reviewed; during 2 of 30 medications observed. (Resident 15 and Resident 7) Findings include:	F 0760	Preparation and execution of this plan of correction does not constitute admission or agreement by provider to the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies	11/19/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Natasha Graves	Administrator	11/17/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	During an observation, on 10/27/22 at 11:22 AM, observed Resident 15's medication was dropped on the floor by QMA 3 (Qualified Medical Assistance). QMA 3 picked the pills up off the floor near the entry and bathroom of Resident 15's shared room. QMA 3 put the pills back into the paper cup and administered them to Resident 15. During an observation, on 10/27/22 at 11:28AM, QMA 3 was observed checking Resident 7's blood sugar and subsequent administration of insulin. QMA 3 did not wipe off the pen with alcohol prior to putting on a new needle. QMA 3 dialed in 10 units and took the pen into Resident 7's room. QMA 3 cleaned the area prior to putting the pen flush with the skin then pushed the button at the opposite end of pen. QMA 3 waited 8 seconds before removing the pen from contact with skin. QMA 3 did not prime the needle to ensure it was functioning properly. 1) Resident 15's record review, began on 10/27/22 at 1:26PM, indicated his diagnosis included vitamin D deficiency. Resident 15's physician orders included Cholecalciferol tabled 125mcg, 2 tablets by mouth once daily for vitamin D deficiency. 2) Resident 7's record review, began on 10/27/22 at 1:16pm, indicated his diagnosis included unspecified dementia, moderate intellectual disabilities, and type 2 diabetes (insulin dependent). Resident 7 had a physician's order for NovoLog solution, inject 10 units before meals. In an interview, QMA 2 on 10/28/22 at 1:10PM indicated she would work with the nurse to determine how to destroy dropped medications. QMA 2 indicated she would replace the pill with		rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Adams-Heritage maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of the residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams-Heritage asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance. Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated accomplished corrective action. These do not necessarily chronologically correspond to the date that Adams Heritage is under the opinion that it	

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	one from Resident 15's emergency box, each resident at facility had a box with a day of emergency medications to be used when needed and then replaced. QMA 2 indicated the correct steps in administering insulin with pen. In an interview, the DON (Director of Nursing), on 10/31/22 at 9:02 AM, indicated both QMA 2 and QMA 3 were agency staff not directly hired by facility. The DON indicated the agencies were required to send licensed staff and the facility also checked their licenses. The facility had a contract with both agencies suppling the QMAs without any specific training outlined. A policy titled, Use of Insulin Pen dated 7/2022, was provided by DON on 10/27/22 at 1:42PM. The policy indicated "...Purpose: to improve the accuracy of insulin dosing, to provide increased resident comfort ...Wipe rubber seal with an alcohol pad. Priming the insulin pen. a. dial 2 units by turning the dose selector clockwise. b. with the needle pointing up, push the plunger, and watch to see that at least one drop of insulin appears on the tip of the needle. If not, repeat this procedure until at least one drop of insulin appears ... 3.1-48(C)(2)		the requirements of participation or that corrective action was necessary. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. QMA removed from the schedule at the facility. Facility notified agency of the administration errors. All staff involved will be educated on proper medication administration. Policies and education will be presented to the nursing staff. An in-service to nursing staff was performed. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. All residents that receive medications have the potential to be affected. All staff involved in medication administration will be educated on proper medication administration and insulin administration. What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur. Routine education will be provided to all staff and education will be sent to agency staff. Education on insulin administration will be placed on the medication carts and staff signature log will be in place. How the corrective action will be	

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			monitored to ensure the deficient practice will not recur. What quality assurance program will be put into place. The DON and QA nurse will monitor signature log for training when a nurse/QMA is administering meds at medication cart. Education will be provided to read and signature log will be in place. The abovementioned will audit on a weekly basis for accuracy on the carts to ensure compliance. Audits will be presented monthly at the QAPI committee meetings with a goal of 100% compliance. QAPI will re-evaluate protocols and techniques of medication administration to ensure 100% compliance is achieved, frequency will be determined by the QAPI team. By what date the systemic changes for each deficiency will be completed. The systemic changes will be completed by November 19th, 2022.	