STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155400	A. BUILDING 00 B. WING	07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CARDINAL CARE STRATEGIES	4600 E JACKSON ST MUNCIE, IN 47303

(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 Post Survey Revisit (PSR) to the Investigation of Complaint IN00410516 completed on 6/21/23. Complaint IN00410516 - Corrected. Unrelated deficiency is cited. Survey dates: July 20, 2023. Facility number: 000269 Provider number: 155400 AIM number: 100267720 Census Bed Type: SNF/NF: 52 Total: 52 Census Payor Type: Medicare: 3 Medicaid: 44 Other: 5 Total: 52 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed July 24, 2023.	F 0000	August 2, 2023 Ms. Brenda Buroker Director of Long-Term Care 2 North Meridian St. Indianapolis, IN 46204 Re: Survey Event ID NE3L12 Dear Ms. Buroker: Please find attached my Plan of Correction for the unrelated deficiency cited during this Post Survey Revisit. I am respectfully requesting paper compliance. If you have any questions, please feel free to contact me. Sincerely, Karsen Rauch, HFA Administrator Cardinal Care Strategies	
F 0761 SS=E Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include			

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

Karsen Rauch | Administrator | 08/02/2023

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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	the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.			
	Based on observation, interview, and record review, the facility failed to ensure medication and treatment carts were locked, and medication was securely stored to prevent unauthorized access, for 2 of 4 medication carts and 2 of 4 treatment carts in the facility (Freedom and East halls). This deficient practice had the potential to effect 9 of 36 residents that resided on Freedom and East halls who were cognitively impaired. Findings include: During the initial tour of the facility, on 7/20/23 at 1:42 p.m., QMA 6 was assisting EMTs in a resident's room on the East hall. On 7/20/23 at 1:44 p.m., near the nurses station	F 0761	PROPOSED PLAN OF CORRECTION F761 1 – Upon notification of deficiency, the staff member who was seen performing the deficient practice received disciplinary action. Along with that, an audit tool was created and started for medication cart checks. In-servicing staff began immediately as well on medication storage and medication cart security. 2 – The facility has determined	07/21/2023

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	between Freedom and East hall, one medication cart and two treatment carts were unlocked and unattended. One of the medication carts had an insulin pen lying on top of it. No licensed staff were present. QMA 6 came from the East hall and indicated he would get a nurse. He went to the closed door of the Unit Manager's office, next to the nurses station, and retrieved LPN 9. She stepped out of the office and observed the unlocked carts. She indicated she was the only nurse in the building and there were QMAs on the other halls. The carts should be kept locked when not in use. The treatment carts contents included wound cleanser, ointments, betadine (contains iodine) and bandages. The medication cart contents included three unlabeled medication cups with pills in them sitting loosely in the top drawer, insulin pens, lancets, medication punch cards, medication in bottles, and liquid and powder medications. The cart was QMA 6's and she did not know where he was and did not know why the insulin pen would be lying on top of the cart. During an observation of the East hall's medication cart at the open concept nurses station, was another medication cart. On top of the medication cart were two stacks of medications in punch cards. LPN 9 indicated QMA 6 was organizing them, but had left them out of the cart. During an interview, on 7/20/23 at 1:50 p.m., the Administrator indicated QMA 6 had to step away to assist the EMTs with a resident. The 29 punch cards that had been left on the cart included Buspar (anti-anxiety), Senna (constipation), Plavix (blood thinner), vitamin D3 (supplement), Tylenol (pain reliever), folic acid (supplement), ferrous sulfate (supplement), vitamin B12 (supplement),		that all residents have the potential to be affected. 3 – The Director of Nursing, Nursing Management and/or the Administrator will educate RN/LPN/QMA staff on our current Medication Storage Policy and Medication Cart Security Policy. An in-service will be conducted. 4 - The Director of Nursing, Nursing Management and/or the Administrator will conduct 10 weekly audits on random days on random shifts for a medication cart. These audits will continue for 6 weeks and until compliance is maintained. As a means of quality assurance, results of the reviews and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased on the basis of compliance. 5 – Corrective action completed by 7/21/23.	

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	aspirin (blood thinner), multivitamin (supplement), metformin (diabetes), furosemide (diuretic), Latuda (antipsychotic), hydralizine (blood pressure), tamsulosin (urinary retention), famotodine (antacid) and Depakote (anticonvulsant). During an interview with QMA 6, on 7/20/23 at 2:59 p.m., he indicated he didn't normally leave insulin out and it was supposed to be locked in the medication cart. The punch card medications left on the medication cart in the nurses station were from the medication room. He was looking through the overflow medications, trying to find a pill that needed refilled. He laid them on top of the cart when the EMTs needed help. He didn't ever leave medication out. The EMTs were transporting a resident when he almost fell off the stretcher when they were taking him out to the EMS. A current facility policy, revised April 2007, titled "Security of Medication Cart," provided by the Administrator, on 7/20/23 at 2:50 p.m., indicated the following: "...4. Medication carts must be securely locked at all times when out of the nurse's view...." 3.1-25(m)			