

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

PRINTED: 06/06/2023
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 04/28/2023	
NAME OF PROVIDER OR SUPPLIER HELLENIC SENIOR LIVING OF ELKHART				STREET ADDRESS, CITY, STATE, ZIP COD 2528 BYPASS ROAD ELKHART, IN 46514			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00403955 and IN00404124.</p> <p>Complaint IN00403955 - State deficiencies related to the allegations are cited at R0246 and R0296</p> <p>Complaint IN00404124 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: April 27 & 28, 2023</p> <p>Facility number: 014241</p> <p>Residential Census: 116</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 5/10/2023.</p>			R 0000			
R 0117 Bldg. 00	<p>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</p>						

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

TITLE

(X6) DATE

Susan Huttel

Interim Executive Director

05/24/2023

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.

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	<p>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 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 record review and interview, the facility failed to ensure staff met requirements of First Aid training certification. This deficient practice affected 24 of 174 shifts reviewed.</p> <p>Finding includes:</p> <p>On 4/27/2023 at 2:15 P.M., a review of schedules for all three shifts, dated 3/1/2023 through 4/27/2023, indicated twenty two shifts were not covered with personnel certified in First Aid. The shifts were as follows:</p> <p>- March 2023 10:00 P.M. to 6:00 A.M. 3/2/2023, 3/4/2023, 3/5/2023, 3/9/2023, 3/16/2023, 3/20/2023, 3/24/2023, 3/25/2023, 3/26/2023, 3/27/2023, 3/31/2023.</p> <p>- April 2023 10:00 P.M. to 6:00 A.M. 4/3/2023, 4/5/2023, 4/6/2023, 4/7/2023, 4/8/2023, 4/9/2023, 4/10/2023, 4/14/2023, 4/21/2023, 4/22/2023, 4/23/2023, 4/24/2023, and 4/28/2023.</p> <p>During an interview, on 4/28/2023 at 9:40 A.M., the Administrator in Training indicated the staff who had worked those shifts were only CPR certified.</p>			R 0117	<p>Corrections from previous timeframes cannot be made. No residents were affected by this alleged deficient practice. An Audit occurred on May 3, and all nursing staff employed at the Community currently obtained certification in CPR (Adult and Infant), First Aid, and AED. Certification has been placed in a CPR binder. The binder will be audited monthly to ensure certifications remain current. Any renewals due will be completed prior to its expiration date. If expired, the staff member will be removed from the schedule until the renewal is completed. All new hires will need to present their certification prior to their first working date to ensure compliance. Results of the audits will be brought to the QAPI meetings for 6 months for review and/or recommendations.</p>		05/15/2023

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R 0246 Bldg. 00	<p>On 4/27/2023 at 3:30 P.M., the Executive Director indicated they did not have a policy but followed the state regulation.</p> <p>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.</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 1 QMAs (Qualified Medication Aide) received authorization for a PRN (as needed) medication from a licensed nurse prior to administration for 1 of 5 residents receiving medication. (Resident K)</p> <p>Finding includes:</p> <p>During a medication administration pass, with QMA 5, on 4/28/2023 between 11:00 A.M. - 11:30 A.M., the following was observed: QMA 5 entered the apartment for Resident K. QMA 5 prepared and administered medication for Resident K. Resident K indicated she had experienced 6 episodes of diarrhea since she had eaten breakfast. QMA 5 indicated she would check to see if the resident had any physician orders for diarrhea medication. QMA 5, after consulting the electronic record for Resident K on her tablet, obtained a Loperamide tablet and administer it to Resident K. QMA 5 did not notify or receive authorization to administered the diarrhea medication from the licensed nurse.</p>			R 0246	<p>Corrections from previous timeframes cannot be made. Resident K was not affected by this alleged deficient practice. Medication Administration Records were reviewed, and no other residents were affected. All QMA's received additional education on proper medication administration including approval for PRN medications on 5-11-23. Further education will be presented as necessary. ADON/Designee will monitor medication administration records daily 5 times per week to ensure no PRN medication was given without authorization. If this occurs, QMA will receive disciplinary action up to termination. The results of the daily monitoring will be brought to the QAPI meeting for 6 months for</p>		05/15/2023

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R 0296 Bldg. 00	<p>During an interview with QMA 5, she confirmed the resident had an order for the Loperamide and the order was for 1 tablet as needed.</p> <p>The facility policy and procedure, titled, "MED 6-Medication Administration," dated 9/30/2022 and presented as current by the Administrator in Training on 4/28/2023 at 9:00 A.M., included the following: "...34. If an alert and oriented resident request a medication ordered "PRN, or a resident with a dementia-related diagnosis shows symptoms of temperature elevation, pain, extreme anxiety, or agitation for which a "PRN" medication has been ordered, the qualified medication aide will notify the licensed nurse and obtain authorization to implement the "PRN" order prior to administering the medication. The "PRN" medication will be documented in the resident's medication record...."</p> <p>This state residential finding relates to complaint IN00403955.</p> <p>410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 1 nursing staff members (Employee 5) passing medications observed residents consuming their medications at the time of the administration for 3 of 5 resident observed receiving medication. (Residents H, L and M)</p> <p>Findings include:</p>			R 0296	<p>review and/or recommendations.</p> <p>Corrections from previous timeframes cannot be made. Residents H, L, and M were not affected by this alleged deficient medication administration. The staff has been educated to notify the administration if any medications are found in cups in the resident apartment within the Community. Staff members found</p>		05/15/2023

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	<p>During a medication pass, with QMA 5, on 4/28/2023 between 11:00 A.M. - 11:30 A.M., the following was observed:</p> <ol style="list-style-type: none"> QMA 5 entered the apartment of Resident H and obtained a Baclofen tablet from the resident's locked medication cabinet. Resident H was in the bathroom during the process and QMA 5 left the medication cup with the Baclofen tablet on a small table in the resident's living area. At 12:30 P.M., Resident H was observed and she had still not taken her Baclofen tablet. Resident H indicated she was "fixin" to take the pill. QMA 5 entered the apartment of Resident L and obtained two medications, a Gabapentin and Hydralazine tablet from the locked cabinet in the resident's kitchenette. QMA 5 then placed the pills on a small table in the resident's apartment for him to take later and exited the apartment. QMA 5 entered the apartment of Resident M and obtained a Pregabalin tablet from the locked storage cabinet in the resident's kitchenette. After refilling Resident M's cup with new ice and water, QMA 5 then turned and exited the apartment before ensuring Resident M consumed her medication. <p>During an interview with the Administrator in Training, on 4/28/2023 at 12:20 P.M., she indicated when the facility had utilized several agency nursing staff, leaving medications in the apartments without ensuring they were consumed was a common practice. She indicated the facility staff had been inserviced and the need to ensure medications were taken when administered had been discussed at nursing staff meetings. She indicated QMA 5 was a regular facility staff member and had been in-serviced on medication</p>				<p>to be non-compliant will be terminated at once, as was presented on 5-11-23. QMA was re-educated on the proper administration of medication administration. All QMA's received additional education on proper medication administration on 5-11-23. Further education will be presented as necessary. ADON/Designee will spot-check resident apartments to ensure no medication remains in their apartments. If found to be non-compliant QMA or nurse will be terminated. Any negative results of non-compliance will be brought to QAPI for 6 months for review and/or recommendations.</p>		

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	<p>administration.</p> <p>Review of the facility policy and procedure, titled, "Med 06 Medication Administration," dated 9/30/2022 and presented as the current policy by the Administrator in Training, on 4/28/2023 at 9:00 A.M., included the following: "...24. Medication may not be left at the resident's bedside for later ingestion by the resident. The licensed nurse or qualified medication aide will observe the resident taking the medication...."</p> <p>This state residential finding relates to Complaint IN00403955.</p>						