

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

PRINTED: 07/28/2023

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 06/29/2023	
NAME OF PROVIDER OR SUPPLIER WYNDMOOR OF EVANSVILLE LLC				STREET ADDRESS, CITY, STATE, ZIP COD 6521 GREENDALE DR EVANSVILLE, IN 47711			
(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 IN00411492.</p> <p>Complaint IN00411492 - State deficiencies related to the allegations are cited at R0246 & R0349.</p> <p>Survey date: June 27, 28 & 29, 2023</p> <p>Facility number: 010681</p> <p>Residential Census: 89</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on July 5, 2023.</p>		R 0000				
R 0246 Bldg. 00	<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 interviews and record review, the facility failed to ensure that QMA's (Qualified Medication Aides) obtained authorization by a licensed nurse for the administration of a PRN (as needed) medication for 1 of 6 residents reviewed (Resident W).</p> <p>Findings include:</p>		R 0246	<p>R0246: This Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance</p>		07/22/2023	

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

TITLE

(X6) DATE

Jessie Maelee Hawkins

Admin Assistant

07/24/2023

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>On 6/29/24, Resident W's clinical record was reviewed. Diagnoses included, but were not limited to, psychoactive substance dependence, alcohol dependence with intoxication.</p> <p>Current physician's orders included, but were not limited to, Oxycodone HCL oral tablet 10 mg, give 1 tablet by mouth every 8 hours as needed at nurse discretion.</p> <p>Resident W's eMAR (electronic Medication Administration Record) was reviewed for Oxycodone HCL oral tablet and indicated the following doses were administered by QMA 4: 6/1/23 at 12:00 P.M. 6/5/23 at 8:00 A.M. 6/5/23 at 12:00 P.M. 6/6/23 at 8:00 A.M.</p> <p>Progress notes for June of 2023 were reviewed and lacked documentation of a nurse authorizing QMA 4 to give PRN Oxycodone HCL and assessments of the effectiveness of the drugs given. Resident was discharged from the facility on 6/6/23.</p> <p>During an interview on 6/28/23 at 3:00 P.M. with the DON (Director of Nursing), she indicated if a QMA gives a PRN medication, they must first ask permission from a nurse and then they can give it. The administration is documented on the eMAR once it is given. The nurse must note the effectiveness of the medication and this has to be done within the shift the medication was given. No QMA may be permitted to assess the effectiveness of the PRN medication.</p> <p>Facility policy (revised 2/2/2020) indicated that QMA's may administer previously ordered pro re</p>				<p>with this plan of correction as of July 22th, 2023 and requests paper compliance for this survey. Residents who were provided care by QMA's were reviewed. No negative outcomes were identified based upon the documentation review. 100% of residents who received services by QMA's were reviewed. No negative outcomes were identified based upon the review of resident documentation and incident reports. The QMA scope of practice was reviewed with nurses and QMA's on staff to educate them on the limitations of the QMA scope, as well as the need for documentation by a nurse for PRN authorization and administration immediately. A binder was created with PRN documentation sheets for each resident to have the nurse physical signature at time of authorization being given to QMA for administration. The Health and Wellness Director or designee will review 100% of all PRN medication and treatment administrations by QMA's for 30 days. The Health and Wellness Director will review 50% of all PRN medication and treatment administrations by QMA's for days 31-60. The Health and Wellness Director will review 25% of all PRN medication and treatment administrations by QMA's for the days 61-90.</p>		

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R 0349 Bldg. 00	<p>nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following:</p> <p>A. Document in the resident record symptoms indicating the need for the medication and time the symptoms occurred.</p> <p>B. Document in the resident record that the facility's licensed nurse was contacted, symptoms were described and permission was granted to administer the medication, including the time of contact.</p> <p>C. Obtain permission to administer the medication each time the symptoms occur in the resident</p> <p>D. Ensure that the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse was on call, by the end of the nurse's next tour of duty.</p> <p>This State Residential Finding relates to Complaint IN00411492.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure that medication orders were correctly transcribed from the physician's order to the resident's eMAR (electronic Medication Administration Record) on 1 of 6 residents. (Resident K)</p>			R 0349	<p>R0349:</p> <p>This Plan of Correction is neither an agreement with nor an admission of wrongdoing by this</p>		07/26/2023

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	<p>Findings include:</p> <p>On 6/27/23 at 11:30 A.M., Resident K's clinical record was reviewed. Diagnoses included, but were not limited to, Parkinson's Disease and Type 2 diabetes mellitus.</p> <p>Current physician orders dated 5/12/23 include, but were not limited to, "Aricept 10 mg (Milligrams), give 1 tablet one time a day for Dementia. Res has Aricept 5 mg on hand. Give 2 to equal 10 mg DOSE!!!"</p> <p>Admitting Physician/Healthcare Provider Plan of Care, dated 2/1/23 indicated Resident K was to receive Aricept 5 mg one pill orally at night.</p> <p>On 6/29/23 at 11:30 AM, the ADON (Assistant Director of Nursing) provided a copy of an After-Visit Summary from physician office, dated 2/21/23, indicated the resident was taking Aricpet 5 mg 1 pill orally at night.</p> <p>Medication Administration Records reviewed for February, March, April, and until May 12, 2023 indicated Resident K was getting Aricept 10 mg at bedtime.</p> <p>During on interview on 6/28/23 at 9:15 A.M., the DON (Director of Nursing) indicated orders for drugs were received from the Physician on the physician/healthcare provider plan of care at admission.</p> <p>On 6/29/23 at 11:30 A.M., a current Medication Management Program policy was provided, and indicated "Medication reconciliation is the process of creating the most current, complete, and accurate medication list possible...involves</p>				<p>facility or its staff members. Rather, it is submitted for compliance purposes.</p> <p>This facility alleges substantial compliance with this plan of correction as of July 26th, 2023 and requests paper compliance for this survey.</p> <p>Resident cited in the deficiency is no longer a resident of the facility. All new admissions will follow the medication reconciliation policy going forward. All medication orders were reviewed for transcription errors. A medication Reconciliation policy was created and all nurse's/qma's were educated through in-service. Medication reconciliation policy will be reviewed each month at the monthly all staff meeting. The director of nursing or designee will audit medication reconciliation performed on 100% of admissions for 30 days, 50% for 31-60 days, and 25% for 61-90 days. This will be completed PRN thereafter. All phone orders will be reviewed by director of nursing or designee within 24 hours of receiving.</p>		

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	<p>comparing the resident's current with those ordered or moving from home into a care setting...Prior to move in, the community should obtain a copy of the medication the resident was taking from the resident's prior care setting and/or home."</p> <p>This State Residential Finding relates to Complaint IN00411492.</p>						