STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	05/30/2019

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ROSEWOOD MANOR	5200 S BURLINGTON DR MUNCIE, IN 47302

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: May 29 and 30, 2019 Facility number: 000312 Residential Census: 37 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on June 4, 2019.	R 0000		
R 0087 Bldg. 00	410 IAC 16.2-5-1.3(b)(1-3) Administration and Management - Noncompliance (b) The licensee shall provide the number of staff as required to carry out all the functions of the facility, including the following: (1) Initial orientation of all employees. (2) A continuing inservice education and training program for all employees. (3) Provision of supervision for all employees. Based on record review and interview the facility failed to provide a license nurse in the building for insulin administration for 7 of 7 days reviewed. Findings include: Review of weekly nursing schedule, dated 5/20/19 - 5/26/19, a nurse was scheduled for Monday - Friday in office. The nurse indicated she is usually works from 8 am till 5 pm, she indicated if her kids are on a school delay she may not be here until after that.	R 0087	R087 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; All insulin injections are self-administered by the resident. In accordance with Resident's Rights, residents receiving Insulin injections participate in a modified self-administration program which may or may not require cueing,	06/30/2019

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

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	A review of insulin administration times were as follows: 7:00 am, 12:00 pm, 4:00 pm, and 8:00 pm. During an interview on 5/29/19 at 3:20 p.m., the Administrator indicated he was aware that the QMA's were assisting the residents with insulin administration. Review of the current facility policy, undated, titled "Medication Administration" which was left on the table at lunch time on 5/29/19 included, but was not limited to, " Hypodermic injections: 1. All intramuscularly, subcutaneous, intravenous, and insulin injections shall be administered by a licensed nurse or self - administrated by the resident. ....11. Diabetic residents going LOA (leave of absence) should be able to show they or someone with whom the resident is going out with can administer a dose of insulin in one is required while away from the facility". Review of the current facility policy, undated, titled "Assessment of Residents and self Administration of Medication" provided by was left on table while at lunch on 5/29/19 included, but was not limited to, "PURPOSE: It is the policy of this facility that all residents have to right to self administer medication based upon "Patient Rights". ....If at any point a resident is failing to follow proper protocol of self administration, an evaluation and assessment will be done at this time by the licensed nurse to ensure this resident		coaching or observation by facility staff to verify proper dosing and procedure. Insulin administration procedure has been reviewed with all residents self-administering insulin injections. New Self Administration Evaluations for residents have been completed. -How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents receiving insulin injections will be reevaluated to ensure that they remain able to self-administer their own injections with or without appropriate cueing, coaching and observation. -What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Residents receiving insulin injections will be reevaluated quarterly to ensure they remain able to properly self-administer their injections with or without cueing and/or coaching. Observation to verify technique and proper dosage will continue. Nursing staff will be re-in serviced by 6/26/19. -How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and	

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	is still able to be in the self administration of medication program."		The Director of Nursing or designee will audit the Self-Administration Evaluations and observe resident technique monthly to ensure continued proper procedure is utilized and report findings to the Administrator. -By what date the systemic changes will be completed. 6/30/19	
R 0090 Bldg. 00	410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.			

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	(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request			
	Based on observation and interview the facility failed to post the most recent survey report for 1 of 1 observations. Findings include: A random observation on 5/29/19 at 2:30 p.m., the available survey report dated 2016, was posted on the board beside the nurses station. During an interview on 5/29/19 at 2:35 p.m., the Director of Nursing indicated the most current survey should have been posted. On 5/30/19 at 1:53 p.m., the DON indicated the facility did not have a policy for posting the state survey.	R 0090	R090 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The survey was posted on 5/29/19. -How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents have the potential to be affected. The survey is now posted. -What measures will be put into	06/30/2019

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			place or what systemic changes the facility will make to ensure that the deficient practice does not recur; A policy will be developed and staff in-serviced by 6/26/19 to ensure that survey reports are available for inspection to any member of the public upon request for a period of 2 years. -How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The administrator or designee will observe one time monthly for 6 months to ensure that the appropriate surveys are posted and document accordingly. -By what date the systemic changes will be completed. 6/30/19	
R 0217 Bldg. 00	410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and			

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	revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.			
	Based on record review and interview, the facility failed to ensure assessments were performed by a licensed nurse for 1 of 5 reviewed for assessments. (Resident 17) Findings include: The clinical record for Resident 17 was reviewed on 5/30/19 at 8:45 a.m. His diagnoses included, but were not limited to, schizophrenia, diabetes mellitis and bursitis of the left shoulder. The clinical record contained a Nurse's Note, dated 1/6/19 at 11:48 a.m., signed by QMA 1. The note indicated Resident 17 fell on the sidewalk outside the facility. The resident was assisted to a chair and documented injuries as follows: "small bump over left eye, 1 scratche and abrasion on left hand inside, above wrist. Hematoma on right head with some bleeding." Neurological checks (to assess level of consciousness) were "good" and the resident's "areas were cleaned and a bandage applied to right hand."	R 0217	R217 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; At the time of the incident Resident 17 refused ER treatment for evaluation and has since recovered with no lasting injuries. -How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents with possible head injuries have the potential to be affected. Residents having sustained head injuries from falls will be encouraged to go to the ER, Doctor, or Emergency Med center for evaluation if the Nurse on call or Director of Nursing is not	06/30/2019

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	A "Neuro Checks" document provided by the DON on 5/30/19 at 10:01 a.m., indicated neurological assessments were completed and initialed by QMA staff 22 times between 1/6/19 and 1/8/19. The documentation included, but were not limited to, assesssment for pupil reaction, mental status, and grip strengths. An interview on 5/30/19 at 10:03 a.m., the DON indicated the QMA's complete neuro checks after a fall. A document provided by the Interim DON on 5/30/19 at 1:25 p.m., titled, "Qualified Medication Aide Job Description and Duties" included the following: "Scope of Practice... Sec. 9. (a) The following tasks are within the scope of practice for the QMA...24. Document in the clinical record the QMA observations, including what the QMA sees, hears, or smells and document what is reported to the QMA by the resident." The document did not include QMA's ability to assess a resident.		in the building. In the event that the resident refuses treatment the lay person head injury protocol provided by BMH ER will be followed until further instruction from the Doctor has been given. -What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Facility policy has been revised and staff will be in-serviced by 6/26/19 on these procedures. The Director of Nursing will review all incidents and accidents on her next tour of duty to make sure proper procedures were followed and that appropriate treatment has been provided. -How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The administrator or designee will audit the incidents and/or accidents monthly for 6 months and then quarterly ongoing to ensure procedures are being followed. -By what date the systemic changes will be completed. 6/30/19	
R 0246 Bldg. 00	410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by			

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	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. Based on record review and interviews, the licensed nurse failed to cosign PRN (as needed) medications administered by a Qualified Medication Assistant (QMA) who documented authorization from the licensed nurse prior to administering PRN medications for 3 of 5 residents. (Residents 17, 23, and 36) Findings include: 1. The clinical record for Resident 17 was reviewed on 5/30/19 at 8:45 a.m. His diagnoses included, but were not limited to, chronic cough and history of left hip fracture. Current physician's orders included, but were not limited to the following: a. Tylenol (medication for pain) 325 mg (milligram), take 2 tablets by mouth every six hours PRN for pain. The order originated on 11/26/18. b. Benzonatate (medication for cough) 100 mg, take one capsule by mouth as needed for cough and congestion. The order originated on 11/26/19. The resident's medication administration record indicated he had received 213 PRN administrations by a QMA between March 1, 2019 and May 30, 2019. The clinical record lacked a licensed nurse's cosign. 2. The clinical record for Resident 23 was	R 0246	R246 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; PRN Medication administration record for Resident 17, 23, and 36 have been reviewed and co- signed as indicated. -How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents receiving PRN medications administered by the QMA will be reviewed to ensure that the appropriate co-sign has been completed. -What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; The Director of Nursing or Licensed Nurse on call will review the PRN administration record for all residents on her next tour of duty to ensure that the appropriate	06/30/2019

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	reviewed on 5/29/19 at 10:37 a.m., Her diagnoses included, but were not limited to, Seizures, Bipolar, and partial blindness. Current physician's orders included, but were not limited to the following: a. Tylenol 800 mg, take 1 tablet by mouth three times a day PRN for pain. The order originated on 1/9/19. The resident's medication administration record indicated he had received one PRN administration by a QMA on April 2, 2019. The clinical record lacked a licensed nurse's cosign. 3. The clinical record for Resident 36 was reviewed on 5/29/19 at 1:30 p.m., His diagnoses included, but were not limited to, Depression, and Dementia. Current physician's orders included, but were not limited to the following: a. Tylenol arthritis (medication for pain) 325 mg, take one tablet by mouth every four hours PRN for pain. The order originated on 6/25/18. The resident's medication administration record indicated he had received 14 PRN administrations by a QMA between March 9, 2019 and May 12, 2019. The clinical record lacked a licensed nurse's cosign. During an interview on 5/29/19 at 11:20 a.m., the DON indicated the QMA contacts her prior to administering a PRN medication and was to document administration on the MAR (medication administration record), she indicated she did not cosign the documentation. A document provided by the Interim DON on		co-sign has been completed. -How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The administrator or designee will audit PRN medication administration records for all residents one time monthly for 6 months to ensure on- going compliance. -By what date the systemic changes will be completed. 6/30/19	

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	5/30/19 at 1:35 p.m., titled "Qualified Medication Aide Job Description and Duties," indicated the following: "Scope of Practice... Sec. 9. (a) The following tasks are within the scope of practice for the QMA... (11) Administer previously ordered pro re 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:...(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."			
R 0296 Bldg. 00	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. Based on observation, record review and interview, the facility failed to ensure the insulin pens were primed per manufacturer instruction before injection for 2 of 4 residents observed for self administered insulin injection during a medication administration. (Residents 1 and 6) Findings include: 1. During a medication administration observation on 5/29/19 at 11:25 a.m., QMA 2 assisted Resident 1 by confirming dose of Humalog insulin (medication to control blood sugar). Resident 1 dialed a 6 unit dose and confirmed the dose with QMA 2 and injected the medication into her abdomen. The resident failed to prime the insulin	R 0296	R296 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident 1 and Resident 6 have been instructed on how to prime their insulin pens and have been observed for proper technique. -How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents self- administering	06/30/2019

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	pen prior to the injection. Review of resident's clinical record was completed on 5/29/19 at 1:32 p.m. Diagnoses included, but were not limited to, diabetes mellitus and macular degeneration. Current physician's orders included, but were not limited to, Humalog Kwik Pen, inject 6 units subcutaneously (into the fat layer under the skin) daily at lunch. The order was dated 1/18/18. 2. During a medication administration observation on 5/29/19 at 11:32 a.m., QMA 2 assisted Resident 6 by confirming dose of Lantus insulin (medication to control blood sugar). Resident 6 dialed a six unit dose and confirmed the dose with QMA 2 and injected the medication into her abdomen. The resident failed to prime the insulin pen prior to the injection. Review of the resident's clinical record was completed on 5/29/19 at 1:41 p.m. Diagnoses included, but were not limited to, diabetes mellitus, depression, and vertigo. Current physician's orders included, but were not limited to, Novolog FlexPen, inject 6 units subcutaneously before meals. The order was dated 10/1/18. An interview on 5/29/19 at 3:35 p.m., the DON (director of nursing) indicated the QMA (Qualified Medication Assistant) observed residents to confirm the dose of insulin to be administered. The insulin pens only need primed once when it is a new, unopened pen. A review of the manufacturers insulin pen usage instructions for preparing the insulin pen device		insulin via insulin pens have the potential to be affected. All residents' self- administering insulin injections via insulin pens have been instructed on how to prime their insulin pens with return demonstration observed. -What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Residents receiving insulin injections will be reevaluated quarterly to ensure they remain able to properly self-administer their injections with or without cueing and/or coaching. Observation to verify technique and proper dosage will continue. Nursing staff will be re-in serviced by 6/26/19. -How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The Director of Nursing or designee will audit the Self-Administration Evaluations and observe resident technique monthly for 6 months then quarterly ongoing to ensure continued proper procedure is utilized and report findings to the Administrator. -By what date the systemic changes will be completed.	

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	provided by the DON on 5/29/19 at 2:30 p.m., indicated to prime the insulin pen with each use by selecting a dose of 2 units, holding the pen with the needle upward, and pressing the injection button to assure insulin comes out of the needle tip. The policy titled "Medication Administration" was found on the table after returning from lunch, lacked information regarding insulin administration using an insulin pen or a reference to refer to the manufacturer instructions.		6/30/19	