

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

PRINTED: 12/12/2022
FORM APPROVED
OMB NO. 0938-039

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|---|---|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155796 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 11/09/2022 | |
| NAME OF PROVIDER OR SUPPLIER CEDARS THE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 14409 SUNRISE CT LEO, IN 46765 | | | |
| (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 |
| F 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.. This visit was in conjunction with the Investigation of Complaint IN00393389.</p> <p>Survey dates: November 2, 3, 4, 7, and 9, 2022.</p> <p>Facility number: 001215 Provider number: 155796 AIM number: 100450890</p> <p>Census Bed Type: SNF/NF: 32 Residential: 8 Total: 40</p> <p>Census Payor Type: Medicare: 1 Medicaid: 23 Other: 16 Total: 40</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 16, 2022</p> | | | F 0000 | | | |
| F 0550 SS=D Bldg. 00 | <p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> | | | | | | |

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

TITLE

(X6) DATE

Chad Forth

Administrator

12/01/2022

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 disclosable 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>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on interview, observation, and record review the facility failed to ensure 1 of 2 residents reviewed had adequate time to finish her meal. (Resident 7)</p> | | | F 0550 | The Cedars has reeducated the agency staff involved in the incident. Resident Rights for agency staff will now include resident rights including a handout | | 12/16/2022 |

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| | <p>Findings include:</p> <p>In an observation, on 11/7/22 at 12:46PM, Resident 7 was sitting in the dining room. A conversation was overheard. Resident 7 was told "I will give you 3 minutes to finish this food then I am taking it away". At 12:48PM, Resident 7 was screaming. Resident 7 was in her wheelchair, holding tightly to a napkin. No food was on the table in front of her. CNA 1(certified nursing assistant) was standing on her right hand side pulling on the cloth napkin.</p> <p>An activity staff entered the dining room. The CNA 1 told the activity staff Resident 7 was having a behavior due to wanting the cloth napkin.</p> <p>In an interview on 11/7/22 at 12:49PM, CNA 1 indicated Resident 7's food was removed due to her playing in it. The CNA indicated Resident 7 put her cake in her milk and it looked disgusting. CNA 1 indicated Resident 7 was not going to eat any more of her food. CNA 1 could not determine any factors other than "playing" in the food to indicate Resident 7 was finished eating. CNA 1 indicated Resident 7 did not ask for food to be removed or state she was finished eating. CNA 1 indicated she was unsure if Resident 7 was given a time frame to complete meals or had care plan in place to determine when her food was to be removed. CAN 1 indicated Resident 7 frequently had behaviors of screaming due to her diagnosis of dementia.</p> <p>In an interview on 11/7/22 at 3:15PM, the DON (Director of Nursing) indicated CNA 1 was frequently assigned agency staff. The DON indicated she spoke with CNA 1 regarding the incident and did teaching. The DON indicated</p> | | | | <p>of the resident rights. An in-service will be held with The Cedars staff on Resident Rights to ensure that all staff are aware of the regulations. Also in the in-service training will be provided on documentation for resident behaviors or outburst to ensure proper care for residents is occurring and also how to find the facility plan of care. The facility will also perform audits of resident care to ensure resident rights are being properly observed. This will include 20 observations per month for 6 months. This will all be monitored in a QAPI PIP for a minimum of 6 months and will require 100% compliance to be closed.</p> | | |

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| | <p>CNA 1 was task focused and possibly rushing Resident 7 to move on to the next task. The DON indicated Resident 7 had the right to sit at the table for hours if she chose.</p> <p>Resident 7's record review, began on 11/7/22 at 3:22PM, indicated her diagnosis included dementia, chronic obstructive pulmonary disease, anemia, sleep disorder, anxiety, and agitation. Resident 7's care plan did not specify any time frame or other parameters regarding meals.</p> <p>A review of Resident 7's progress notes indicated there was no documentation of the screaming incident on 11/7/22.</p> <p>Resident 7's care plan included the following problems and interventions: A problem of at risk for nutritional status alteration related to body mass index and she dislikes wasting food. One of the interventions to the problem was to honor Resident 7's preferences as expressed.</p> <p>Resident 7 had a problem of behaviors including wandering, verbal, and physical aggression, and refusing care. Interventions included behavior monitoring and discussion in morning meetings of the behaviors from the previous day.</p> <p>Resident 7 had a problem of communication related to hearing deficit and dementia. Interventions included she comprehended best when things were written down, and allow time to respond and not rush Resident 7.</p> <p>Resident 7 had a problem of arthritis, interventions included encourage to ingest adequate nutrition and hydration.</p> <p>Resident 7 had a new problem added on 11/7/22 related to psychosocial well being and eating her meals slowly. The psychosocial problem interventions included to allow time to answer</p> | | | | | | |

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| | <p>questions and verbalize feelings, perceptions, and fears; and assist to an alternative eating area with nursing supervision.</p> <p>Resident 7 had a physician's order for nutrition supplement high calorie four times a day in September of 2022.</p> <p>Resident 7's most current quarterly MDS (minimal data set) assessment dated October 2022 indicated a BIMS (Brief Interview for Mental Status) score to reflect the resident was severely cognitively impaired. Mood was documented as zero mood disturbances. Resident 7's behavior documented no hallucinations, no delusions, no physical behavior symptoms towards others, no verbal symptoms towards others, no behavior symptoms towards self, no rejection of care, and no wandering.</p> <p>In an interview on 11/9/22 at 11:30AM, the SSD (social services director) indicated she relies on progress notes and behavior tracking to identify resident needs or concerns. The SSD indicated she was not fully aware of the incident on 11/7/22 and a note should have been in Resident 7's progress notes describing the incident.</p> <p>Resident 7's progress notes dated 11/2/22 through 11/8/22 had no behaviors documented. On 11/9/22 at 12:34PM the DON documented a late entry note regarding the incident on 11/7/22.</p> <p>A current policy titled "Nursing Responsibilities at Meal Service" was provided by the Administrator on 11/9/22 at 11:42AM. The policy indicated nursing services would offer substitutes for refused food.</p> <p>In an interview on 11/9/22 at 12:59PM, the</p> | | | | | | |

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| F 0758 SS=D Bldg. 00 | <p>Administrator indicated no policy for resident rights was available.</p> <p>3.1-3(t)(u)(1) 3.1-32(a)</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> | | | | | | |

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| | <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> <p>Based on interview and record review, the facility failed to ensure side effects of psychotropic medications were monitored for for 3 of 3 residents reviewed. (Resident 17, Resident 20, and Resident 34)</p> <p>Findings include:</p> <p>1. A record review on 11/3/22 at 2:20 p.m. indicated Resident 17 had diagnoses of delusional disorder, dementia, generalized anxiety disorder, and major depressive disorder.</p> <p>A quarterly Minimum Data Set assessment dated 8/4/22 indicated the resident had severe cognitive impairment.</p> <p>A physician order dated 7/18/22 indicated the resident was to be administered Buspar (antipsychotic medication) 5 milligrams (mg) three times a day.</p> <p>A medication administration record (MAR) dated</p> | | | F 0758 | <p>The Cedars will write a policy on psychotropic medications. We will conduct an audit of all residents using Psychotropic medications and ensure that documentation is being entered into the EMR per the plan of care. The audit will also include a review of the AIMS to ensure up to date AIMS are completed on all residents that require the evaluation. An in-service will be held to educate the nursing staff on the requirement to document per the plan of care for all residents on psychotropic medications as well as the policy on psychotropic medications. Additional audits of 10 resident charts days per week for 3 months, then 5 resident charts days per week for 3 months. This will all be monitored in a QAPI PIP and will require 93% compliance to be closed.</p> | | 12/16/2022 |

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| | <p>October 2022 indicated the resident was administered Buspar 5 mg. three times a day. The October 2022 MAR did not indicate the resident was to be monitored for side effects from Buspar.</p> <p>During an interview on 11/7/22 at 9:45 a.m., the Director of Nursing (DON) indicated the resident should be monitored for side effects of Buspar.2. Resident 20's record review began on 11/7/2022 at 11:40 AM. Diagnosis included, Alzheimer's disease, unspecified psychotic disorder with delusions due to known physiological condition, and major depressive disorder recurrent.</p> <p>A physician order dated 9/21/2022, indicated to give Seroquel tablet 2.5 mg (antipsychotic) 0.5 mg tablet by mouth one time a day related to psychotic disorder with delusions due to known physiological condition.</p> <p>A current care plan, indicated Resident 20 used psychotropic medications. The goal for Resident 20 was to remain free of psychotropic drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment through the review date. The interventions included administer psychotropic medications as ordered by physician, monitor for side effects, effectiveness every shift, consult with the pharmacy, medical doctor to consider dosage reduction when clinically appropriate at least quarterly, and discuss with medical doctor, family regarding ongoing need for use of medication.</p> <p>A review of the most recent AIMS (abnormal involuntary movement scale) dated 4/28/2021, to monitor involuntary movements due to use of antipsychotic drugs, indicated there was not a</p> | | | | | | |

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| | <p>current AIMS completed.</p> <p>In an interview on 11/9/2022 at 1:35 PM, the Director of Nursing indicated the last AIMS was completed in April of 2021. They have not done a recent one, which should have been done.</p> <p>3. Resident 34's record review began on 11/3/2022 at 1:58 PM. Diagnosis included, major depressive disorder recurrent.</p> <p>A physician order dated 8//9/2022 indicated to give Fluoxetine capsule 40 mg (anti-depressant), 1 capsule by mouth one time a day related to major depressive disorder, recurrent.</p> <p>There were no physician orders to monitor side effects for this medication.</p> <p>A current care plan, indicated Resident 34 used antidepressant medication due to depression. The goal, would be from discomfort or adverse reactions related to antidepressant therapy through the review date. The interventions: administered antidepressant medications as ordered by physician. Monitored/ document side effects and effectiveness every shift. Monitor/document/report as needed adverse reactions to antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions;social isolation, suicidal thoughts, withdrawal; decline in all ADL (all daily living) ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance problems, movement problems, tremors, muscle cramps, falls, dizziness/vertigo; fatigue, insomnia; appetite loss, weight loss, nausea and vomiting, dry mouth and dry eyes.</p> | | | | | | |

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| R 0000 Bldg. 00 | <p>A review of the November 2022 MAR (medication administration record), indicated the medication Fluoxetine capsule 40 mg was given at 8:30 AM on the following dates 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, and the 8th.</p> <p>There were no indications the side effects were monitored for this medication on the MAR.</p> <p>In an interview on 11/9/2022 at 1:05 PM, the Executive Director indicated when they do not have the policy they just follow the guidelines.</p> <p>3.1-48(b)</p> | | | R 0000 | | | |
| R 0117 Bldg. 00 | <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. This visit was in conjunction with the Investigation of Complaint IN00393389.</p> <p>Survey dates: November 2, 3, 4, 7, and 9, 2022.</p> <p>Facility number: 001215</p> <p>Residential Census: 8</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed November 16, 2022</p> <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</p> | | | | | | |

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| | <p>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 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 interview and record review the facility failed to always have a certified first aid staff member on site. 8 residents resided in Assisted Living.</p> <p>Findings included:</p> <p>A review of the facility nursing staff schedules indicated the following: On 11/2/22, there was not a certified first aid staff member for second shift and third shift. On 11/3/22, there was not a certified first aid staff member for second shift and third shift. On 11/4/22, there was not a certified first aid staff member for second shift and third shift. On 11/5/22, there was not a certified first aid staff member for first shift, second shift and third shift. On 11/6/22, there was not a certified first aid staff</p> | | | R 0117 | <p>The Cedars will write a policy to ensure that one person is in the building and CPR and First Aid Certified. An audit of the schedule will be conducted for each day to ensure the regulation are being followed. This will all be monitored in a QAPI PIP for a minimum of 6 months and will require 100% compliance to be closed.</p> | | 12/16/2022 |

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| R 0215 Bldg. 00 | <p>member for first shift, second shift, and third shift. On 11/7/22, there was not a certified first aid staff member for second shift, and third shift. On 11/8/22, there was not a certified first aid staff member for second shift and third shift.</p> <p>In an interview on 11/9/22 at 10:13 AM, the DON indicated they asked everyone with first aid certification to turn it in, but no one had yet.</p> <p>No further documentation regarding first aide certifications was provided by time of exit.</p> <p>In an interview on 11/9/22 at 1:05 PM, the Executive Director indicated, when there was no policy then they just go by the guidelines.</p> <p>410 IAC 16.2-5-2(b) Evaluation - Deficiency (b) The preadmission evaluation (interview) shall provide the baseline information for the initial evaluation. Subsequent evaluations shall compare the resident 's current status to his or her status on admission and shall be used to assure that the care the resident requires is within the range of personal care and supervision provided by a residential care facility. Based on interview and record review the facility failed to ensure 5 of 5 residents reviewed had current service plans (Resident B, Resident C, Resident D, Resident E, and Resident F) and pre-admission screening for 1 of 5 residents reviewed (Resident D).</p> <p>Findings include:</p> <p>1) Resident B's record review, began on 11/7/22 at 1:18PM, indicated diagnosis was listed as Vitamin D deficiency.</p> | | | R 0215 | <p>The Cedars will write a policy to ensure that a preadmission screening will be completed prior to admission for all residents to our residential facility. An audit of all admissions will be completed for residential admissions. This will all be monitored in a QAPI PIP for a minimum of 6 months and will require 100% compliance to be closed.</p> | | 12/16/2022 |

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| | <p>Resident B did not have a signed service plan in the record to indicate what services he was to receive from the facility. The individual service plan report printed 11/8/22 provided by the DON (Director of Nursing) did not include Resident B.</p> <p>In an interview on 11/7/22 at 11:56AM, the Assisted Living Coordinator indicated there were no paper charts on residents. All charting and resident information was kept electronically.</p> <p>In an interview on 11/9/22 at 12:06PM the DON indicated the individual service plan report pulls all service plans completed. The DON indicated she was unaware service plans were to be signed upon admission, with change of condition, and annually. The DON indicated Resident Bs was not available.</p> <p>2) Resident C's record review, began on 11/7/22 at 1:33 PM, indicated her diagnoses included anemia, hypertension, muscle weakness, and osteoporosis with fracture.</p> <p>The DON provided a copy of Resident C's admission agreement from 2016. A signed service plan was not available.</p> <p>Resident C did not have a signed service plan in the record. The service plan available, dated 2019, indicated Resident C preferences for when to go to bed, visits to the hair salon, the use of walker, use of briefs, and assistance as needed with other activities of daily living.</p> <p>The Social Services Director (SSD) provided an "Assisted living Pre-Admission & Semi-Annual Assessment" on 11/9/22 at 2:06 PM. The assessment was dated 2019. The assessment</p> | | | | | | |

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| | <p>included resident ability to administer own medications, any use of as needed medication, need for blood thinner, diabetes, psychotropic medications, use of oxygen, falls, dining, behaviors, and other activity of daily living needs.</p> <p>In an interview on 11/9/22 at 12:59PM, the SSD indicated the assessment from 2019 was the only signed service plan she was able to locate For Resident C.</p> <p>3) Resident D's record review began on 11/7/22 at 1:24PM, indicated his diagnoses included diabetes, macular degeneration (legally blind), high blood pressure chronic kidney disease, and emphysema (chronic pulmonary obstructive disease).</p> <p>Resident D did not have a signed service plan in the record. The individual service plan report printed 11/8/22 included Resident D. The service plan indicated Resident D's need for encouragement to participate in activities, encourage to change positions frequently, encourage to elevate legs, monitor for signs and symptoms of infection, monitor for signs and symptoms of low and high blood sugar, monitor for chest pain, monitor legs for changes. and monitoring. There were no directions to monitor for seizure activity, but the service plan was not signed.</p> <p>In an interview with SSD, on 11/9/22 at 12:59PM, she indicated no pre admission assessment was completed for Resident D.</p> <p>4)Resident E's record review, began on 11/7/22 at 1:44PM, indicated diagnoses included vitamin deficiency, chronic kidney disease, major depression, heart disease.</p> | | | | | | |

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| R 0299 | <p>Resident E did not have a signed service plan in the record to indicate what services she was to receive from the facility. The individual service plan report printed 11/8/22 provided by the DON (Director of Nursing) did include Resident E. The service plan indicated Resident E's need for monitoring for signs of heart failure, vital signs, reaction to diuretic therapy, change of respiratory status, and signs of adverse reactions to blood thinner.</p> <p>In an interview on 11/9/22 at 12:59PM, the SSD indicated Resident E did not have a signed service plan.</p> <p>5) Resident F's record review began on 11/7/22 at 1:58PM, indicated her diagnoses included chronic kidney disease, major depression, anemia, hypertension, urinary tract infections, and generalized anxiety disorder.</p> <p>Resident F did not have a current signed service plan in the record. The individual service plan report printed 11/8/22 provided by the DON (Director of Nursing) included Resident F. The service plan, dated March 2021 indicated Resident Fs need for monitoring for heart failure, vital signs, and chest pain, but had not been signed</p> <p>In an interview , on 11/9/22 at 12:59PM, the SSDhe indicated the assessment from March 2021 was the only signed service plan she was able to locate For Resident F.</p> <p>In an interview on 11/9/22 at 12:59PM, the Administrator indicated no policy was available.</p> <p>410 IAC 16.2-5-6(c)(3) Pharmaceutical Services - Noncompliance</p> | | | | | | |

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| Bldg. 00 | <p>(3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy. Based on record review and interview the facility failed to ensure the physician was notified regarding pharmacy medication reviews for 1 of 5 resident reviewed. (Resident B)</p> <p>Findings include:</p> <p>Resident B's record review, began on 11/7/22 at 1:18PM, indicated his only diagnosis on emergency file, orders, and medication administration was listed as Vitamin D deficiency. Resident B had medications ordered by physician for pain, gout, hypertension, constipation, insomnia, rash, stomach bleed, fluid overload, chronic kidney disease, depression, and blood thinners.</p> <p>In an interview on 11/7/22 at 11:56AM, the Assisted Living Coordinator indicated Resident B had a history of weight loss surgery.</p> <p>In an interview on 11/9/22 at 11:08AM the DON (Director of Nursing) indicated the pharmacy consultation reports were not signed by the doctor. The DON was unable to determine if action was taken on recommendations or if the physician was made aware of the pharmacy report. There was no documentation in the physician notes or progress notes to indicate the physician was notified.</p> <p>A pharmacy consultation report for Resident B was obtained from the DON on 11/9/22 at 11:08AM. The pharmacy report indicated a review of Resident Bs medication was completed in the month of April 2022. The report had a suggestion</p> | | | R 0299 | The Cedars will write a policy to ensure that a physician will review the pharmacy recommendations in a timely manner. An audit of all pharmacy recommendations are reviewed by a physician for every review. This will all be monitored in a QAPI PIP for a minimum of 6 months and will require 95% compliance to be closed. | | 12/16/2022 |

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| R 0409 Bldg. 00 | <p>regarding Remeron. The report documented Remeron was being used for insomnia. The report explained Remeron was not primarily indicated for insomnia although it could cause drowsiness. The report recommended using a different insomnia medication due to Remeron increasing appetite with Resident B's history of obesity.</p> <p>The order for Resident B to take Remeron began in November of 2021 and was documented as administered in November of 2022. There were no records of changes after the pharmacist recommendations.</p> <p>In an interview , on 11/9/22 at 12:59PM, the Administrator indicated no policy was available.</p> <p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance (d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter. Based on interview and record review the facility failed to ensure 4 of 5 residents reviewed had a physician annual health statement (Resident C, Resident D, Resident E, and Resident F) and failed to ensure annual flu vaccinations for 1 of 5 residents reviewed (Resident C).</p> <p>Findings include:</p> <p>1) Resident C's record review, began on 11/7/22 at 1:33 PM, indicated her diagnoses included anemia, hypertension, muscle weakness, and osteoporosis. Resident C did not have an annual health statement to indicate she was free from</p> | | | R 0409 | <p>The Cedars will write a policy to ensure that all residents will have an annual health statement from a physician. An additional policy will be written to ensure that all residents have the opportunity to receive annual flu vaccinations. This will be audited by resident to ensure the statement and vaccination are completed timely. This will be monitored for one year. This will be monitored in a QAPI PIP and will require 100% compliance to be closed.</p> | | 12/16/2022 |

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| | <p>communicable diseases. Resident C's last flu vaccine was given in November of 2020.</p> <p>In an interview on 11/7/22 at 10:56AM, the Assisted Living Coordinator indicated Resident C was able to give reliable information during an interview.</p> <p>In an interview on 11/7/22 at 11:06AM, Resident C indicated the need for a flu vaccine. Resident C was concerned with the lack of annual vaccines since the beginning of Covid.</p> <p>In an interview on 11/7/22 at 12:04PM, the DON (Director of Nursing) indicated the pharmacy was coming within the next week to two weeks to administer flu vaccines to the facility. The DON was unable to give a date the pharmacy was expected. The DON indicated she wanted to have vaccines given later in November to cover residents for more of the flu season. She also indicated there were no annual physician statements to document residents were free from communicable diseases.</p> <p>2) Resident D's record review began on 11/7/22 at 1:24PM, indicated his diagnoses included diabetes, macular degeneration (legally blind), high blood pressure chronic kidney disease, and emphysema (chronic pulmonary obstructive disease). Resident D did not have an annual physician statement documented to indicate Resident D was free from communicable diseases.</p> <p>In an interview with DON, on 11/9/22 at 11:30AM, she indicated there were no annual physician statements to document residents free from communicable diseases.</p> <p>3) Resident E's record review began on 11/7/22 at</p> | | | | | | |

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| | <p>1:44PM, indicated diagnoses included vitamin deficiency, chronic kidney disease, major depression, and heart disease. Resident E did not have an annual physician statement documented to indicate Resident E was free from communicable diseases.</p> <p>4) Resident F's record review began on 11/7/22 at 1:58PM, indicated her diagnosie included chronic kidney disease, major depression, anemia, hypertension, urinary tract infections, and generalized anxiety disorder. There was no documentation Residnet F was free from communicable diseases.</p> <p>In an interview with the Administrator, on 11/9/22 at 12:59PM, he indicated no policies were available.</p> | | | | | | |