

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/02/2022
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NAME OF PROVIDER OR SUPPLIER  PREMIER HEALTHCARE OF NEW HARMONY	STREET ADDRESS, CITY, STATE, ZIP COD 251 HIGHWAY 66 NEW HARMONY, IN 47631
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00393317 and Complaint IN00393426.</p> <p>Complaint IN00393317 - Substantiated. Federal/State deficiencies related to the allegations are cited at F659.</p> <p>Complaint IN00393426 - Substantiated. Federal/State deficiencies related to the allegations are cited at F732.</p> <p>Survey dates: November 1 &amp; 2, 2022</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 4 Medicaid: 43 Other: 5 Total: 52</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on November 9, 2022.</p>	F 0000	Submission of this plan of correction by the facility is not a legal admission that a deficiency exists or that this statement of deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute admission or agreement of any kind by the facility of truth of any facts set forth in this allegation by the survey agency. This facility respectfully requests a desk review to determine substantial compliance.	
F 0659 SS=D Bldg. 00	<p>483.21(b)(3)(ii) Qualified Persons §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Janie Swedenburg	Adminstrator	11/25/2022

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 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>care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure residents received care by qualified staff for 3 of 4 resident record reviews. QMAs (Qualified Medication Aide) documented the completion of assessments of pain, wounds, and the effectiveness of as need (PRN) medications. (Resident B, Resident C, Resident D)</p> <p>Findings include:</p> <p>1. During record review on 11/1/22 at 1:00 P.M., Resident B's diagnoses included, but were not limited to; dementia, major depressive disorder, and schizoaffective disorder.</p> <p>Resident 'Bs most recent Significant Change MDS (Minimum Data Set) assessment, dated 10/6/22, indicated the resident's cognitive function was not assessable due to the resident being rarely to never understood. Resident B frequently had pain and received hospice care.</p> <p>Resident B's physician orders included, but were not limited to; Morphine Sulfate (Concentrate) Solution 20 mg/ml (milligrams/milliliter) - Give 0.5 ml orally every 30 minutes as needed for pain, and Lorazepam Intensol Concentrate 2 mg/ml - Give 0.25 ml by mouth every 4 hours as needed for restlessness.</p> <p>During a 30 day look back of Resident B's medication administration record (MAR), the following PRN medication documentation included follow up assessments completed by QMAs on the following dates: 10/15/22 at 12:16 A.M. - follow up to Morphine</p>	F 0659	<p>Resident B, C and D all received a pain assessment by a licensed nurse with outcomes recorded in the medical record.</p> <p>All residents on PRN medications have the potential to be affected by the alleged deficient practice. An audit has been completed of all PRN medications and the physician contacted to determine whether the medication can be made routine. All QMA's have been notified that they are not allowed to give PRN medications.</p> <p>An in-service has been completed by or Pharmacy Mac-RX for all nursing staff on PRN medications. An in-service has also been performed by the DON/designee for all licensed nursing staff as well as QMA's on scope of practice for QMA's in the state of Indiana.</p> <p>An audit tool has been created for the DON/designee to monitor all PRN medication administration through PCC 5x week on varying shifts and days for 3 months and 3x week on varying shifts and days for another 2 months to ensure compliance has been met. All results of this monitoring will be forwarded to the QAPI</p>	12/02/2022

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	<p>Sulfate (Concentrate) Solution 20 MG/ML - 0.5 ml as needed for pain administered by LPN 6 on 10/14/22 at 9:02 P.M. - Follow up pain scale: 0 (no pain), PRN administration was: effective - created by QMA 3</p> <p>10/14/22 at 12:21 P.M. - follow up to Morphine Sulfate (Concentrate) Solution 20 MG/ML - 0.5 ml as needed for pain administered by QMA 9 on 10/14/22 at 11:10 A.M. - Follow up pain scale: 0, PRN administration was: effective - created by QMA 9</p> <p>10/14/22 at 8:24 A.M. - follow up to Lorazepam Intensol Concentrate 2 MG/ML - 0.25 ml as needed for restlessness administered by QMA 9 on 10/14/22 at 8:05 A.M. - Administration was: effective - created by QMA 9</p> <p>10/14/22 at 8:24 A.M. - follow up to Morphine Sulfate (Concentrate) Solution 20 MG/ML - 0.5 ml as needed for pain administered by QMA 9 on 10/14/22 at 8:02 A.M. - Follow up pain scale: 0, PRN administration was: effective - created by QMA 9</p> <p>10/13/22 at 3:47 P.M. - follow up to Morphine Sulfate (Concentrate) Solution 20 MG/ML - 0.5 ml as needed for pain administered by RN 12 on 10/13/22 at 8:40 A.M. - Follow up pain scale: 0, PRN administration was: effective - created by QMA 9</p> <p>10/10/22 at 4:18 P.M. - follow up to Lorazepam Intensol Concentrate 2 MG/ML - 0.25 ml as needed for restlessness administered by the ADON (Assistant Director of Nursing) on 10/10/22 at 8:51 A.M. - Administration was: effective - created by QMA 15</p>		committee for any further recommendations.	

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	<p>10/7/22 at 5:07 P.M. - follow up to Lorazepam Intensol Concentrate 2 MG/ML - 0.25 ml as needed for restlessness administered by QMA 15 on 10/7/22 at 1:38 P.M. - Administration was: effective - created by QMA 15</p> <p>2. During record review on 11/2/22 at 9:30 A.M., Resident D's diagnoses included, but were not limited to; peripheral vascular disease, idiopathic peripheral autonomic neuropathy, and multiple sclerosis.</p> <p>Resident D's most recent Annual MDS assessment, dated 10/6/22, indicated the resident's cognitive function was moderately impaired and the resident frequently experienced pain.</p> <p>Resident D's physician orders included, but were not limited to; Norco Tablet 7.5-325 MG (hydrocodone-acetaminophen) - Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain, and Banophen capsule 25 MG - Give 1 capsule orally every 6 hours as needed for itching.</p> <p>During a 30 day look back of Resident D's MAR, the following PRN medication documentation included follow up assessments completed by QMAs on the following dates: 10/28/22 at 3:58 A.M. - follow up to Norco Tablet 7.5-325 MG 1 tablet every 6 hours as needed for moderate to severe pain administered by LPN 6 on 10/27/22 at 9:00 P.M. - Follow up pain scale: 0 (no pain), PRN administration was: effective - created by QMA 3.</p> <p>10/26/22 at 6:51 A.M. - follow up to Norco Tablet 7.5-325 MG 1 tablet every 6 hours as needed for moderate to severe pain administered by LPN 13 on 10/26/22 at 6:15 A.M. - Follow up pain scale: 0</p>			

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	<p>(no pain), PRN administration was: effective - created by QMA 9.</p> <p>10/24/22 at 8:09 A.M. - follow up to Norco Tablet 7.5-325 MG 1 tablet every 6 hours as needed for moderate to severe pain administered by QMA 9 on 10/24/22 at 7:10 A.M. - Follow up pain scale: 0 (no pain), PRN administration was: effective - created by QMA 9.</p> <p>10/23/22 at 8:05 A.M. - follow up to Norco Tablet 7.5-325 MG 1 tablet every 6 hours as needed for moderate to severe pain administered by QMA 9 on 10/23/22 at 7:57 A.M. - Follow up pain scale: 0 (no pain), PRN administration was: effective - created by QMA 9.</p> <p>10/19/22 at 11:48 P.M. - follow up to Norco Tablet 7.5-325 MG 1 tablet every 6 hours as needed for moderate to severe pain administered by QMA 3 on 10/19/22 at 7:50 P.M. - Follow up pain scale: 0 (no pain), PRN administration was: effective - created by QMA 3.</p> <p>10/16/22 at 11:15 P.M. - follow up to Norco Tablet 7.5-325 MG 1 tablet every 6 hours as needed for moderate to severe pain administered by QMA 3 on 10/16/22 at 8:05 P.M. - Follow up pain scale: 0 (no pain), PRN administration was: effective - created by QMA 3.</p> <p>10/16/22 at 11:14 P.M. - follow up to Banophen 25 MG 1 capsule every 6 hours as needed for itching administered by QMA 3 on 10/16/22 at 8:05 P.M. - PRN administration was: effective - created by QMA 3.</p> <p>During an interview on 11/2/22 at 10:47 A.M., QMA 9 indicated that a QMA can administer a PRN medication following a nurse's approval, but</p>			

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	<p>the nurse has to complete the follow up assessment for effectiveness.</p> <p>During an interview on 11/2/22 at 10:50 A.M., RN 18 indicated that nurses have to complete follow up assessments following PRN medications and that QMAs cannot complete assessments.</p> <p>3. During record review on 11/2/22 at 10:00 A.M., Resident C's diagnoses included, but were not limited to; pressure ulcer of unspecified site.</p> <p>Resident C's most recent Quarterly MDS assessment, dated 8/4/22, indicated the resident's cognitive function was intact and the resident had pressure injuries.</p> <p>Resident C's physician orders included, but were not limited to; every shift documentation on wound status, dressing status, and pain with wound treatment (initiated 2/26/22 and 10/18/22).</p> <p>During a 30 day look back of Resident C's TAR (Treatment Administration Record), QMA 3 documented the completion of physician orders to document the status of Resident C's wounds, dressing status, and pain during wound treatment on following dates; 10/13/22, 10/14/22, 10/25/22, and 10/30/22 (evening shift).</p> <p>During an interview on 11/2/22 at 10:50 A.M., the ADON indicated that QMA's cannot complete assessments.</p> <p>On 11/2/22 at 1:00 P.M., the Facility Administrator supplied an undated facility policy titled, Qualified Medication Aide Scope of Practice. The policy included, "...11. Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on</p>			

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F 0732 SS=C Bldg. 00	<p>duty or on call. If authorization is obtained, the QMA must do the following: ...(B) Document in the resident record that the facility's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medications, including the contact. ...(D) Ensure that the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift... The following tasks shall NOT be included in the QMA scope of practice: ...(6) Administer a treatment that involves advanced skin conditions, including stage II, III, and IV decubitus ulcers."</p> <p>This Federal tag relates to complaint allegation IN00393317.</p> <p>3.1-35(g)(2)</p> <p>483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing</p>			

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	<p>data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure accurately completed staffing sheets were posted daily for 2 of 2 days during the survey.</p> <p>Finding includes:</p> <p>During an observation on 11/1/22 at 10:00 A.M., and 11/2/22 at 9:20 A.M., no daily posted staffing sheets were easily accessible to visitors and residents.</p> <p>During an interview on 11/2/22 at 9:20 A.M., the Facility Administrator indicated rooms had been moved around and the usual area where the posted nurse staffing sheets were hung was covered up.</p> <p>On 11/2/22 at 9:30 A.M., the Facility Administrator supplied a "Daily Nursing Staffing Form" dated 11/2/22. The form included, "Post beginning of</p>	F 0732	<p>The daily nurse staffing sheet was posted as required in detail by 483.35 (g) (1)-(4).</p> <p>No residents were affected by the alleged deficient practice.</p> <p>An in-service was performed by the Administrator for all nurse managers and weekend managers on the requirement for posting daily nurse staffing according to 483.35 (g) (1)-(4).</p> <p>An audit tool has been created by the Administrator for the Administrator/designee to randomly audit daily staffing sheets for various days of the week and times of the day 5x week for 2 months and 3x week</p>	12/02/2022



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	each shift in a prominent place that is readily accessible to residents and visitors."  This Federal Tag relates to Complaint IN00393426.		for 1 month. Results of this monitoring will be forwarded to the QAPI committee for monthly review and any needed recommendations.		