

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

PRINTED: 10/07/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155522		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/18/2024	
NAME OF PROVIDER OR SUPPLIER  ELWOOD HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2300 PARKVIEW LN ELWOOD, IN 46036			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Investigation of Complaint IN00442861.  Complaint IN00442861 - Federal/state deficiencies related to the allegations are cited at F761.  Survey date: September 18, 2024  Facility number: 000372 Provider number: 155522 AIM number: 100289060  Census Bed Type: SNF/NF: 65 Total: 65  Census Payor Type: Medicare: 6 Medicaid: 45 Other: 14 Total: 65  This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed September 20, 2024.			F 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Elwood Health and Living that the allegations in the survey report are accurate or reflect accurately the provisions of care and services to the residents at Elwood Health and Living. The facility requests the following plan of correction be considered its allegation of compliance.		
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals  Based on observation, interview, and record review, the facility failed to limit medication access to authorized personnel for 1 of 2 residents reviewed for medication storage. (Resident B)  Findings include:			F 0761	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: One resident was affected by this deficient practice. The lock on the lock back was replaced with a		09/25/2024

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

TITLE

(X6) DATE

Penny Broshar

Administrator

09/25/2024

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 9/18/24 at 10:50 a.m., Resident B was observed in her room. During the observation, the DON indicated the resident did not keep any medications in the room. The DON asked the resident if she had any medications in the room and the resident responded that she did not. The DON and the Administrator indicated there was one instance when the resident's family had brought in an injectable migraine medication, Imitrex (trade name of the medication), also known as sumatriptan succinate (generic name of the medication). The facility provided the sumatriptan succinate, but both the resident and family insisted the generic version of the medication did not work. The Administrator indicated Resident B's family had been informed they were not permitted to inject the resident with the medication, nor bring the medication into the facility from an outside source. The facility had the medication on hand and the supply should come from the facility's medication cart.</p> <p>Resident B's clinical record was reviewed on 9/18/24 at 11:15 a.m. The resident had diagnoses, including but not limited to, Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease, a fatal neurological disorder), dysphagia (difficulty swallowing), depression, anxiety, and severe migraines.</p> <p>A behavior note, dated 9/4/24 at 4:03 a.m., indicated a nurse had located a syringe of Imitrex in the bottom drawer of a small white dresser in the resident's room. The resident became agitated when she had to help the nurse locate the key for a lock-box where the medication was stored.</p> <p>During an interview with LPN 3 on 9/18/24 at 12:18 p.m., she indicated Resident B kept Imitrex in the bottom drawer of her dresser, next to the</p>				<p>new lock and key that only the nurse has access to. The facility informed the resident and family that only the staff could have access to the box. An order was added to the EMAR so that nurses will check lock box once daily for count and any expired medications.</p> <p>We are respectfully requesting paper compliance for this deficiency.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: No other resident were affected by this deficient practice. All residents had the potential to be affected by this deficient practice. All staff were in-serviced on 9/24/24 on Medication Storage policy and communication. We are respectfully requesting paper compliance for this deficiency.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: An order was placed in resident's EMAR for nursing to check the count on medication in resident's room daily and to check for expiration dates on medication. A new policy was put in place for the storage of medications in</p>		

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	<p>mini-fridge. It was in a lock-box. The nurse had a key for the lock-box on a keyring stored in the front 200 Hall medication cart. The key was kept in that cart because it contained other medications for Resident B.</p> <p>During an interview with Resident B's family member on 9/18/24 at 1:06 p.m., she indicated the generic brand of the medication did not work for the resident. She had brought in the Imitrex for the last few months because the medication had to be kept in the resident's room. The DON had agreed to put the medication under lock and key. The lock-box was provided by the facility. The mother did not keep a key and was not concerned about the lock-box being stolen from the resident's room. She would pick up the medication from the pharmacy, take it to the facility, and place it in the lock-box. She would access a key, hidden in the room on a shelf near the resident's perfumes, open the box, place the medication in the box, lock it, and return the key to its hiding place. All the nurses knew where to find the hidden key.</p> <p>During an observation on 9/18/24 at 1:23 p.m., accompanied by the DON and Administrator, Resident B indicated there was a key to a lock-box in her room. The key was where the resident's family had indicated. The DON found the key and assured the resident the lock-box would not be taken from her. She took the key from the resident's room.</p> <p>After retrieving the key and leaving the room, the DON indicated she was never aware of either the lock-box or the key in the resident's room. She did not understand why a key in the room would be necessary since the nurse's had a key on the medication cart keyring. The lock-box could belong to the facility, but she had no information</p>				<p>resident's room which was presented to staff at the 9/24/24 All Staff Inservice as well as reviewing the currently policy for Medication Storage. One resident has an order and assessment for medication to be kept at bedside. We are respectfully requesting paper compliance for this deficiency.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, IE what quality assurance program will be put into place: Unit Manager will audit EMAR weekly for one quarter to ensure compliance. Once 100% has been reached for one quarter, audit can be reduced to monthly. Once 100% compliance has been reached, Unit Manager may present at QAPI for discontinuation of audit. All results from this audit will be discussed in the facility QAPI Meetings. We are respectfully requesting paper compliance for this deficiency.</p>		

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	<p>or documentation to indicate it had been provided to the resident or the resident's mother.</p> <p>A current facility policy, dated 5/22/22, and titled "Medication and Biological Storage Requirements", provided by the Administrator on 9/19/24 at 10:33 a.m., indicated the following: "...In accordance with state and federal laws, and manufacturer or supplier recommendations, the facility must store all medications and biologicals in compartments or storage rooms under proper temperature controls and permit only authorized personnel to have access to the keys...2) The facility is required to secure all medications in a locked storage area and to limit access to only authorized or licensed personnel consistent with state or federal requirements and professional standards of practice...."</p> <p>This citation relates to Complaint IN00442861.</p> <p>3.1-25(m)</p>						