

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

PRINTED: 12/31/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155779		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/09/2024	
NAME OF PROVIDER OR SUPPLIER  PRAIRIE LAKES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 9730 PRAIRIE LAKES BLVD EAST NOBLESVILLE, IN 46060			
(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	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: December 2, 3, 4, 5, 6, and 9, 2024</p> <p>Facility number: 012305 Provider number: 155779 AIM number: 200987990</p> <p>Census Bed Type: SNF/NF: 27 SNF: 31 Residential: 56 Total: 114</p> <p>Census Payor Type: Medicare: 18 Medicaid: 27 Other: 13 Total: 58</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 12, 2024.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Prairie Lakes Health Center that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Prairie Lakes. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records Based on observation, record review, and interview, the facility failed to ensure shift to shift narcotic reconciliation was completed for 3 of 3 carts reviewed for medication storage. (Noble Hall cart, Pioneer front cart, and Pioneer back cart)</p> <p>Findings include:</p>			F 0755	<p><b>F755 Pharmacy Services/Procedures/Pharmaci st/Records</b> <b>1) Immediate actions taken for those residents identified:</b></p> <p>No residents were affected. No</p>		12/26/2024

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

TITLE

(X6) DATE

Holly Snyder

HFA

12/20/2024

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>1. During a medication storage observation of the Pioneer front medication cart, on 12/5/24 at 1:50 p.m., accompanied by RN 6, the "Narcotic Count Sheet" was reviewed and the following dates lacked shift to shift reconciliation of controlled medications:</p> <p>11/5/24: 6:00 a.m. - 7:00 a.m. and 10:00 p.m. - 11:00 p.m.  11/6/24: 10:00 p.m. - 11:00 p.m.  11/7/24: 10:00 a.m. - 2:00 p.m.  11/11/24: 10:00 p.m. - 11:00 p.m.  11/12/24: 10:00 p.m. - 11:00 p.m.  11/13/24: 10:00 p.m. - 11:00 p.m.  11/18/24: 10:00 p.m. - 11:00 p.m.  11/19/24: 10:00 p.m. - 11:00 p.m.  11/22/24: 10:00 p.m. - 11:00 p.m.  11/25/24: 10:00 p.m. - 11:00 p.m.  11/27/24: 10:00 p.m. - 11:00 p.m.  11/30/24: 10:00 p.m. - 11:00 p.m.  12/1/24: 2:00 p.m. - 4:00 p.m.</p> <p>During an interview, at the time of the observation, RN 6 indicated the "Narcotic Count Sheet" was completed with the exchange of the medication cart keys and some employees worked 8 hour shifts while others worked 12 hour shifts. The narcotic cards were counted and then the staff members sign the count sheet together.</p> <p>2. During a medication storage observation of the Pioneer back medication cart, on 12/5/24 at 1:50 p.m., accompanied by RN 6, the "Narcotic Count Sheet" was reviewed and the following dates lacked shift to shift reconciliation of controlled medications:</p> <p>11/6/24: 10:00 p.m. - 11:00 p.m.  11/11/24: 10:00 p.m. - 11:30 p.m.</p>				<p>adverse effects noted. All Residents receiving narcotics were reviewed to ensure that all documentation was completed for Narcotic Count every shift.</p> <p><b>2) How the facility identified other residents:</b></p> <p>All residents with an order for narcotic medications have the potential to be affected.</p> <p><b>3) Measures put into place/ System changes:</b></p> <p>All Nurses and Qualified Medication Assistant we educated by DHS/Designee on Medication Storage Policy regarding Narcotic Medication Storage. As a measure of ongoing compliance, the DHS/designee will complete a POC.</p> <p><b>4) How the corrective actions will be monitored:</b></p> <p>As a measure of ongoing compliance, the DHS/Designee, will complete audits of 2 medication carts to ensure that all Narcotic Logs are completed with no missing documentation 2x weekly x4 weeks, then weekly x 4 weeks, then every other week x 4 weeks, then monthly x3 months. The results of the audit</p>		

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	<p>11/12/24: 10:00 p.m. - 11:00 p.m. 11/13/24: 10:00 p.m. - 11:00 p.m. 11/14/24: 2:00 p.m. - 6:00 p.m. 11/16/24: 6:00 p.m. - 10:00 p.m. 11/17/24: 6:00 p.m. - 10:00 p.m. 11/18/24: 7:00 p.m. - 11:00 p.m. 11/19/24: 10:00 p.m. - 11:30 p.m. 11/20/24: 10:00 p.m. - 11:00 p.m. 11/21/24: 10:00 p.m. - 11:00 p.m. 11/22/24: 10:00 p.m. - 11:30 p.m. 11/25/24: 10:00 p.m. - 11:00 p.m. 11/26/24: 10:00 p.m. - 11:00 p.m.</p> <p>3. During a medication storage observation of the Noble Hall medication cart, on 12/5/24 at 2:10 p.m., accompanied by LPN 7, the "Narcotic Count Sheet" was reviewed and the following dates lacked shift to shift reconciliation of controlled medications:</p> <p>11/5/24: 2:00 p.m. - 6:00 p.m. 11/6/24: 2:00 p.m. - 10:00 p.m. and 10:00 p.m. - 6:00 a.m. 11/12/24: 2:00 p.m. - 6:00 p.m. 11/15/24: 6:00 p.m. - 10:00 p.m. 11/19/24: 2:00 p.m. - 6:00 p.m. 11/20/24: 2:00 p.m. - 6:00 p.m. 11/21/24: 2:00 p.m. - 6:00 p.m. 11/25/24: 2:00 p.m. - 6:00 p.m. 11/27/24: 2:00 p.m. - 6:00 p.m.</p> <p>During an interview, on 12/5/24 at 3:03 p.m., the DON indicated the facility had a night shift nurse who usually worked the Pioneer Hall that needed an adjusted schedule. This nurse arrived an hour later than the scheduled night shift start time. On the nights this nurse worked, the Noble hall night nurse would do the narcotic count with the exiting second shift Pioneer hall nurse and accept the keys for the medication cart. When the late nurse</p>				<p>observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained or 100% compliance is met.</p>		

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R 0000  Bldg. 00	<p>arrived, another count was performed and the Noble hall nurse would turn the medication cart keys over to the incoming Pioneer hall nurse. The DON indicated this was a common practice at the facility, but was not able to locate documentation indicated these counts happened. The expectation for the "Narcotic Count Sheets" was for a count to happen at every exchange of keys and/or shift change. The documented count and nurse signatures assisted the facility in the prevention of drug diversion.</p> <p>A current facility policy, revised 8/2/16, titled, "Guidelines for Narcotic Count", provided by the DON on 12/9/24 at 10:13 a.m., indicated the following: "...The narcotic book shall contain a sheet providing space for the off going and oncoming nursing staff to record their signature indicated the narcotics have been reviewed... At the time one nurse or other staff qualified to pass medications relinquishes the keys to the medication cart to another staff member the narcotics shall be reconciled by complaint the medications in the cart to the count sheets..."</p> <p>3.1- 25(b)(3)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: December 2, 3, 4, 5, 6, and 9, 2024</p> <p>Facility number: 012305</p> <p>Residential Census: 56</p>			R 0000	<p>The submission of this plan of correction does not indicate an admission by Prairie Lakes Health Center that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Prairie Lakes. The facility recognizes its</p>		

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R 0246  Bldg. 00	<p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed December 12, 2024.</p> <p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure the qualified medication assistant (QMA) obtained authorization from a licensed nurse or physician prior to administering a PRN (as needed) medication for 1 of 7 sampled residents. (Resident 100)</p> <p>Finding includes:</p> <p>The clinical record for Resident 100 was reviewed on 12/9/24 at 1:24 p.m. Diagnosis included dementia, hypertension and osteomyelitis.</p> <p>Current physician orders included: acetaminophen (pain reliever) 325 milligrams (mg) every 4 hours for pain or fever, dated 9/28/24 and hydrocodone-acetaminophen (a narcotic pain reliever) 5-325 mg every 6 hours for pain, dated 9/29/24.</p> <p>Review of the electronic medication administration report (eMAR) for November 15, 2024- December 15, 2024, indicated the following:</p>			R 0246	<p>obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p><b>R246</b></p> <p><b>1) Immediate actions taken for those residents identified:</b></p> <p>No residents were affected. No adverse effects noted. Resident 56 was reviewed to ensure all assessments were completed and were an accurate reflection of Resident with interventions in place for Resident Care needs was completed.</p> <p><b>2) How the facility identified other residents:</b></p> <p>All Residents with PRN medication were reviewed by DHS/Designee.</p> <p><b>3) Measures put into place/ System changes:</b></p>		12/26/2024

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	<p>On 11/30/24 at 4:31 a.m., QMA 4 administered hydrocodone- acetaminophen 5-325 mg for lower back pain. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.</p> <p>On 12/1/24 at 7:19 p.m., QMA 3 administered hydrocodone- acetaminophen 5-325 mg for lower back pain. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.</p> <p>On 12/2/24 at 8:49 p.m., QMA 3 administered acetaminophen 325 mg for lower back pain. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.</p> <p>On 12/2/24 at 8:49 p.m., QMA 3 administered hydrocodone- acetaminophen 5-325 mg for lower back pain. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.</p> <p>During an interview, on 12/9/24 at 11:00 a.m., QMA 5 indicated the process for a QMA to give a resident a PRN medication required gaining approval from a nurse. This information was able to be documented in the resident electronic medical record.</p> <p>During an interview, on 12/9/24 at 2:46 p.m., the DON indicated QMAs were required to obtain the approval of a nurse prior to providing a resident with PRN medication. The eMAR had an option that allowed for documentation from the QMA of the approval.</p> <p>During a follow-up interview, on 12/9/24 at 3:41</p>				<p>All QMA and nurses were educated by DHS/Designee on QMA scope of practice, including PRN administration. All Residents with PRN medication were reviewed by DHS/Designee.</p> <p><b>4) How the corrective actions will be monitored:</b></p> <p>As a measure of ongoing compliance, the DHS/Designee, will complete audits of 6 resident to ensure PRN medications are completed timely and accurately weekly x4 weeks, then Bimonthly x 4 weeks, then monthly x 4 weeks, then monthly x3 months. The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained or 100% compliance is met.</p>		

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	<p>p.m., the DON indicated she was not able to locate documentation of nurse approval prior to the PRN medications being administered.</p> <p>An undated facility policy titled, "Qualified Medication Aide Scope of Practice", provided by the DON on 12/9/24 at 3:23 p.m., indicated the following: "... Administer previously ordered pro re nata (PRN) medications only if authorization is obtained from the facility's licensed nurse on duty or call. If authorizations obtained, the QMA must do the following:...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...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>						