

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

PRINTED: 08/15/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15E064		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/24/2024	
NAME OF PROVIDER OR SUPPLIER BROOKSIDE CARE STRATEGIES				STREET ADDRESS, CITY, STATE, ZIP COD 505 N GAVIN ST MUNCIE, IN 47303			
(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 the Investigation of Complaint IN00438969.</p> <p>Complaint IN00438969 - Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Survey dates: July 23 and 24, 2024</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Census Bed Type: NF: 33 Total: 33</p> <p>Census Payor Type: Medicaid: 31 Other: 2 Total: 33</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 30, 2024.</p>			F 0000	<p>By submitting the following material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 7/31/2024 to the state findings of the recent complaint investigation. We are requesting paper compliance.</p>		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p>						

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

TITLE

(X6) DATE

Paul Stanley

Administrator

08/08/2024

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 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>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications received from the contracted pharmaceutical company were labeled appropriately for 1 of 9 residents reviewed for medication use.</p> <p>Findings include:</p> <p>During a medication administration observation on 7/23/24 at 5:29 a.m., two bottles of oral Nystatin (antifungal) were observed in the medication cart and lacked labeling with resident identifiers and instructions. Bottle 1 lacked the resident's name, dosage and time/frequency the medication was to be given. The bottle also had a sticker with an</p>			F 0755	<p>It is the practice of this facility to ensure medications received from the contracted pharmaceutical company are labeled appropriately.</p> <p>1. What corrective actions will be accomplished for those residents found to be affected by the deficient practice:</p> <p>a. The identified bottles during survey were destroyed per facility policy.</p> <p>2. How other residents having the</p>		07/31/2024

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	<p>opened date of 7/10/24. Bottle 2 lacked the resident's name, dosage, and time/frequency the medication was to be given.</p> <p>During an interview, on 7/23/24 at 5:29 a.m., RN 1 indicated she did not know to whom the medications were prescribed. There were two residents who were currently prescribed the medication. No other bottles of Nystatin were observed in the medication carts. The medications should have been labeled with the residents name and directions for use.</p> <p>During an interview, on 7/23/24 at 9:31 a.m., the DON indicated she did not know to whom the medication was prescribed, nor how it was received from the pharmacy without the appropriate labels.</p> <p>A current facility policy, dated 7/12, titled "Provider Pharmacy Requirements" and provided by the DON on 7/24/24 at 12:00 p.m., indicated the following: ".... Procedure: ii. All prescription medications have labels that show: 1. The generic and/or brand name of the product. 2. The strength and dosage form of the medication, including: strength per ml of liquid medications, when appropriate. 3. The Medication's expiration date. 4. The resident's name. 5. Specific directions for use. 6. Prescribers name. 7. Dispensing date. 8. Name, address, and telephone number of the dispensing pharmacy. 9. Identification of dispensing pharmacist. 10. Prescription number. 11. Quantity dispensed.</p>				<p>potential to be affected by the same deficient practices will be identified and what corrective action will be taken: a. All residents have the potential to be affected by the alleged deficiency. b. A complete audit of Medication and Treatment carts was completed and no further issues were noted.</p> <p>3. What measures will be put in place and what systemic changes will be made to ensure that deficient practice does not recur: a. An in-service was completed on 7/31/24 for License Nurse and QMA's regarding Provider Pharmacy Requirements. b. License Nurses/QMA's will complete medication/treatment cart inspections weekly to ensure that all medication are labeled with names and directions per pharmacy requirements. c. The contracted Pharmacy will complete medication/treatment cart inspections monthly to ensure compliance.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practices will not occur: a. The DON and/or Designee will monitor and document findings on inspection of medication and treatment carts for ensuring that medication and treatments are appropriately labeled with resident</p>		

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	12. Precautionary labels indicating special storage requirements or procedures." This citation relates to Complaint IN00438969. 3.1-25(j)				name and directions per pharmacy requirements at minimum 1 time weekly at random for 30 days, then 1 time every 2 weeks at random for 30 days, then 1 time monthly at random for 30 days. If discrepancies are noted, then immediate action will be taken to correct. b. Findings from review and any corrective actions will be discussed during QAPI meetings and the current plan revised as warranted.		