

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2021
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3114 EAST 46TH STREET INDIANAPOLIS, IN 46205
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00358124, IN00358018, IN00357280, IN00357157, and IN00357065.</p> <p>Complaint IN00358124 - Unsubstantiated due to lack of evidence. Complaint IN00358018- Substantiated. Federal/State deficiencies related to the allegations are cited at F0684 and F0842. Complaint IN00357280- Substantiated. Federal/State deficiencies related to the allegations are cited at F0550 and F0561. Complaint IN00357157- Substantiated. Federal/State deficiencies related to the allegations are cited at F0550 and F0561. Complaint IN00357065- Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: July 14 and 15, 2021</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census Bed Type: SNF/NF: 106 Total: 106</p> <p>Census Payor Type: Medicare: 10 Medicaid: 86 Other: 10 Total: 106</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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F 0550 SS=D Bldg. 00	<p>Quality review completed on July 23, 2021</p> <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> <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</p>			

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	<p>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 and record review, the facility failed to ensure a staff person maintained a resident's dignity for 1 of 1 reportables reviewed. (Resident G)</p> <p>Findings include:</p> <p>The clinical record for Resident G was reviewed on 7/14/21 at 2:00 p.m. The diagnoses included, but were not limited to: dementia and Mood Effective Disorder.</p> <p>A Quarterly Minimum Data Set (MDS) dated 5/20/21, indicated Resident G was cognitively intact.</p> <p>A care plan dated 5/3/21 indicated "I have behavioral symptoms such as yelling at staff, agitation, and refusing care. I have diagnosis of dementia, major depression, and mood disorder...Approach Allow me to express my feelings...If I am choosing not to have care, come back at a later time and re-approach me....Offer me alternative care choices to achieve the same outcome...Reassure/comfort me when I need it to calm me down...When I become agitated allow me time to calm and reapproach at a later time..."</p> <p>An incident report dated 7/4/21 indicated "...Description added 7/4/21 Multiple staff heard raised voices, male and female, coming from a male resident's room. CNA 5 [Certified Nursing Assistant] entered the room to find [CNA 1] and</p>	F 0550	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. Resident G was not harmed. 2. All residents have the potential to be affected. Staff education to be provided in an effort prevent further incidents. 3. Staff will be educated on strategies for dealing with difficult behaviors/situations. The DON or her designee will observe 10 resident/staff interactions weekly for 4 weeks and until 100% compliance s achieved, then 10 per month for 2 months and until 100% compliance is maintained. 4. The findings of these observations will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly. 	07/28/2021

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	<p>[Resident G] yelling at each other. [CNA 1] was asked to leave the room. Licensed staff met her as she exited the door and she was still yelling. She was told to leave the building...Follow up added 7/9/21 Investigation was conducted and completed...The investigation concluded that both the resident [G] and CNA (1) were yelling at one another...Staff interviews agree that the aide did not curse but was yelling for the resident to stop yelling at her/you can't speak to me like that..."</p> <p>An interview was conducted with Resident G on 7/14/21 at 12:13 p.m. He indicated on 7/4/21, CNA 1 had come into his room with a bad attitude. He was unsure what had occurred prior to her entering his room, but something made her mad. He provided her with the same mannerism. As she was cleaning him up, she didn't like his attitude, and he didn't like hers. They started yelling at each other. She then walked out of the room. Resident G indicated CNA 1 was disrespectful to him not abusive.</p> <p>An interview was conducted with CNA 1 on 7/15/21 at 9:32 a.m. She indicated on 7/4/21 she was asked to work on a hallway she had never worked on before. She was not provided report nor had ever worked with Resident G. She was unaware of his behaviors. CNA 1 had entered Resident G's room, and he started yelling and cursing at her. He had stated he was not ready to get up at that time. She then returned later that morning to his room, and he started yelling and cursing at her again. During that time, she had stated to the resident, "Please don't talk to me that way." CNA 5 walked into Resident G's room and told her not to yell at the resident. CNA 1 indicated she did not yell or raise her voice to Resident G. She did get mad after she was asked</p>			

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	<p>to leave his room and did yell down the hallway. She was then told by the nurse to leave the premises.</p> <p>A written statement by CNA 5 dated 7/4/21 indicated "...I was walking from the linen closet as I got closer to [Resident G's room] I hear yelling male and female voices. I opened the door the staff member [CNA 1] was yelling unfastening a brief while resident [G] was yelling on their [sic] side. I told the staff member 'Hey you cannot be yelling at the resident, just let him yell do you [sic] job and leave the room!' she yelled at me 'He's yelling at me' and the nurses came to see what was going on and told her leave the room..."</p> <p>A written statement by License Practical Nurse (LPN) 10 dated on 7/4/21 indicated "...[CNA 1] was moved from unit 300 to 400. [CNA 1] was upset stating she has never worked this unit and doesn't know the residents. [CNA 1] was walked through the assignment with staff. [CNA 1] offered [Resident G] to be cleaned up and to get up in the chair. [Resident G] stated to CNA [1] that he was not read [sic] to get up and that he had a schedule. [CNA 1] told LPN 10 that he was not ready to be cleaned up for the day when she offered and that she was not gonna do it later. [LPN 10] stated to [CNA 1] we did have to clean [Resident G] up whenever he was ready. [CNA 1] stated that resident was being disrespectful to her. After a little bit staff hears [CNA 5] saying to [CNA 1] to stop talking to [Resident G] like that. [CNA 5] also stated to [CNA 1] you can't be yelling at him. [LPN 10]...removed [CNA 1] from the room...[LPN 10] stated to [CNA 1] she had to leave the premises..."</p> <p>A written statement by housekeeper 6 dated 7/4/21 indicated "heard the aide [CNA 1] yelling</p>			

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F 0561 SS=D Bldg. 00	<p>about 'he can't talk to me like that' and yelling down the hall. Saw nurse tell her [sic] come out the room. She did, but kept yelling.."</p> <p>An interview was conducted with the Nurse Consultant (NC) and Administrator on 7/15/21 at 10:15 a.m. The NC indicated the incident between Resident G and CNA 1 had occurred. CNA 1 was asked to leave the premises on 7/4/21. The Administrator indicated after the investigation was completed, CNA 1 was provided education and techniques with handling a resident with behaviors.</p> <p>A Resident Rights" policy was provided by the Administrator on 7/15/21 at 8:38 a.m. It indicated "...The Resident has the right to a dignified existence, self determination, and communication with and access to persons and services inside and outside the facility...(a) Dignity. The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality..."</p> <p>This Federal Tag relates to complaints IN00357157 and IN00357280.</p> <p>3.1-3(t)</p> <p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p>			

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	<p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on interview and record review, the facility failed to ensure a resident's preference with bathing type was honored for 1 of 4 residents reviewed for Activities of Daily Living. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/14/21 at 12:00 p.m. The diagnoses included, but were not limited to: stroke and muscle weakness. The resident's 2nd admission to the facility was on 6/9/21.</p> <p>A care plan dated 1/27/20 indicated "...I have</p>	F 0561	<p>The facility will ensure compliance through the following corrective measures:</p> <ol style="list-style-type: none"> 1. Resident G was not harmed and has already discharged home as planned. 2. All residents have the potential to be affected. See below for corrective measures moving forward. 3. The policy related Resident Choices was reviewed and no changes are indicated. Staff will be educated on the importance of following resident preferences/resident rights. The 	07/28/2021

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	<p>specific choices....I prefer to have showers and will receive them two times per week in the afternoon on facility scheduled days..."</p> <p>A showers/bathing report look back period of 6/17/21 through 7/2/21 indicated the following bathing Resident B received: 6/20/21 - bed bath, 6/21/21 - shower, 6/24/21 - bed bath, 6/26/21 - bed bath, 6/27/21 - bed bath, 6/28/21 - bed bath, and 7/1/21 - bed bath,</p> <p>During a confidential interview on 7/14/21 at 11:33 a.m., he indicated Resident B had complaints of receiving only 1 shower during her stay in the facility.</p> <p>During a confidential interview on 7/14/21 at 2:24 p.m., she indicated Resident B was suppose to receive 2 showers a week, but had only received 1 shower during her stay.</p> <p>An interview was conducted with the Director of Nursing on 7/15/21 at 10:12 a.m. She indicated staff will fill out shower sheets after bathing was provided. The residents are asked on the day of their shower if they would like a shower or bed bath.</p> <p>There was no documentation in Resident B's clinical record indicating she had changed her bathing choice.</p> <p>An interview was conducted with the Nurse Consultant on 7/15/21 at 12:01 p.m. She indicated she was unable to locate any shower sheets for Resident B.</p>		<p>DON or her designee will review documentation for 10 residents weekly to ensure preference was followed and verbally confirm with resident/staff for 4 weeks and until 100% compliance is achieved, then 10 per month for 2 months and until 100% compliance is maintained.</p> <p>4. The findings of these reviews will be presented to the QAPI Committee during the facility's monthly meetings and the plan of action adjusted accordingly.</p>	

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F 0684 SS=D Bldg. 00	<p>A "Resident Choices" policy was provided on 7/15/21 at 11:59 a.m. It indicated "...Purpose: To ensure that resident choices are honored in regards to provided resident centered care.. Procedure: 1. An interview with the resident/resident representative will be conducted on the next business day after admission by a member of the clinical team. The facility will determine who will be responsible for completing interview...3. The questions will allow the resident to choose times and situations that are acceptable to them. 4. The facility will honor the specific resident choices such as: ..Type, frequency and day(s) bathing;..8. If there are changes in the resident's choices a new choices form will be completed at that time, if there are no changes, the documentation of review during care plan reviews will reflect that the resident had no changes.."</p> <p>This Federal Tag relates to complaints IN00357157 and IN00357280.</p> <p>3.1-3(u)(1) 3.1-3(u)(3)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review the facility</p>	F 0684	The facility will ensure compliance	07/28/2021

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	<p>failed to administer medication as ordered by the physician to 1 of 3 residents reviewed for medication administration (Resident C)</p> <p>Findings include:</p> <p>The clinical record for resident C was reviewed on 7/14/21 at 11:32 p.m. The Resident's diagnosis included, but were not limited to, peripheral neuropathy and depression.</p> <p>An Admission MDS (Minimum Data Set) Assessment, completed 5/18/21, indicated he was cognitively intact and experienced pain frequently. He received scheduled and as needed pain medications.</p> <p>A physician's order, dated 7/1/21, indicated he was to receive 2 tablets of Tylenol 325 mg (Milligram) every 8 hours for pain.</p> <p>During an interview on 7/14/21 at 12:24 p.m., Resident C indicated he has trouble receiving his medication timely. He was to receive Tylenol every 8 hours for pain control. There had been several days he had not received it. He expressed frustration due to not receiving his medications as ordered and had experienced pain and sleeplessness due to not receiving his Tylenol.</p> <p>The July 2021 MAR (Medication Administration Record) indicated he had not received his scheduled dose of Tylenol on 7/2/21 at 9:00 p.m., 7/6/21 at 5:00 a.m., 7/7/21 at 5:00 a.m., 7/9/21 at 5:00 a.m., 7/11/21 at 1:00 p.m., 7/12/21 at 5:00 a.m., and 7/13/21 at 5:00 a.m.</p> <p>During an interview on 7/15/21 at 10:30 a.m., the NC (Nurse Consultant) indicated medications should be signed off on the MAR after being</p>		<p>through the following corrective measures:</p> <ol style="list-style-type: none"> 1. Resident C is receiving his scheduled Tylenol and is being observed for pain management. 2. All other residents have the potential to be affected. See below for corrective measures moving forward. 3. The Medication Administration policy was reviewed and no changes are indicated. Licensed nursing staff will be educated on the importance of following and signing off medication administration. The DON or her designee will review eMAR/eTAR 3 times weekly for 4 weeks and until 100% compliance is achieved, then weekly for 2 months and until 100% compliance is maintained. 4. The findings of these reviews will be presented to the QAPI Committee during the facility's monthly meetings and the plan of action adjusted accordingly. 	

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F 0842 SS=D Bldg. 00	<p>given.</p> <p>On 7/15/21 at 10:30 a.m., the NC provided the Medication Administration Policy, effective 2/1/2018, which read "...Policy: Preparation or administration of medication[s] or biologicals completed in accordance with physicians' orders...Procedure...y. Document medication[s] administration after resident ingestion..."</p> <p>This Federal Tag relates to complaints IN00358018</p> <p>3.1-37(a)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the</p>			

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	<p>resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2021
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3114 EAST 46TH STREET INDIANAPOLIS, IN 46205
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	<p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on observation, interview, and record review the facility failed to accurately document administration of medication on the Medication Administration Record for 1 of 3 residents reviewed for medication administration (Resident C)</p> <p>Findings include:</p> <p>The clinical record for resident C was reviewed on 7/14/21 at 11:32 p.m. The Resident's diagnosis included, but were not limited to, peripheral neuropathy and depression.</p> <p>An Admission MDS (Minimum Data Set) Assessment, completed 5/18/21, indicated he was cognitively intact.</p> <p>During an interview on 7/14/21 at 9:15 p.m., he indicated that he had not gotten any of his evening medications. The staff had told him that he was only to receive 2 pills and he knew that he was supposed to receive several different medications, including him blood thinner and his blood pressure medications. He was frustrated that he needed to continue to ask for things which were supposed to be automatically given to him.</p> <p>During an interview on 7/14/21 at 9:35 p.m., QMA (Qualified Medication Aide)³ indicated he had no medication dose packs available for the</p>	F 0842	<ol style="list-style-type: none"> 1. Resident C received his medications. 2. No other residents were affected. 3. The policy on Medication Administration was reviewed and no changes are indicated. Licensed nursing staff will be educated on thee to follow orders as written, including signing them off as given after administration on the eMAR. The DON or her designee will randomly audit 5 times weekly to ensure medication ingestion is being documented following administration, including narcotics, and until 100% compliance is achieved, then 5 per month for 2 months and until 100% compliance is maintained. 4. The findings of these audits will be presented to the QAPI Committee at the facility's monthly meetings and the plan of action adjusted accordingly. 	07/28/2021

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	<p>evening shift of 7/14/21 in the medication cart. She requested that LPN (Licensed Practical Nurse) 2 assist her with getting his medications from the EDK (Emergency Drug Kit).</p> <p>During an interview on 7/14/21 at 9:40 p.m., LPN 2 indicated she was going to the EDK to get his HS (Hour of Sleep) medication for QMA 3 to administer. The Evening medications had already been documented as administered on the MAR (Medication Administration Record).</p> <p>During an interview on 7/14/21 at 9:42 p.m., QMA 3 indicated she had not given the Evening medications because they were also unavailable at the time she was passing medications. She had documented that they were administered but had not given them.</p> <p>On 7/14/21 at 9:55 p.m., QMA 3 was observed administering the Evening medication, including a blood pressure medication and an anticoagulant, and the HS medications to Resident C. He requested that he receive a hydrocodone (Narcotic) pain pill. QMA 3 indicated she would ask the nurse if he could have one. She went to the medication cart and asked LPN 2 if he could have a PRN (as needed) Hydrocodone. LPN 2 indicated that she could administer the hydrocodone. LPN 2 then opened the medication cart and started to assist QMA 3 in getting the Hydrocodone from the medication cart.</p> <p>On 7/15/21 at 11:00 a.m., the July 2021 MAR was reviewed. The hydrocodone was not documented as administered on 7/14/21.</p> <p>On 7/15/21 at 11:59 a.m., the NC (Nurse Consultant) provided his Narcotic Medication</p>			

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	<p>Count Sheet, which indicated he had received hydrocodone on 7/14/21 at 10:00 a.m. and 10:00 p.m. Neither of the dose of hydrocodone had been documented on the MAR as being received. The pain level prior to receiving the hydrocodone had not been documented and the effectiveness of the pain medication had not been documented.</p> <p>During an interview on 7/15/21 at 11:59 p.m., the NC indicated the hydrocodone administration should have been documented on the MAR.</p> <p>On 7/15/21 at 10:30 a.m., the NC provided the Medication Administration Policy, effective 2/1/2018, which read "...Policy: Preparation or administration of medication[s] or biologicals completed in accordance with physicians' orders...Procedure...y. Document medication[s] administration after resident ingestion...2) Documentation...d. PRN Medication[s] administration i. Date, time, and route of administration ii. Reason/ symptoms for administration iii. Follow-up results of PRN medication (s) administration iv. Initials or electronic signature of licensed nurse/ authorized personnel that administered the medication [s]..."</p> <p>This Federal Tag relates to complaints IN00358018.</p> <p>3.1-50(a)(2)</p>			