

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

PRINTED: 12/28/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155795		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/04/2023	
NAME OF PROVIDER OR SUPPLIER  AVALON SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 2400 SILHAVY ROAD VALPARAISO, IN 46383			
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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: November 27, 28, 29, 30 and December 1, 4, 2023.</p> <p>Facility number: 012766 Provider number: 155795 AIM number: 201051640</p> <p>Census Bed Type: SNF/NF: 19 SNF: 32 Residential: 52 Total: 103</p> <p>Census Payor Type: Medicare: 22 Medicaid: 11 Other: 18 Total: 51</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/7/23.</p>			F 0000	/b>		
F 0623 SS=D Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in</p>						

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

TITLE

(X6) DATE

Kim Sheets

Director of Health Services

12/20/2023

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 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 30 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>a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p>						

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	<p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p>						

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	<p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>Based on record review and interview, the facility failed to ensure a resident and/or their Responsible Party were notified in writing related to a transfer to the hospital for 1 of 1 residents reviewed for hospitalization. (Resident 45)</p> <p>The closed record for Resident 45 was reviewed on 11/30/23 at 10:40 a.m. Diagnoses included, but were not limited to, chronic kidney disease and congestive heart failure.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 9/22/23, indicated the resident was cognitively intact.</p> <p>A Progress Note, dated 10/10/23, indicated the resident was lethargic, her heart rate was 44, and her oxygen saturation was 60%. The resident's blood pressure was not able to be assessed. The resident was put on a rebreather mask. The Nurse Practitioner checked on the resident. The family and Physician were notified and the resident was sent to the hospital.</p> <p>There was a lack of documentation any hospital transfer form had been completed or the State transfer form had been provided in writing to the resident or her responsible party.</p>			F 0623	<p>Resident 45 is no longer in the facility.</p> <p>Other discharged residents were audited for written notice of discharge.</p> <p>Nurses will receive in-service regarding providing and documenting written notice of discharge when discharging residents.</p> <p>DHS/Designee will audit discharges weekly for written notice of discharge for six months, then quarterly thereafter until 100% compliance is achieved.</p> <p>QAPI to make changes and/or recommendations as needed.</p>		12/29/2023

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F 0655 SS=D Bldg. 00	<p>Interview with the Director of Nursing (DON) on 12/04/23 at 1:33 p.m., indicated there was no transfer/discharge paperwork in the system. She was unable to provide any further documentation.</p> <p>3.1-12(a)(6)(A)(ii) 3.1-12(a)(6)(A)(iii)</p> <p>483.21(a)(1)-(3) Baseline Care Plan §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-</p> <p>(i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-</p> <p>(A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in</p>						

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	<p>paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <ul style="list-style-type: none"> <li>(i) The initial goals of the resident.</li> <li>(ii) A summary of the resident's medications and dietary instructions.</li> <li>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</li> <li>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</li> </ul> <p>Based on observation, record review, and interview, the facility failed to ensure a baseline care plan was developed and implemented that included an assistive device within 48 hours of admission for 1 of 19 residents reviewed for care plans. (Resident 97)</p> <p>Finding includes:</p> <p>On 11/27/23 at 11:37 a.m. and 11/28/23 at 1:00 p.m., Resident 97 was observed wearing a back brace.</p> <p>Record review for Resident 97 was completed on 11/28/23 at 1:03 p.m. The resident was admitted to the facility on 11/20/23.</p> <p>An Admission Observation Form, dated 11/20/23, included the resident's Baseline Care Plans. The Assistive Device section indicated the resident did not have a brace or a splint. There was not a baseline care plan put into place related to the resident's back brace.</p> <p>Interview with LPN 1 on 11/28/23 at 1:16 p.m.,</p>		F 0655	<p>Resident 97 is no longer in the facility.</p> <p>Other baseline care plans were audited for assistive devices with no concerns identified.</p> <p>Nurses will receive in-service regarding implementing baseline care plans for assistive devices.</p> <p>DHS/Designee will audit baseline care plans weekly for assistive devices for six months, then quarterly thereafter until 100% compliance is achieved. QAPI to make changes and/or recommendations as needed.</p>		12/29/2023	

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F 0684 SS=D Bldg. 00	<p>indicated the resident was admitted to the facility with the back brace. She could not find any documentation to indicate a baseline care plan for the back brace was put into place.</p> <p>3.1-30(a)</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.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents received the necessary treatment and services related to the lack of Physician's Orders in place for a wound treatment for 1 of 2 residents reviewed for non-pressure skin conditions and for a back brace for 1 of 3 residents reviewed for positioning and limited range of motion. (Residents 102 and 97)</p> <p>Findings include:</p> <p>1. On 11/27/23 at 11:41 a.m., Resident 102 was observed sitting in a wheelchair in the dining room. The resident had a bandage to his right elbow. There was writing on the bandage that was not legible.</p> <p>On 11/28/23 at 11:02 a.m., Resident 102 was observed sitting in a wheelchair in his room. The resident had a bandage to his right elbow that was</p>	F 0684	<p>Residents 97 and 102 are no longer in the facility.</p> <p>Other residents were audited for treatment orders for non-pressure skin conditions, and braces with no concerns identified.</p> <p>Nurses will receive in-service regarding obtaining orders for non-pressure skin conditions, and braces.</p> <p>DHS/Designee will audit three residents weekly for treatment orders for non-pressure skin conditions, and braces for six months, then quarterly thereafter until 100% compliance is achieved. QAPI to make changes and/or recommendations as needed.</p>	12/29/2023	

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	<p>dated 11/27/23. He indicated he had fallen a while ago and had been wearing a bandage to his elbow since then. The nurses changed the bandage "once in a while."</p> <p>Record review for Resident 102 was completed on 11/28/23 at 11:03 a.m.</p> <p>An Admission Observation Form, dated 11/17/23, indicated the resident had no skin issues noted to the right elbow.</p> <p>There was a lack of documentation to indicate what the skin condition was or what caused it. There was not a Physician's Order in place for a treatment to the right elbow that included how often the bandage was to be changed.</p> <p>Interview with LPN 1 on 11/28/23 at 11:08 a.m., indicated the resident had a scabbed area to his elbow from a previous fall. She had changed the resident's bandage yesterday. The bandage had been on there for multiple days prior to changing it. There was not a current Physician's Order for a treatment to the area to his elbow.</p> <p>2. On 11/27/23 at 11:37 a.m., Resident 97 was observed sitting in a wheelchair in the Therapy Department. The resident had a back brace in place.</p> <p>On 11/28/23 at 1:00 p.m., Resident 97 was observed sitting in a wheelchair in her room. The resident was wearing a back brace. The back brace was wrapped around her waist and had straps that came over her shoulders. The straps over her shoulders were not buckled to the waist. The resident indicated she had fallen and fractured her back and now had to wear the back brace all the time. She indicated she needed help</p>						



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F 0692 SS=D Bldg. 00	<p>putting it on and taking it off. Sometimes the staff would help her put it on and take it off.</p> <p>Record review for Resident 97 was completed on 11/28/23 at 1:03 p.m. The resident was admitted to the facility on 11/20/23.</p> <p>A Physician Note, dated 11/24/23 at 7:43 a.m., indicated the resident was admitted to the facility for rehab after a T6 compression fracture. The resident had a TLSO (Thoracic-Lumbar-Sacral-Orthosis)brace.</p> <p>An Occupational Therapy Note, dated 11/24/23, indicated the resident was to have the TLSO brace on when out of bed.</p> <p>There was a lack of documentation to indicate a Physician's Order was in place for the back brace, that included when the resident was supposed to wear it and that she needed assistance to apply it and take it off.</p> <p>Interview with LPN 1 on 11/28/23 at 1:16 p.m., indicated the resident was admitted to the facility with the back brace. The resident was supposed to wear the brace any time she was out of bed. The resident needed assistance putting it on and taking it off. She was unaware there was not a Physician's Order in place for the back brace and there should have been one.</p> <p>3.1-37(a)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic</p>						

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	<p>jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on record review and interview, the facility failed to ensure food consumption logs were completed for residents with a history of weight loss for 1 of 1 residents reviewed for nutrition. (Resident 42)</p> <p>Finding includes:</p> <p>The record for Resident 42 was reviewed on 11/30/23 at 9:06 a.m. Diagnoses included, but were not limited to, congestive heart failure and atrial fibrillation.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 9/23/23, indicated the resident was cognitively impaired and required supervision with eating.</p> <p>The resident weighed 200 pounds on 10/26/23 and 183 pounds on 11/26/23.</p> <p>A Registered Dietician Note, dated 11/21/23,</p>			F 0692	<p>Resident 42 weight loss was related to edema/diuretic use. No other residents had a negative outcome related to this deficiency. Staff will receive in-service regarding documenting meal consumption accurately and consistently. DHS/Designee will audit three residents twice weekly for meal consumption covering all meals for six months, then quarterly thereafter until 100% compliance is achieved. QAPI to make changes and/or recommendations as needed.</p>		12/29/2023

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F 9999  Bldg. 00	<p>indicated the resident had a significant weight loss of 10.9% weight loss in 30 days.</p> <p>The Meal Consumption Log for November 2023 lacked documentation of the following meals:</p> <ul style="list-style-type: none"> <li>- Breakfast on 11/2/23, 11/9/23, 11/11/23, and 11/20/23.</li> <li>- Lunch on 11/2/23, 11/9/23, 11/11/23, 11/20/23, and 11/24/23.</li> <li>- Dinner on 11/2/23, 11/5/23, 11/6/23, 11/7/23, 11/8/23, 11/9/23, 11/10/23, 11/12/23, 11/18/23, 11/21/23, 11/24/23, 11/25/23, 11/26/23, and 11/27/23.</li> </ul> <p>Interview with the Evening Supervisor on 12/1/23 at 10:09 a.m., indicated the food consumption logs were incomplete. There had been some trouble with their electronic charting program recording documentation at times. She was unable to provide any further documentation.</p> <p>3.1-46(a)(1) 3.1-46(a)(2)</p> <p>3.1-25 Pharmacy services</p> <p>(b) The administration of drugs and treatments, including alcoholic beverages, nutrition concentrates, and therapeutic supplements, shall be as ordered by the attending physician and shall be supervised by a licensed nurse as follows:</p> <p>(8) Per required need (PRN) medications may be administered only upon authorization of a licensed nurse or physician. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be</p>			F 9999	<p>Resident 4 had no negative outcome related to this deficiency. No other residents had a negative outcome related to this deficiency. QMAs and nurses will receive in-service regarding obtaining and documenting prior authorization for QMAs to administer PRN medications.</p> <p>DHS/Designee will audit 3 records weekly for nurse authorization for QMA to administer PRN medications for six months, then</p>		12/29/2023

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

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FORM APPROVED  
OMB NO. 0938-039

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NAME OF PROVIDER OR SUPPLIER  AVALON SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 2400 SILHAVY ROAD VALPARAISO, IN 46383			
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	<p>documented in the nursing notes indicating the time and date of the contact.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a QMA (Qualified Medication Aide) received prior authorization from a licensed nurse before administering a PRN (as needed) medication to a resident for 1 of 5 residents reviewed for unnecessary medications. (Resident 4)</p> <p>Finding includes:</p> <p>Resident 4's record was reviewed on 11/30/23 at 1:31 p.m. Diagnoses included, but were not limited to, hypertension and anxiety disorder.</p> <p>The Physician's Order Summary, dated 11/2023, indicated an order for hydrocodone-acetaminophen (a narcotic pain medication) 7.5-325 mg (milligrams) every 6 hours PRN (as needed).</p> <p>The Medication Administration Record (MAR), dated 11/2023, indicated the resident was given hydrocodone-acetaminophen on 11/4/23 at 8:38 p.m. by QMA 5, 11/5/23 at 7:09 p.m. by QMA 5, and 11/6/23 at 8:34 a.m. by QMA 6. There were no EMAR (electronic medication administration record) notes or documentation to indicate a Nurse had assessed the resident or given authorization to administer the PRN medications.</p> <p>Interview with the Evening Supervisor on 12/1/23 at 10:09 a.m., indicated the QMAs were supposed to get authorization from the Nurse for any PRN medications and complete an observation in the computer for the Nurse to cosign. She was unable</p>				<p>quarterly thereafter until 100% compliance is achieved. QAPI to make changes and/or recommendations as needed.</p>		

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R 0000  Bldg. 00	<p>to provide any further documentation.</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: November 27, 28, 29, 30 and December 1, 4, 2023.</p> <p>Facility number: 012766</p> <p>Residential Census: 52</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 12/7/23.</p>			R 0000	/b>		
R 0246  Bldg. 00	<p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact. Based on record review and interview, the facility failed to ensure qualified medication aides (QMAs) received authorization from a licensed nurse or physician prior to giving as needed (prn) medications for 3 of 7 records reviewed. (Residents 2, 8 and 4)</p>			R 0246	<p>="" b=""&gt; ="" span=""&gt; Preparation of execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts</p>		12/29/2023

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	<p>Findings include:</p> <p>1. Record review for Resident 2 was completed on 12/1/23 at 10:31 a.m. Diagnoses included, but were not limited to, pain and anemia.</p> <p>The November 2023 Physician's Order Summary (POS) indicated an order for acetaminophen (pain/fever reducer) 650 mg (milligrams) every 4 hours prn.</p> <p>The November 2023 Medication Administration Record (MAR) indicated the prn acetaminophen was administered by a QMA on the following date and time: - 11/16/23 at 3:48 a.m., for back pain. Administered by QMA 4.</p> <p>There was a lack of documentation to indicate the QMA had received authorization from a licensed nurse or physician prior to administering the medication.</p> <p>Interview with the Director of Nursing (DON) on 12/1/23 at 1:55 p.m., indicated she could not provide any documentation the QMA had received prior authorization before administering the resident the prn acetaminophen.</p> <p>2. Record review for Resident 8 was completed on 12/1/23 at 1:12 p.m. Diagnoses included, but were not limited to, lung cancer and osteoarthritis.</p> <p>The October 2023 POS indicated an order for oxycodone-acetaminophen (narcotic pain medication) 7.5-325 mg every 6 hours prn.</p> <p>The October 2023 Medication Administration Record (MAR) indicated the prn</p>				<p>alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Recertification and State Licensure Survey on 12/4/2023. Please accept this plan of correction as the provider's credible allegation of compliance. Due to scope and severity of the deficiencies, Avalon Springs Health Campus is requesting Paper Compliance. Residents 2, 4, and 8 had no negative outcome related to this deficiency. No other residents had a negative outcome related to this deficiency. QMAs and nurses will receive in-service regarding obtaining and documenting prior authorization for QMAs to administer PRN medications. DHS/Designee will audit 3 records weekly for nurse authorization for QMA to administer PRN medications for six months, then quarterly thereafter until 100% compliance is achieved. QAPI to make changes and/or recommendations as needed.</p>		

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	<p>oxycodone-acetaminophen was administered by a QMA on the following dates and times:</p> <ul style="list-style-type: none"> <li>- 10/27/23 at 5:05 p.m., by QMA 1.</li> <li>- 10/27/23 at 11:17 p.m., by QMA 2.</li> <li>- 10/28/23 at 5:21 a.m., by QMA 2.</li> <li>- 10/28/23 at 11:30 a.m., and 6:00 p.m., by QMA 1.</li> <li>- 11/29/23 at 7:17 a.m., 1:30 p.m., and 7:20 p.m., by QMA 1.</li> <li>- 11/30/23 at 1:46 a.m., by QMA 2.</li> <li>- 11/31/23 at 7:25 a.m., by QMA 3.</li> </ul> <p>The November 2023 POS indicated orders for:</p> <ul style="list-style-type: none"> <li>- lorazepam (for anxiety) 0.25 ml (milliliters) PFS (prefilled syringe) every 2 hours prn</li> <li>- lorazepam 2 mg/ml, administer 1 mg every 1 hour prn</li> <li>- morphine (narcotic pain medication) 100 mg/5 ml; give 10 mg every 2 hours prn</li> </ul> <p>The November 2023 Medication Administration Record (MAR) indicated the prn lorazepam and prn morphine was administered by QMAs on the following dates and times:</p> <ul style="list-style-type: none"> <li>- 11/2/23 at 2:37 a.m., morphine 10 mg by QMA 4.</li> <li>- 11/2/23 at 1:03 p.m., and 6:01 p.m., morphine 10 mg by QMA 1.</li> <li>- 11/2/23 at 9:36 p.m., morphine 10 mg by QMA 4.</li> <li>- 11/2/23 at 11:13 p.m., lorazepam 0.25 ml by QMA 4.</li> <li>- 11/3/23 at 6:11 a.m., morphine 10 mg by QMA 4.</li> <li>- 11/3/23 at 10:55 a.m., morphine 10 mg by QMA 1.</li> <li>- 11/4/23 at 11:13 a.m., lorazepam 1 mg by QMA 1.</li> <li>- 11/4/23 at 11:29 p.m., lorazepam 1 mg by QMA 4.</li> <li>- 11/5/23 at 9:54 a.m., lorazepam 1 mg by QMA 4.</li> </ul> <p>There was a lack of documentation to indicate the QMAs had received authorization from a licensed nurse or physician prior to administering the medications.</p>						

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	<p>Interview with the Evening Supervisor on 12/1/23 at 2:38 p.m., indicated she could not provide any documentation the QMAs had received prior authorization before administering the resident the PRN medications.</p> <p>3. Resident 4's record was reviewed on 12/4/23 at 9:17 a.m. Diagnoses included, but were not limited to, hypertension and mood disorder.</p> <p>The Physician's Order Summary, dated 11/2023, indicated orders for hydrocodone-acetaminophen (a narcotic pain medication) 5-325 mg (milligrams) every 4 hours PRN (as needed), morphine (a narcotic pain medication) 20 mg/ml (milliliter) 5 mg every 2 hours PRN, and lorazepam (an anti-anxiety medication) 2 mg/ml 0.5 mg every 2 hours PRN.</p> <p>The Medication Administration Record (MAR), dated 11/2023, indicated the resident was given hydrocodone-acetaminophen on 11/17/23 at 12:03 p.m. by QMA 3. She received the lorazepam on 11/22/23 at 8:10 p.m. by QMA 5 and 11/23/23 at 9:05 p.m. by QMA 5. She was given the morphine on 11/7/23 at 8:26 p.m. by QMA 7, 11/10/23 at 5:39 a.m. by QMA 5, 11/15/23 at 9:18 p.m. by QMA 7, 11/22/23 at 8:10 p.m. by QMA 5, and 11/23/23 at 9:05 p.m. by QMA 5. There were no EMAR (electronic medication administration record) notes or documentation to indicate a Nurse had assessed the resident or given authorization to administer the PRN medications.</p> <p>Interview with the Evening Supervisor on 12/1/23 at 10:09 a.m., indicated the QMAs were supposed to get authorization from the Nurse for any PRN medications and complete an observation in the computer for the Nurse to cosign. She was unable to provide any further documentation.</p>						