STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00413270, IN00413814 and IN00414325. Complaint IN00413270 - State deficiencies related to the allegations are cited at R0248. Complaint IN00413814 - No deficiencies related to the allegations are cited. Complaint IN00414325 - No deficiencies related to the allegations are cited. Survey dates: August 10 and 11, 2023. Facility number: 014094 Residential Census: 58 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on August 16, 2023.	R 0000		
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. During interview and record review the facility failed to keep the residents free of any significant medication error. The residents were not given insulin injection medication ordered by the	R 0241	1. Immediately assured that an insulin certified associate was on the schedule to administer insulins and blood sugar checks.	10/04/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	physician.. (Residents B, D, G, H, J and K) Findings included: The record for Resident H was reviewed on 8/10/2023 at 2:46 p.m. Diagnoses for Resident H included, but not limited to, Type 2 Diabetes Mellitus and Epilepsy. The Resident Medication Administration History (MARS) record indicated Resident H was to receive Humlog Solution 100 unit/ml subcutaneous every day before meals- inject 12 units. The medication was not given on 7/9/2023 at 6:30 a. m. and 11:30 a.m. The reason the medication was not given was the staff did not have certification to administer the medication. The MARS record indicated Resident H was to receive Humalog Solution 100 unit /ml inject per sliding scale after blood sugar check before meals subcutaneous every day. The medication was not given on 7/9/2023 at 6:00 a.m. and 11:30 a.m.The reason the medication was not given was the staff did not have certification to administer the medication. The record for Resident C was reviewed on 8/10/2023 at 5:30 p.m. Diagnoses for Resident C included, but not limited to, Type 2 Diabetes Mellitus. The MARS record indicated Resident C was to receive Humalog injection solution per sliding scale subcutaneously before meals every day. The medication was not given on 7/9/2023 at 8:00 a.m. and 12:00 p.m. The reason the medication was not given was the staff did not have certification		2. Audit was completed of certified staff to be able to administer insulin by Health and Wellness Director and Business Office Manager. 3. Schedule to be reviewed by Health and Wellness Director and Executive Director weekly times four weeks. 4. Staff members who are insulin certified will be administrating insulin 100% of the time. Everyone administrating insulin will be insulin certified. All insulin certifications will be verified upon hire and new certifications. Health and Wellness Director will audit schedules on going.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	to administer the medication. The resident did not receive the medication on an additional date 7/29 at 6:00 p.m. No reason was given for no medication administration. The record for Resident J was reviewed on 8/102023 at 4:00 p.m. Diagnoses for Resident J included, but not limited to, Type 2 Diabetes Mellitus. and COPD The MARS record indicated Resident J was to receive Novolog injection solution 100 unit/ml inject per sliding scale after blood sugar check before meals subcutaneous every day. The medication was not given on 7/9/2023 at 6:30 a.m. and 11:30 a.m. The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on additional dates 7/4/2023 at 9:00 p.m., 7/20/203 at 9:00 p.m., 7/28/2023 at 9:00 p.m. and 7/29 at 4:30p.m. and 9:00 p.m. No reason was given for no medication administration. The MARS record indicated Resident J was to receive Lantus Solostar 100Unit/ML inject 18 units subcutaneously one time a day. The medication was not given on 7/9/2023 in the a.m. The reason the medication was not given was the staff was not certified to administer the medication. The record for Resident G was reviewed on 8/10/2023 at 3:30 p.m. Diagnoses for Resident G included, but not limited to, type 2 Diabetes Mellitus.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	The MARS record indicated Resident G was to receive Lantus solution 100 unit/ml - inject 40 units subcutaneous one time a day. The medication was not given on 7/20/2023 and 7/29 at bedtime. There was no reason the medication was not given. The MARS record indicated Resident G was to receive Novolog injection solution 100 unit/ml inject per sliding scale after blood sugar check before meals subcutaneous every day. The medication was not given on 7/9/2023 at 7:00 a.m. and 11:00 a.m. The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on an additional date 9/29/2023 at 4:00 p.m.. No reason was given for no medication administration. The record for Resident K was reviewed on 8/10/2023 at 4:46 p.m. Diagnoses for Resident K included, but not limited to, Type 2 Diabetes Mellitus. The MARS record indicated Resident K was to receive Lantus Solostar solution injection solution 100 unit/ml inject 115 units subcutaneous two times a day. The medication was not given on 7/9/2023 at 7:00 a.m.,.The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on an additional date 7/29/2023 at 3:00 p.m.. No reason was given for no medication administration. The MARS record indicated Resident K was to receive Humalog solution injection solution 100 unit/ml inject 40 units subcutaneous three times a day. The medication was not given on 7/9/2023			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	at 8:00 a.m. and 12:00 p.m..The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on an additional date 7/29/2023 at 5:00 p.m.. No reason was given for no medication administration... The record for Resident D was reviewed on 8/10//2023 at 4: 10 p.m Diagnoses for Resident D included, but not limited to, major depressive disorder and type 2 Diabetes Mellitus. The MARS record indicated Resident D was to receive Lantus Solostar solution injection solution 100 unit/ml inject 5 units subcutaneous one time a day. The medication was not given on 7/9/2023 .The reason the medication was not given was the staff did not have certification to administer the medication. During an interview on 8/11/2023 at 11:24 a.m. with staff member QMA 2, she indicated she was not certified to give insulin injections on 7/9/2023. There was no staff available to give the residents insulin injections. She notified the Executive Director (ED). During an interview on 8/11/2023 at 2:30 p.m. with the Regional Clinical Support Staff , she indicated she was not aware the residents did not receive their insulin medications. The insulin medication should have been given and the ED should have made sure staffing was available for the medicaton administration. During an interview on 8/10/2023 at 5:05 p.m. with the current Director of Nursing (DON), she indicated the staff should have been scheduled to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	give the residents their insulin medication The current facility policy "Controlled Substances ", effective date 11/01/2019, received from the Executive Director on 8/11/2023 at 53:30 p.m., indicated "... h.1. Medication shall be administered by licensed nursing personnel qualified mediation aides...."			
R 0248 Bldg. 00	410 IAC 16.2-5-4(f) Health Services - Deficiency (f) The facility shall have available on the premises or on call the services of a licensed nurse at all times. Based on interview and record review, the facility failed to ensure a licensed staff member was on-call or on the premises to administer insulin injection medications as ordered by the physician for 6 of 6 residents reviewed for insulin administration. (Resident H, C, J, G, K and D) Findings include: 1. The record for Resident H was reviewed on 8/10/2023 at 2:46 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus and epilepsy. The Medication Administration Record (MAR) indicated Resident H was to receive Humalog Solution 100 unit/ml subcutaneous every day before meals, inject 12 units. The medication was not given on 7/9/2023 at 6:30 a.m., and 11:30 a.m. The reason the medication was not given was the staff did not have certification to administer the medication. The MAR indicated Resident H was to receive Humalog Solution 100 unit/ml, inject per sliding scale after blood sugar check before meals	R 0248	1. Immediately assured that an insulin certified associate was on the schedule to administer insulins and blood sugar checks. 2. Audit was completed of certified staff to be able to administer insulin by Health and Wellness Director and Business Office Manager. 3. Schedule to be reviewed by Health and Wellness Director and Executive Director weekly times four weeks. 4. Health and Wellness Director will audit schedules on going.	10/04/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	subcutaneous every day. The medication was not given on 7/9/2023 at 6:00 a.m., and 11:30 a.m. The reason the medication was not given was the staff did not have certification to administer the medication. 2. The record for Resident C was reviewed on 8/10/2023 at 5:30 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus. The MAR indicated Resident C was to receive Humalog injection solution per sliding scale subcutaneously before meals every day. The medication was not given on 7/9/2023 at 8:00 a.m., and 12:00 p.m. The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on an additional date of 7/292023 at 6:00 p.m. No reason was given for not administering the medication. 3. The record for Resident J was reviewed on 8/10/2023 at 4:00 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus. The MAR indicated Resident J was to receive Novolog injection solution 100 unit/ml, inject per sliding scale after blood sugar check before meals subcutaneous every day. The medication was not given on 7/9/2023 at 6:30 a.m., and 11:30 a.m. The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on the additional dates of 7/4/2023 at 9:00 p.m., 7/20/2023 at 9:00 p.m., 7/28/2023 at 9:00 p.m., and 7/29/2023 at 4:30 p.m., and 9:00 p.m. No reason was given for not administering the medication.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	The MAR indicated Resident J was to receive Lantus Solostar 100 unit/ml, inject 18 units subcutaneously one time a day. The medication was not given on 7/9/2023 in the a.m. The reason the medication was not given was the staff was not certified to administer the medication. 4. The record for Resident G was reviewed on 8/10/2023 at 3:30 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus. The MAR indicated Resident G was to receive Lantus solution 100 unit/ml, inject 40 units subcutaneous one time a day. The medication was not given on 7/20/2023 and 7/29/2023 at bedtime. There was no documentation for why the medication was not given. The MAR indicated Resident G was to receive Novolog injection solution 100 unit/ml, inject per sliding scale after blood sugar check before meals subcutaneous every day. The medication was not given on 7/9/2023 at 7:00 a.m., and 11:00 a.m. The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on an additional date of 7/29/2023 at 4:00 p.m. No reason was given for not administering the medication. 5. The record for Resident K was reviewed on 8/10/2023 at 4:46 p.m. Diagnoses included, but were not limited to, type 2 diabetes mellitus. The MAR indicated Resident K was to receive Lantus Solostar injection solution 100 unit/ml, inject 115 units subcutaneous two times a day. The medication was not given on 7/9/2023 at 7:00			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	a.m. The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on an additional date of 7/29/2023 at 3:00 p.m. No reason was given for not administering the medication. The MAR indicated Resident K was to receive Humalog injection solution 100 unit/ml, inject 40 units subcutaneous three times a day. The medication was not given on 7/9/2023 at 8:00 a.m., and 12:00 p.m. The reason the medication was not given was the staff did not have certification to administer the medication. The resident did not receive the medication on an additional date of 7/29/2023 at 5:00 p.m. No reason was given for not administering the medication. 6. The record for Resident D was reviewed on 8/10/2023 at 4:10 p.m. Diagnoses included, but were not limited to, major depressive disorder and type 2 diabetes mellitus. The MAR indicated Resident D was to receive Lantus Solostar injection solution 100 unit/ml, inject 5 units subcutaneous one time a day. The medication was not given on 7/9/2023. The reason the medication was not given was the staff did not have certification to administer the medication. During an interview, on 8/11/2023 at 11:24 a.m., QMA 2 indicated she was not certified to give the insulin injections on 7/9/2023. There was no staff available to give the residents' insulin injections. She notified the Executive Director (ED). During an interview, on 8/11/2023 at 2:30 p.m., the Regional Clinical Support Staff indicated she was			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WICKSHIRE WEST LAFAYETTE	3575 SENIOR PLACE WEST LAFAYETTE, IN 47906

(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
	not aware the residents did not receive their insulin medications. The insulin medication should have been given and the ED should have made sure staffing was available for the medication administration. During an interview, on 8/10/2023 at 5:05 p.m., the Director of Nursing (DON) indicated the staff should have been scheduled to give the residents their insulin medication. A current facility policy, titled "Controlled Substances," with an effective date of 11/01/2019 and received from the Executive Director on 8/11/2023 at 5:30 p.m., indicated "...Medication shall be administered by licensed nursing personnel qualified medication aides...." This Residential tag related to Complaint IN00413270.			