

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

PRINTED: 11/21/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/17/2024	
NAME OF PROVIDER OR SUPPLIER SUGAR FORK CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 1745 EAST 67TH STREET ANDERSON, IN 46013			
(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 Complaint IN00445005. Complaint IN00445005 - State deficiency related to the allegation is cited at R0117. Survey date: October 16 and 17, 2024 Facility number: 014080 Residential Census: 92 This State Residential Findings is cited in accordance with 410 IAC 16.2-5. Quality review completed October 28, 2024.			R 0000	This Plan of Correction is submitted under regulations applicable to long term care providers. This Plan of Correction is not to be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. The preparation/ submission and/or execution of this Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are correctly applied. Submission of this Plan is evidence of compliance.		
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency Based on interview and record review, the facility failed to ensure staff members were working within their scope of practice as evidenced by a Qualified Medication Aide (QMA) performing intradermal tuberculosis skin testing on residents. (QMA 1) Findings include: The clinical record for Resident B was reviewed on 10/16/24 at 10:49 a.m. Diagnoses included irritable bowel syndrome, Alzheimer's disease, and hypertension.			R 0117	R117 1 The Director of Health and Wellness and/or designee, will re-educate our Qualified Medication Aides on the Indiana Qualified Medication Aide Scope of Practice by 10.30.2024 2 The Director of Health and Wellness and/or designee will re-administer the tuberculosis test to the residents identified in this survey by 11.30.2024. 3 The Director of health and wellness and/or design the will		11/30/2024

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

TITLE

(X6) DATE

Lorena Glover

Executive Director

11/09/2024

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>The clinical record indicated, on 10/23/23, QMA 1 administered a tuberculosis skin test to Resident B.</p> <p>The clinical record for Resident F was reviewed on 10/16/202 at 11:54 a.m. Diagnoses included dementia, atrial fibrillation, hypertension, and Alzheimer's disease.</p> <p>The clinical record indicated on 7/6/24 and 7/14/24, QMA 1 administered a tuberculosis skin test to Resident F.</p> <p>During an interview on 10/16/24 at 1:03 p.m., the Memory Care Director indicated QMA 1 had been certified to administer Tuberculosis testing. The certification, dated 3/3/23, was provided by the Memory Care Coordinator on 10/16/24 at 1:12 p.m.</p> <p>During an interview on 10/17/24 at 12:47 p.m., LPN 2 indicated she was certified to give and read tuberculosis skin tests. LPN 2 indicated she was aware QMA 1 had given tuberculosis skin test to residents. She indicated QMA 1 told her she was certified to give the tuberculosis skin tests.</p> <p>During an interview on 10/17/24 at 1:13 p.m., the Administrator indicated QMA 1 had been performing tuberculosis skin testing.</p> <p>During an interview on 10/17/24 at 1:50 p.m., QMA 1 indicated she was in nursing school. She was certified to give and read tuberculosis test. She was informed by her nursing professor that she was able to perform tuberculosis test in the facility since her certification.</p> <p>Review of an undated facility QMA job description, provided by the Memory Care Coordinator on 10/17/24 at 2:01 p.m., indicated the</p>				<p>audit resident charts back to the time of the qualified medication aides tuberculosis test certification and re-administer the tuberculosis test to the residents identified. This audit and re-administering of the tuberculosis test will be completed by 11.30.2024.</p> <p>4 The Director of Health and Wellness and/or designee will audit new resident move in charts to ensure compliance of administration of the tuberculosis skin test is performed by Licensed Practical Nurses who are certified to administer Tuberculosis testing each month for the next 6 months.</p> <p>5 The Director of Health and Wellness and/or designee will complete the resident TB questionnaire for annual compliance.</p>		

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	following: " The following task shall NOT be included in the QMA scope of practice: (1) Administer medication by the injection route, including the following: (A) Intramuscular route. (B) Intavascular route. (C) Subcutaneous route. (D) Intradermal route." This citation relates to Complaint IN00445005.						