

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

PRINTED: 12/21/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/17/2022	
NAME OF PROVIDER OR SUPPLIER  OASIS AT 30TH				STREET ADDRESS, CITY, STATE, ZIP COD 5651 E 30TH STREET INDIANAPOLIS, IN 46218			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for the Investigation of Complaint IN00394010.</p> <p>Complaint IN00394010 - Substantiated. State deficiencies related to the allegations are cited at R0296 and R0297.</p> <p>Survey date: November 17, 2022</p> <p>Facility number: 013347</p> <p>Residential Census: 112</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on November 21, 2022</p>			R 0000	<p><b>Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. This Plan of Correction is the facility's Allegation of Compliance.</b></p>		
R 0296  Bldg. 00	<p>410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance (b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on interview and record review, the facility failed to ensure residents who were deemed not capable to self-administer medications were not documented as having medications self-administered for 2 of 5 residents reviewed for medication administration. (Resident D and Resident B)</p> <p>Findings include:</p>			R 0296	<p><b>R 296</b> <b>Corrective Action to be Accomplished:</b> Resident D and B had no adverse event related to alleged deficiency practice. <b>Identifications of others:</b> All residents that have medication administration have the potential to be affected by this alleged deficiency</p>		12/30/2022

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

TITLE

(X6) DATE

Michael Bolling

Interim Administrator

12/19/2022

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 disclosed 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>1. The clinical record for Resident D was reviewed on 11/17/22 at 2:40 p.m. The diagnoses included, but were not limited to, anxiety, chronic back pain, depression, Lupus, psychosis, post-traumatic stress disorder, and schizoaffective disorder.</p> <p>A Level of Service Assessment/Evaluation, dated 8/28/22, indicated Resident D required staff assistance with medication administration. That included prescribed inhalation therapy of nebulizers and metered dose inhalers.</p> <p>A physician order, dated 4/12/22, was noted for Advair 500/50; inhale 1 puff by mouth twice daily.</p> <p>A physician order, dated 5/18/22, was noted for Albuterol 90 micrograms per inhalation; administer 2 puffs by mouth four times daily.</p> <p>The October of 2022 electronic medication administration record (EMAR) indicated Resident D self-administered Advair on 10/12/22, 10/13/22, 10/14/22, and 10/15/22.</p> <p>The October of 2022 EMAR indicated Resident D self-administered Albuterol inhaler on 10/12/22, 10/13/22, 10/14/22, 10/15/22, and 10/29/22.</p> <p>The November of 2022 EMAR indicated Resident D self-administered Advair on 11/5/22, 11/6/22, 11/7/22, 11/11/22, and 11/13/22.</p> <p>The November of 2022 EMAR indicated Resident D self-administered Albuterol inhaler on 11/5/22, 11/6/22, 11/7/22, 11/11/22, 11/12/22, and 11/13/22.</p> <p>2. The clinical record for Resident B was reviewed on 11/17/22 at 2:38 p.m. The diagnoses included, but were not limited to, diabetes mellitus,</p>				<p><b>Measures/Systemic changes:</b> The Director of Nursing and/or designee will educate clinical staff on self-medication assessment and Medication Administration policy to ensure their plan of care is followed and appropriate interventions are used to meet the resident's needs.</p> <p><b>Monitoring:</b> The Director of Nursing/designee will conduct an audit of 5% of the current resident's apartments to ensure no medication is left unattended and medication administration is being followed: (3) three times weekly for one month; and then two (2) times monthly thereafter for three (3) months. Any deficiencies found in the audits will be corrected at the time discovered and retraining provided to staff or additional monitoring conducted, as necessary, to ensure compliance. Audits will be reviewed at monthly QA meeting and make recommendations if deficiencies remain a pattern. QA committee will determine length of audit, no less than 6 months.</p> <p><b>Completion By:</b> Corrections will be completed by December 30, 2022</p>		

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	<p>hypertension, chronic back pain, impaired cognition, heart failure, and anemia.</p> <p>A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident B required staff assistance with medication administration.</p> <p>A physician order, dated 6/12/18, was noted for Combivent Respimat inhaler; 1 puff 4 times daily.</p> <p>A physician order, dated 7/14/20, was noted for Symbicort 80-4.5 micrograms inhaler: inhale 2 puffs twice daily.</p> <p>The October of 2022 EMAR indicated Resident B self-administered Combivent Respimat inhaler on 10/14/22, 10/15/22, 10/27/22, and 10/29/22.</p> <p>The October of 2022 EMAR indicated Resident B self-administered Symbicort inhaler on 10/15/22, 10/20/22, and 10/29/22.</p> <p>The November of 2022 EMAR indicated Resident B self-administered Combivent Respimat inhaler on 11/7/22, 11/8/22, 11/11/22, 11/12/22, and 11/13/22.</p> <p>The November of 2022 EMAR indicated Resident B self-administered Symbicort inhaler on 11/6/22, 11/7/22, and 11/11/22.</p> <p>A policy titled "Medication Management, Administration, &amp; Storage", revised 3/23/22, was provided by the Administrator on 11/17/22 at 5:08 p.m. The policy indicated the following, "...A. Assessment...1. The Director of Nursing, or licensed nurse designee, will assess the resident's ability to self-administer daily medications utilizing the Self-Medication Assessment...The medication assessment will be reviewed</p>						

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R 0297  Bldg. 00	<p>biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate...2. If a resident is assessed as Needing Assistance with Medication Administration, it is the responsibility of the licensed nurse or Qualified Medication Aide (QMA) to administer the medications to the resident...."</p> <p>This State tag relates to Complaint IN00394010.</p> <p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were administered timely, (Resident C), and per physicians' orders for 4 of 5 residents reviewed for medication administration (Resident B, C, D, and E).</p> <p>Findings include:</p> <p>1a. The clinical record for Resident C was reviewed on 11/17/22 at 1:30 p.m. The diagnoses included, but were not limited to, diabetes mellitus, neuropathy, hypertension, and hyperlipidemia.</p> <p>A Self Medication Assessment, dated 5/23/22, indicated Resident C prefers to have staff administer medications.</p>			R 0297	<p><b>R297 Pharmaceutical Services Corrective Action to be Accomplished:</b> Resident B, C, D and E had no adverse events related to alleged deficiencies. <b>Identifications of others:</b> All residents that have medication administration have the potential to be affected by this alleged deficiency. <b>Measures/Systemic changes:</b> The Director of Nursing and/or designee will in-service nurses and QMA's on Medication Management, Administration and Storage policy and completing proper documentation of medication administration by December 30, 2022. <b>Monitoring:</b> The Director of</p>		12/30/2022

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	<p>A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident C required staff assistance with medication administration.</p> <p>An interview conducted with Resident C, on 11/17/22 at 12:50 p.m., indicated he had not received his 8:00 a.m. medications yet. It was almost 1:00 p.m. and "it happens all the time".</p> <p>An interview conducted with Qualified Medication Aide (QMA) 2, on 11/17/22 at 12:56 p.m., indicated she was working the floors to where Resident C resided but was not permitted to administer medications to him based on a previous allegation between QMA 2 and Resident C. After that she was instructed by the previous Director of Nursing to not enter his apartment and have another staff member provide his medications.</p> <p>An interview conducted with QMA 4, on 11/17/22 at 1:00 p.m., indicated she was working on the floors to where Resident C didn't reside. She did not administer morning medications to Resident C.</p> <p>The electronic medication administration record (EMAR) for November of 2022 indicated 11 medications scheduled for 8:00 a.m. were not signed off as administered for Resident C.</p> <p>1b. The EMAR for October of 2022 noted 35 holes to where medications were not administered. There were 12 physician orders for medications noted on the EMAR.</p> <p>The EMAR for November of 2022 noted 20 holes to where medications were not administered. There were 12 physician orders for medications noted on the EMAR.</p>				<p>Nursing and/or designee will audit EMAR 3x weekly x 1 month, then monthly x 5 months. Any missing documentation will be entered to correctly reflect outcome of administration. Audits will be reviewed at monthly QA meeting and make recommendations if deficiencies remain a pattern. QA committee will determine length of audit, no less than 6 months.</p> <p><b>Completion By:</b> December 30, 2022</p>		

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	<p>2. The clinical record for Resident B was reviewed on 11/17/22 at 2:38 p.m. The diagnoses included, but were not limited to, diabetes mellitus, hypertension, chronic back pain, impaired cognition, heart failure, and anemia.</p> <p>A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident B required staff assistance with medication administration.</p> <p>The EMAR for October of 2022 noted 186 holes to where medications and/or blood glucose testing were not administered. There were 18 physician orders for medications and/or blood glucose testing noted on the EMAR.</p> <p>The EMAR for November of 2022 noted 71 holes to where medications and/or blood glucose testing were not administered. There were 18 physician orders for medications and/or blood glucose testing noted on the EMAR.</p> <p>3. The clinical record for Resident D was reviewed on 11/17/22 at 2:40 p.m. The diagnoses included, but were not limited to, anxiety, chronic back pain, depression, Lupus, psychosis, post-traumatic stress disorder, and schizoaffective disorder.</p> <p>A Level of Service Assessment/Evaluation, dated 8/28/22, indicated Resident D required staff assistance with medication administration.</p> <p>The EMAR for October of 2022 noted 139 holes to where medications were not administered. There were 26 physician orders noted on the EMAR.</p> <p>The EMAR for November of 2022 noted 80 holes to where medications were not administered. There were 25 physician orders noted on the EMAR.</p>						

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	<p>4. The clinical record for Resident E was reviewed on 11/17/22 at 3:20 p.m. The diagnoses included, but were not limited to, anxiety, shortness of breath, hypertension, chronic pain, and diabetes mellitus.</p> <p>A Level of Service Assessment/Evaluation, dated 9/30/22, indicated Resident E required staff assistance with medication administration.</p> <p>A service plan, updated 10/11/22, indicated Resident E needed staff to administer medication.</p> <p>The EMAR for October of 2022 noted 72 holes to where medications and/or blood glucose testing were not administered. There were 25 physician orders noted on the EMAR.</p> <p>The EMAR for November of 2022 noted 43 holes to where medications and/or blood glucose testing were not administered. There were 24 physician orders noted on the EMAR.</p> <p>A policy titled "Medication Management, Administration, &amp; Storage", revised 3/23/22, was provided by the Administrator on 11/17/22 at 5:08 p.m. The policy indicated the following, "...A. Assessment...1. The Director of Nursing, or licensed nurse designee, will assess the resident's ability to self-administer daily medications utilizing the Self-Medication Assessment...The medication assessment will be reviewed biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate...2. If a resident is assessed as Needing Assistance with Medication Administration, it is the responsibility of the licensed nurse or Qualified Medication Aide (QMA) to administer the medications to the</p>						

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	<p>resident...B. Medication Administration: Medication administration shall be administered as ordered by the resident's physician and shall be administered by a licensed nurse or a QMA...."</p> <p>This State tag relates to Complaint IN00394010.</p>						