

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

PRINTED: 07/15/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/05/2024	
NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 36 VALLEY DR LAWRENCEBURG, IN 47025			
(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00433817 and IN00435973. Complaint IN00433817 - State/Federal deficiency related to allegations is cited at F755. Complaint IN00435973 - State/Federal deficiency related to allegations is cited at F755. Survey dates: June 4, and 5, 2024 Facility number: 000304 Provider number: 155525 AIM number: 100266810 Census Bed Type: SNF/NF: 84 Total: 84 Census Payor Type: Medicare: 5 Medicaid: 58 Other: 21 Total: 84 This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 7, 2024.			F 0000			
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement						

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

TITLE

(X6) DATE

Lindsey M. Boltz

BSN,RN, Administrator

06/18/2024

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>described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on record review and interview, the facility failed to administer routine insulin in a timely manner for 1 of 3 residents reviewed for pharmacy services. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 06/04/24 at 5:32 P.M. A Quarterly MDS (Minimum Data Set) assessment, dated 05/07/24, indicated the resident was cognitively intact. The</p>			F 0755	<p>PLAN OF CORRECTION FOR SHADY NOOK NURSING AND REHABILITATION CENTER</p> <p>F755 INITIAL COMMENTS</p> <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and</p>		07/04/2024

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	<p>resident's diagnoses included, but were not limited to, end stage renal disease, heart failure, hypertension, and diabetes. The resident was administered insulin during the review period.</p> <p>An open-ended physician's order indicated the resident was to be administered Tresiba (an insulin medication) 30 units at 9:00 P.M., every night for diabetes.</p> <p>The March, April, and May 2024 EMAR/ETAR (Electronic Medication Administration Record/Electronic Treatment Administration Record) indicated the resident had received the insulin two times in 24 hours on the following dates and times:</p> <ul style="list-style-type: none"> - 03/12/24 at 2:44 A.M. and 8:11 P.M., - 03/25/24 at 2:14 A.M. and 8:39 P.M., - 05/28/24 at 1:04 A.M. and 8:20 P.M., - 04/15/24 at 12:49 A.M. and 9:17 P.M., - 04/27/24 at 12:50 A.M., and 9:23 P.M., - 05/05/24 at 1:14 A.M. and 9:01 P.M., - 05/08/24 at 12:23 A.M., and 9:12 P.M., and - 05/12/24 at 2:27 A.M., and 9:27 P.M. <p>During an interview on 06/05/24 at 2:13 P.M. LPN (Licensed Practical Nurse) 2 indicated if a resident had a routine dose of insulin that was due at the same time every day or night then the nurse had a two hour window to give the medication, it should be given either and hour before or and hour after the scheduled administered dose time. It should never be administered after the one hour.</p> <p>During an interview on 06/05/24 at 4:25 P.M., Resident B indicated there were many nights they had to be woken up to get their insulin. The nurse would not bring it in until midnight or later, which was after the scheduled time it was to be given.</p>				<p>executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Annual Survey conducted June 4-5, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of July 4, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>Tag # - Tag Name F755 Pharmacy Services as related to insulin administration "Facility failed to provide timely and routinely prescribed insulin administration services"</p>		

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	<p>The current facility policy titled, "Insulin Administration" was provided by the Administrator on 06/05/24 at 3:23 P.M. The policy indicated "...To provide guidelines for the safe administration of insulin to residents with diabetes..."</p> <p>The current facility policy titled, "Administering Medications" was provided by the Administrator on 06/05/24 at 3:23 P.M. The policy indicated, "...Medications shall be administered in a safe and timely manner, and as prescribed...Medications must be administered within (1) hour of their prescribed time, unless otherwise specified..."</p> <p>This citation relates to complaints IN00433817 and IN00435973.</p> <p>3.1-37(a) 3.1-48(a)</p>				<p>for 1 resident reviewed for Medication Administration."</p> <p>1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>- 1 resident was affected by the alleged deficient practice. - Residents A immediately had insulin administration audited by DON. An audit on June 6,2024 of insulin administration found several late administrations. Reviewed resident for signs and symptoms of complications related to late administration.</p> <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>All diabetic residents could be affected by the alleged deficient practice. - All current in-house diabetic residents were audited on June 7, 2024, by the DON, for diabetic symptoms and complications. No residents were found to be with complications or any negative side effects noted from deficient practice.</p> <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>-All RN/LPN staff were educated on the insulin administration policy and procedure with concentration on monitoring insulin times and side effects of receiving insulin late</p>		

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			or early. - All RN/ LPN staff education on medication administration policy and procedure with concentration on ensuring the EMAR is signed off at time of medication/insulin delivery. 4: How will the corrective action be monitored to ensure the deficient practice will not recur i.e.; what quality assurance program will be put into place? - DON or designee will complete daily monitoring through insulin administration and medication administration times to ensure that any resident with insulin dependent diabetes is receiving insulin timely and appropriately per policy and procedure 5 days a week for 4 weeks, 3 days a week for 4 weeks and 2 days a week for 4 weeks. - DON or designee will be responsible for the Audit of EMAR to monitoring compliance of the signing EMAR insulin timely for 4 months. The results of these audits will be reviewed by the QA committee overseen by the Administrator. Re-education, frequency and duration of monitoring will be increased until compliance achieved if areas if non-compliance are identified thru the auditing process. The facility through the QAPI program, will review, update, and make changes to the DPOC as needed for sustaining substantial compliance		

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				for no less than 4 months. 5. Date of completion: July 4, 2024	