STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155400	A. BUILDING 00 B. WING	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CARDINAL CARE STRATEGIES	4600 E JACKSON ST MUNCIE, IN 47303

(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 IN00423186, IN00422941, IN00421929, IN00421994, and IN00420986. Complaint IN00423186 - No deficiencies related to the allegations are cited. Complaint IN00422941 - No deficiencies related to the allegations are cited. Complaint IN00421929 - Federal/State deficiencies related to the allegations are cited at F658. Complaint IN00421994 - Federal/State deficiencies related to the allegations are cited at F658. Complaint IN00420986 - No deficiencies related to the allegations are cited. Unrelated deficiencies are cited. Survey dates: December 4, 5 and 6, 2023. Facility number: 000269 Provider number: 155400 AIM number: 100267720 Census Bed Type: SNF/NF: 61 Total: 61 Census Payor Type: Medicare: 5 Medicaid: 49 Other: 7 Total: 61	F 0000	December 22, 2023 Ms. Brenda Buroker Director of Long-Term Care 2 North Meridian St. Indianapolis, IN 46204 Re: Survey Event ID ZYMI11 Dear Ms. Buroker: Please find attached my Plan of Correction for deficiencies cited during this Complaint Survey. I am respectfully requesting paper compliance. If you have any questions, please feel free to contact me. Sincerely, Karsen Rauch, HFA Administrator Cardinal Care Strategies	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Karsen Rauch	HFA - Administrator	01/10/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed December 12, 2023.			
F 0658 SS=D Bldg. 00	483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. Based on observation, interview, and record review, the facility failed to ensure a nurse's authorization was obtained prior to the administration of as needed (PRN) medication by a Qualified Medication Aide for 2 of 3 QMAs observed during a medication pass. (QMA 4 and QMA 12) Findings include: During an observation of a medication pass, on 12/5/23 at 1:41 p.m., Resident F indicated to QMA 4 he had pain in his groin area and rated his pain 7 out of a 10. QMA 4 indicated she was going to see what she could give him. He had a current order for hydrocodone - acetaminophen (narcotic pain reliever) 5-325 mg every six hours for pain. She prepared the medication and administered it to Resident F. She then told the nurse that Resident F had pain in his groin, he had rated 7 out of a 10 and she had administered him a pain pill. QMA 4 indicated she would normally ask the nurse prior to giving PRN medication. During an observation of a medication pass, on	F 0658	PROPOSED PLAN OF CORRECTION F658 1 – Upon notification of deficiency, the (2) QMAs were verbally educated about the requirement to notify their charge nurse before giving PRN medication upon request. An in-service was provided to all Nurses and QMAs about the deficiency cited and our policy regarding “Qualified Medication Aide, Scope of Practice.” This notification by the QMA will be a verbal request to the nurse. This request will include the who, why and what medication is being requested. A nurse will then put in a progress note that will be submitted as a follow up for effectiveness and will signify the initial approval was given. This process also aligns with the “Qualified Medication Aide, Scope of Practice” mentioned above.	01/04/2024

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	12/5/23 at 1:50 p.m., Resident G indicated to QMA 12 he had diarrhea and requested two "green pills". QMA 12 indicated he had PRN Lomotil (treat diarrhea) 2.5-0.25 mg. She prepared the medication and administered it to Resident G. QMA 12 indicated she who her nurse was and she would normally ask the nurse prior to giving a PRN medication. A current, undated facility policy, titled "Qualified Medication Aide, Scope of Practice," provided by the Administrator on 12/5/23 at 3:20 p.m., indicated the following: "...The following tasks are within the scope of practice for the QMA unless prohibited by facility policy... (11) Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call...." This citation relates to complaints IN00421929 and IN00421994. 3.1-35(g)(1)		2 – The facility has determined that all residents have the potential to be affected. 3 – The Director of Nursing, Nursing Management and/or the Administrator provided the education upon notification the day of the deficiency and during an in-service conducted on 12/19/2023. 4 - The Director of Nursing, Nursing Management and/or the Administrator will conduct 1 weekly audit for 8 weeks, or until compliance is achieved, at the end of a random QMA/Nurse shift. At the time of the audit we will ask the QMA if a PRN was given and then go to the charge nurse and ask if they were notified, and the proper information as to the who, why and what medication was requested, before it was given. We will also audit the record and make sure a progress note was done by a nurse for that medication. We will also provide verbal education during that audit each week. As a means of quality assurance, results of the reviews and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased based on compliance. Also, education will continue to be	

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			provided for up to (6) months in monthly in-services. 5 – Corrective action completed by 1/4/24.	
F 0727 SS=D Bldg. 00	483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. Based on interview and record review, the facility failed to ensure RN services were provided for at least 8 consecutive hours, 7 days a week. Findings include: The RN coverage time sheets from 11/1/23 to 12/4/23 were provided by the Administrator, on 12/6/23 at 11:32 a.m. and indicated there were not 8 hours of RN coverage on 11/5/23, 11/11/23, 11/12/23, 11/22/23, 11/25/23, 11/26/23, 12/2/23, 12/3/23 and 12/4/23. During an interview with the Corporate Human Resources (HR) Officer and with the Facility HR employee present, on 12/6/23 at 10:12 am.,	F 0727	PROPOSED PLAN OF CORRECTION F727 1 – Upon notification of deficiency, the nursing staff schedule was thoroughly evaluated. No residents were found to be affected, since the facility didn't go through any shift without a nurse on duty, even if (s)he was an LPN instead of an RN. Even though there was not an RN in the building, there was an RN available on call for any questions or situations that might	12/22/2023

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	Corporate HR Officer indicated the nurse managers, the Minimum Data Set (MDS) Coordinator and the DON were typically salaried employees. They should be clocking in on the time clock and then the Facility's HR employee would change the code to make sure the hours were captured and then she would report them to CMS. The Facility HR employee indicated she was not always aware when administrative staff worked to make sure the coding was changed in the time clock. During an interview with the Administrator, on 12/6/23 at 11:32 a.m., she indicated they should have RN coverage 8 hours day/7 days a week. They did not have a policy for RN coverage and they would follow the regulations. 3.1-17(b)(3)		arise. Going forward, we will schedule an RN 8 hrs/day 7 days/wk for direct patient care. We will also make sure that the DON hours will not be applied as a charge nurse when we have an average daily occupancy of 60 or more residents. 2 – The facility has determined that all residents have the potential to be affected. 3 – The Director of Nursing, Nursing Management, Human Resources and the Administrator are actively working on outside marketing tactics to hire and retain Registered Nurses. Care Strategies has active and current advertisements on Indeed, as well as, offering internal staff a Referral Bonus Program. The Administrator and DON will monitor daily RN hours to ensure the deficient practice does not occur. 4 - The Director of Nursing, Nursing Management and/or the Administrator will conduct 1 weekly audit/review of the nursing staff schedule for the upcoming week. They will ensure RN coverage 8hrs/day 7 days/wk. These audits will continue for 8 weeks and until compliance is maintained. As a means of quality assurance,	

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			results of the reviews and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased based on compliance. 5 – Corrective action completed by 12/22/2023.	
F 0851 SS=F Bldg. 00	483.70(q)(1)-(5) Payroll Based Journal §483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(q)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:			

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	(i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). §483.70(q)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(q)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS. §483.70(q)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.			
	Based on interview and record review, the facility failed to accurately report the RN coverage hours for 12 of 21 days triggered on a Payroll Based Journal Report for Fiscal Year 2023 Quarter 3. Findings include: A Payroll Based Journal (PBJ) report, compiled on	F 0851	PROPOSED PLAN OF CORRECTION F851 1 – Upon notification of deficiency, the process for PBJ reporting and the nursing staff schedule were	12/22/2023

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	12/4/23, indicated no RN hours were reported for 21 days and included 4/3/23, 4/5/23, 4/6/23, 4/10/23, 4/11/23, 4/15/23, 4/19/23, 4/20/23, 4/29/23, 5/3/23, 5/6/23, 5/7/23, 5/9/23, 5/10/23, 5/13/23, 5/21/23, 5/27/23, 5/28/23, 6/18/23, 6/25/23, and 6/29/23. During an interview with the Corporate Human Resources (HR) Officer and with the Facility HR employee present, on 12/6/23 at 10:12 am., Corporate HR Officer indicated the nurse managers, the Minimum Data Set (MDS) Coordinator and the DON were typically salaried employees. They should be clocking in on the time clock and then the Facility's HR employee would change the code to make sure the hours were captured and then she would report them to CMS. The Facility HR employee indicated she was not always aware when administrative staff worked to make sure the coding was changed in the time clock. During an interview with the Administrator, on 12/6/23 at 11:32 a.m., she indicated they should have RN coverage 8 hours day/7 days a week. They did not have a policy for RN coverage and they would follow the regulations.		thoroughly evaluated. No residents were found to be affected, since the facility didn't go through any shift without a nurse on duty, even if she was an LPN instead of an RN. Even though there was not an RN in the building, there was an RN available on call for any questions or situations that might arise. Going forward, we will schedule an RN 8 hrs/day 7 days/wk for direct patient care. Human Resources will be communicated with, at building level, when a salaried nurse manager is RN coverage so that their hours can be appropriately coded in Paycor and therefore accurately reported for Payroll Based Journal quarterly. 2 – The facility has determined that all residents have the potential to be affected. 3 – The Director of Nursing, Nursing Management, Human Resources and the Administrator are actively working on outside marketing tactics to hire and retain Registered Nurses. Care Strategies has active and current advertisements on Indeed, as well as, offering internal staff a Referral Bonus Program. The Administrator and DON will monitor daily RN hours to ensure the deficient practice does not occur. The	

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			Administrator and/or DON will also communicate with HR when hours need to be applied differently than normal for RN coverage purposes. 4 - The Director of Nursing, Nursing Management and/or the Administrator will conduct 1 weekly audit/review of the nursing staff schedule for the upcoming week. They will ensure RN coverage 8hrs/day 7 days/wk. These audits will continue for 8 weeks and until compliance is maintained. Human Resources, The Administrator and/or HR will audit payroll before submission to make sure that all hours were applied correctly for PBJ purposes. This audit will occur once every 2 weeks (that's when payroll is submitted) for 8 weeks and until compliance is maintained. As a means of quality assurance, results of the reviews and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased based on compliance. 5 – Corrective action completed by 12/22/2023.	