

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 11/15/2018
NAME OF PROVIDER OR SUPPLIER SENIOR SUITES AT THE LELAND, LLC		STREET ADDRESS, CITY, STATE, ZIP COD 900 SOUTH A STREET RICHMOND, IN 47374		
(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	<p>This visit was for the Investigation of Complaint IN00278780.</p> <p>Complaint IN00278780 - Substantiated. State Residential finding related to the allegations is cited at R0349.</p> <p>Survey dates: November 14 and 15, 2018</p> <p>Facility number: 012497</p> <p>Residential Census: 97</p> <p>This State Residential finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on November 16, 2018</p>	R 0000		
R 0349 Bldg. 00	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure the accurate documentation of a medication administration for 1 of 3 residents reviewed for medication administration. (Resident C)</p> <p>Findings include:</p>	R 0349	<p>In - service held on 11/28/2018 for medication administration and signing off medications. Employee who made error was educated on mistake and written up.</p> <p>Medication policy and procedure updated to reflect when to sign off</p>	12/12/2018

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

TITLE

(X6) DATE

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>The clinical record of Resident C was reviewed on 11-14-18 at 11:20 a.m. His diagnoses included, but were not limited to unspecified heart failure, cardiomyopathy, high blood pressure, diabetes and severe protein calorie malnutrition. His most recent service plan, dated 10-10-18, indicated he was "sufficiently oriented to function independently if in familiar surroundings" and required nursing staff to provide "administration and/or observation of medications requiring judgement for necessity, dosage and/or effect."</p> <p>A nursing note, dated 10-13-18 at 9:00 a.m., indicated Resident C had not arrived at the facility's Wellness Center to receive his morning medications. Resident C's medications were taken to his apartment by nursing staff, "knocked on door x3 w/no response, entered apartment with key, resident found laying in bed non-responsive to verbal/tactile stimuli. STAT [immediate] page for nursing staff to assist, pulse assessed x2 staff, LPN called and instructed to start CPR...0910 [9:10 a.m.] EMS arrived and assumed code., 0913 [9:13 a.m.]...EMS instructed staff CPR would not be continued d/t [due to] resident's condition."</p> <p>Review of Resident C's medication administration record (MAR) for October, 2018 indicated the morning medications for 10-13-18 were indicated to have been administered. Those medications listed as administered, on the morning in which he was found unresponsive and later determined to be deceased by EMS were:</p> <ul style="list-style-type: none"> -ferrous sulfate 325 mg (milligrams) by mouth every other day. -Flonase 50 mcg (micrograms) 2 sprays into each nostril daily. -folic acid 1 mg by mouth daily. - gabapentin 300 mg by mouth daily. 		<p>medications. See attached documentation.</p> <p>Added 12/7/2018</p> <p>Attachment to Plan of Correction: 12/7/2018</p> <p>In addressing the Plan of Correction for the TAG 349 cited on the CMS -2567, the following plan to correct the deficiency has been instituted.</p> <p>1. Describe what the facility did to correct the deficient practice for each deficiency and/or client cited in the deficiency.</p> <p>Answer: The facility called to the attention of all licensed (medication) passing staff the deficient cited practice. We verbally instructed them on the correct process for handling such situations. Reminding them of their trained nursing and QMA scope of practices for the administration and documentation of medications to a resident. The facility, on this coming Monday, December 10, 2018, will host another in-service, re-training staff on a newly updated policy and procedure for medication administration that includes thorough administration</p>	

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	<p>-Metamucil Powder 28.3 percent psyllium, 2 tablespoons, by mouth daily.</p> <p>-Myrbetriq 50 mg by mouth daily.</p> <p>-Spironolactone 25 mg by mouth daily.</p> <p>-Stiolto Respimat Inhaler Spray by mouth 2 puffs daily.</p> <p>-vitamin B-1 1000 mg by mouth daily.</p> <p>-vitamin B12 500 mcg 2 tablets by mouth daily.</p> <p>-vitamin D-3 1000 units by mouth daily.</p> <p>-famotidine 20 mg twice daily.</p> <p>-oyster shell plus vitamin D 500 mg- 400 by mouth twice daily.</p> <p>In interview with the Director of Nursing (DON) on 11-15-18 at 2:42 p.m., she indicated the staff member may have documented the medications as administered as the medications were taken from the medication cart. She indicated the nursing notes and her knowledge of the situation indicated the resident was non-responsive upon the staff's arrival to Resident C's room and this would have made it impossible for him to take his medications. The DON indicated staff know not to sign a medication off as administered until it is actually given, but the facility does not have a specific policy that addresses that.</p> <p>This Residential tag relates to Complaint IN00278780.</p> <p>5.8.1(a)(1) 5.8.1(a)(2)</p>		<p>assessing the ingestion of medication and documentation after administration has happened. (See included Policy and Procedure).</p> <p>2. Describe how the facility reviewed all deficient items and /or clients in the facility that could be affected by the same deficient practice, and state what actions the facility took to correct the deficient practice for any item and/or client the facility identified as being affected.</p> <p>Answer: The Director of Nursing reviewed the medical records of all residents that have expired within the last 60 days to insure that the cited deficient practice had not occurred on any other resident. DON signed acknowledging her review of those medical records.</p> <p>3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made.</p> <p>Answer: The facility reviewed and updated their Policy and Procedures for the Administration of Medications and on this coming Monday, December 10, 2018, will host another in-service, and</p>	

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			<p>training for Licensed (medication passing) staff, nurses and QMAs , on a newly updated policy and procedure for medication administration that includes but not limited to the administration processing to include the ingestion of the medication, the assessing of such and finally <u>after</u> administration has taken place, the documentation in the Medication Administration Record.</p> <p>4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place, monitoring should include;</p> <p>5. Who is responsible, the system by which the responsible person(s) will monitor, frequency of monitoring. If random monitoring is indicated, a specific time frame needs to be included, i.e., weekly monthly, etc.</p> <p>Answer: The corrective actions for this plan will be monitored annually. Along with all other yearly trainings this Medication Policy and Procedure will be reviewed, any questions addressed and all nurses and QMA's will sign off as receiving this annual training and their agreement to follow its practices. The annual staff instruction will be conducted/</p>	

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

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FORM APPROVED
OMB NO. 0938-039

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			<p>overseen by a trained licensed clinical staff member, including but not limited to director of nursing, executive director, corporate nurses, consulting pharmacist, or consulting nurses.</p> <p>6. For each tag, include the date by which the systemic changes will be completed. Said date must be after the exit date of the survey.</p> <p>Answer: Final completion of all initiated systemic changes will be complete by Wednesday, December 12, 2018.</p>	