STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155766	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE MANOR CHRISTIAN HOME INC	643 W UTICA ST SELLERSBURG, IN 47172

(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 Complaint IN00416292. Complaint IN00416292 - Federal/State deficiency related to the allegation is cited at F684. Survey dates: September 11 and 12, 2023 Facility number: 000563 Provider number: 155766 AIM number: 100267610 Census Bed Type: SNF/NF: 52 Total: 52 Census Payor Type: Medicare: 1 Medicaid: 39 Other: 12 Total: 52 This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 15, 2023.	F 0000		
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Steven Cunningham 10/09/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155766	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE MANOR CHRISTIAN HOME INC	643 W UTICA ST SELLERSBURG, IN 47172

(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
	comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure a resident admitted with a history of diabetes received blood sugar level cheeks and insulin timely for 1 of 3 residents reviewed for quality of care. (Resident B) Findings include: An Incident Report, dated 8/24/23 at 8:20 p.m., indicated Resident B arrived at the facility on the evening of 8/23/23 around 6:30 p.m. The resident's insulin orders were not put into the system. An Admission MDS (Minimum Data Set) assessment, dated 8/24/23, indicated the resident was severely cognitively impaired. The diagnoses included, but were not limited, to diabetes mellitus Type 1 with ketoacidosis and coma, dementia, and cognitive communication deficit. A Hospital Discharge Summary, dated 8/23/23, indicated the resident's discharge medications included, but were not limited to, the following: - Toujeo (a long acting insulin medication), staff were to administer 15 units daily. - Humalog (a fast acting insulin medication), staff were to administer 5 units, three times a day with meals. The August EMAR (Electronic Medication Administration Record) lacked documentation the resident received her insulin (Toujeo 15 units) or accu check (blood sugar level) on 8/23/23 and the resident had not received the fast acting Humalog insulin with breakfast or lunch the following day on 8/24/23.	F 0684	1.)The admission orders of the resident that was affected was reviewed by admin nursing the following morning after admission. Orders were checked, clarified with MD and appropriate corrections, new or changed orders completed. 2.)The admission/readmission orders are routinely checked the following morning that admin staff is in building following the admission/readmission. Therefore, the 4 admissions/readmissions since 8/31/23 have been checked. 3.)A change in the process for auditing has been initiated effective with the 9/15/23 readmission. The change is as follows: a facility nurse will be required to complete all medication and medication related orders for admissions/readmissions. An admin nurse will audit and make any needed corrections within 12hours of the admission/readmission orders completed by non-admin nurse. Agency nurses will not be completing medication or medication related order transcription or order entry. Facility nurses and regular scheduled agency nurses are	09/28/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155766	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE MANOR CHRISTIAN HOME INC	643 W UTICA ST SELLERSBURG, IN 47172

(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
	A Progress Note, dated 8/24/23 at 4:10 p.m., indicated the physician saw the resident for the initial admission assessment. All previous records from the hospital were reviewed. New orders were received to discontinue the routine Lispro (insulin medication) and start accu checks with a sliding scale Lispro. A Progress Note, dated 8/24/23 at 4:24 p.m., indicated the resident vomited twice during the shift, approximately 3 hours after a meal. A Progress Note, dated 8/24/23 at 5:17 p.m., indicated staff administered 12 units of Humalog and the nurse was waiting for a call from the physician. A Progress Note, dated 8/24/23 at 6:25 p.m., indicated the resident's family member was notified of the resident vomiting twice and a high accu check reading of 600 mg/dl (normal adult range of blood sugar levels was 80 mg/dl to 120 mg/dl). A Progress Noted, dated 8/24/23 at 7:18 p.m., indicated the resident's accu check reading was high at 600 mg/dl. Staff administered 32 units of Humalog STAT (immediately) per the physician's order. A Progress Note, dated 8/24/23 at 8:00 p.m., indicated the nurse attempted to give the resident her night time medication and the resident was unresponsive. Her blood sugar reading was 600 mg/dl. The physician was contacted and a new order was received to send the resident to the hospital. During an interview on 9/11/23 at 7:42 p.m., RN 2 indicated when there was a new admission to the		being instructed on this new process w/ signature acknowledging understanding on their next scheduled shift. Accu checks are now being required for residents w/ dx of diabetes upon admission/readmission. The admission order list has been updated to include that order which includes that if blood sugar is greater than 200 MD is to be notified. Education has been provided to facility employed nurses and regular scheduled agency nurses on the entry of insulin and accu check orders with return demonstration completed. 4.) The attached QA sheet will be utilized when auditing admission/readmission medication or medication related orders. This QA form will be utilized indefinitely for admissions and readmissions of greater than 24hrs out of facility. 5.) The following will be uploaded as supporting documentation: -QA form -Admission order page with #44 obtain accu check at time of admission -Order in computer r/t the accu check w/ additional direction to call MD if BS >200 -Signature sheet of nurses acknowledging new admission/readmission med order process	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155766	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE MANOR CHRISTIAN HOME INC	643 W UTICA ST SELLERSBURG, IN 47172

(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
	facility she would get an admission packet, with a hospital discharge summary. She would verify the resident's vitals, complete a head-to-toe assessment, and if they were diabetic, she would obtain blood sugar on them. There was a night shift agency nurse, and she was the one that completed the resident's admission. The night shift nurse should have noted that the resident was diabetic, and reviewed and entered the orders into the system. When she returned the next morning, she only had time to read the resident's history and physical before the administration staff took the chart to finish up the admission. There were no accu checks or insulin orders in the system for the resident. The resident was a diabetic and had not received insulin the night before. There were no accu checks or insulin orders in the system on 8/24/23 until 4:00 p.m. At that time, the RN did get an accu check on Resident B and it was high. The RN gave the ordered dose of insulin and called the physician. The physician gave the order of 20 units STAT and to recheck the blood sugar in 2 to 3 hours. The resident was not cognitively aware but could not answer questions appropriately. During an interview on 9/11/23 at 8:04 p.m., the Director of Nursing (DON) indicated, on 8/23/23, the night shift nurse was an agency nurse. The DON had talked to her prior to leaving the building and instructed her, that if she had any issues, she was to call the DON. That nurse did not call her. The agency nurse did input some medication orders but did not input the insulin or accu check orders. She indicated she did not know how. The system was asking for parameters but there were no parameters given. There were no parameters because the insulin was scheduled. The next morning upon her arrival she retrieved the resident's chart to review the orders with the		-Copy of the new process given to each nurse when signing -Signed acknowledgement sheets from nurses regarding education on insulin/accu check order entry w/ return demonstration ADDENDUM to #4 The uploaded QA form and process of auditing admission or readmission (of greater than 24hrs) med/med related orders will be completed for 3 months at the above timeframe of within 12hrs. If within the initial 3 months there are significant medication/medication related errors noted then the QA will continue for another 3 months from that date. This process will continue until there are 3 consecutive months w/o any significant med/med related errors. Once there are 3 months with no significant med/med related errors then the audit timeframe will be changed to within 24 hrs. A minimum of 6 months auditing either at 12 or 24 hrs will be completed. It will then be discussed at the next, following 6 months, QA meeting based on results if auditing at 12 or 24hrs should be continued or if to return to the prior procedure which was for an admin nurse to check the admission/readmission on the next day in facility.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155766	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE MANOR CHRISTIAN HOME INC	643 W UTICA ST SELLERSBURG, IN 47172

(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
	physician. She did not get all the clarifications and orders inputted until around 1:30 p.m. on 8/24/23. She thought the resident had only been nauseated before dinner and she was aware the resident had received Zofran. The day shift RN told her that the night shift nurse did not put in insulin orders because she did not know the parameters. She had reviewed the hospital EMAR and Resident B had received the Toujeo the night before on 8/22/23. It would be a "nursing measure" to obtain an accu check on a known diabetic and did not necessarily need a physician order. She had asked the agency nurse if she had taken Resident B's blood sugar and the agency nurse stated she did and it was 101, but she did not know where to document it in the record. The nurse could have documented under progress notes, vitals, or on the admission assessment. The EMAR, dated 8/24/23 at 7:00 p.m., indicated the nurse had administered the resident's Humalog 20-units STAT. The EMAR, dated 8/24/23 at 7:18 p.m., indicated the nurse had administered the resident's Humalog 32-units STAT. During an interview on 9/12/23 at 9:00 a.m., the DON indicated the RN did not go into the system and document the actual times given. The progress notes indicated the 7:00 p.m. dose was given at 5:00 p.m. The DON had started education for staff evolved and had not educated the agency staff that generally work at the facility. The current plan was for her to review all new admission orders the next working day. The current facility policy, titled "Abuse/Neglect/Mistreatment/Exploitation/Misap propriation of Personal Property", with a reviewed		ADDENDUM to #5 The system changes were completed by 9/28/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155766	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE MANOR CHRISTIAN HOME INC	643 W UTICA ST SELLERSBURG, IN 47172

(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
	date of 1/18/2023, was provided by the DON on 9/11/23 at 7:16 p.m. The policy indicated, " ...2. To ensure that the facility personnel are trained during orientation, and at periodic intervals ...Definitions/Background: ...Neglect: the willful failure of the facility, its employees, or service providers to provide goods and services that are necessary to avoid physical harm ..." The current facility policy, titled "Admission Policy", with a reviewed date of 2/25/2023, was provided by the DON on 9/12/23 at 12:13 p.m. The policy indicated, " ...The purpose of this facility policy ...to establish uniform guidelines for facility staff to following in admitting residents ..." The current facility policy, titled "Admission Orders", with a reviewed date of 2/25/2023, was provided by the DON on 9/12/23 at 12:13 p.m. The policy indicated, " ...The purpose of this policy ...to ensure that each resident receives necessary care and services upon admission to the facility ...At the time a reside is admitted, the facility will have physician's orders for the resident's immediate care...Procedure: Admission orders will be obtained from ...discharge summary ...Admission orders will, at a minimum, ...include ...medications ...and routine care to maintain ...the resident's functional abilities ...The physician/provider will be notified of the resident's admission, orders will be verified for continuation ..." The current facility policy, titled "Documentation in the Resident's Medical Record", with a reviewed date of 2/8/2023, was provided by the DON on 9/12/23 at 12:13 p.m. The policy indicated, " ...The purpose of this policy is to ensure accurate, clear, and concise record of the care a resident receives, status of health conditions, ...1.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155766	A. BUILDING 00 B. WING	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAPLE MANOR CHRISTIAN HOME INC	643 W UTICA ST SELLERSBURG, IN 47172

(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
	The resident's medical record should be ...accurate, ...and consistent ...3. Documentation should be within a timely manner ...to enable providers to make informed decision about ...continuity of care ..." The current facility policy, titled "Diabetic Care", with a reviewed date of 2/25/2023, was provided by the DON on 9/12/23 at 12:13 p.m. The policy indicated, " ...The purpose of this policy is to ensure that the facility monitors and provides appropriate care for diabetic residents ...A blood glucose check will be performed as a nursing measure ..." This Federal tag relates to Complaint IN00416292. 3.1-37(a)			