

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 05/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  STORYPOINT GRANGER	STREET ADDRESS, CITY, STATE, ZIP COD 6330 N FIR RD GRANGER, IN 46530
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 Complaints IN00409063, IN00408412, IN00408053 and IN00407097</p> <p>Complaint IN00409063 - State deficiencies related to the allegations are cited at R0241 and R0245.</p> <p>Complaint IN00408412- State deficiencies related to the allegations are cited at R0241 and R0245.</p> <p>Complaint IN00408053 - State deficiency related to the allegations is cited at R0241.</p> <p>Complaint IN00407097 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 23, 24 &amp; 25, 2023</p> <p>Facility number: 012229</p> <p>Residential Census: 121</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 6/5/2023.</p>	R 0000	<p>6/22/23 – To Whom It May Concern: On May 23rd to May 25th, 2023, a complaint survey was conducted at StoryPoint Granger. Attached is the plan of correction for tags F241 and F245, the creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the community respectfully requests a desk review in lieu of a post-survey revisit.</p> <p>Thank you for your time and consideration, Martin Lebbin Executive Director StoryPoint Granger</p>	
R 0241  Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Martin	TITLE  Lebbin	(X6) DATE  06/22/2023
---	---------------------	-----------------------------

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.

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 05/25/2023
NAME OF PROVIDER OR SUPPLIER  STORYPOINT GRANGER			STREET ADDRESS, CITY, STATE, ZIP COD 6330 N FIR RD GRANGER, IN 46530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
	<p>Based on record review and interview, the facility failed to ensure a staff member, who had a Home Health Aide (HHA) license had not worked as a Qualified Medication Aide (QMA) and administer medications to 3 of 5 random residents reviewed. (Resident H, J and K)</p> <p>Finding includes:</p> <p>On 5/23/23 at 4:24 P.M., the Administrator provided a form titled, "Job Description Qualified Medication Aide", undated, and indicated it was the job description currently used by the facility. The job description indicated " ...Required Experience: *Current QMA [Qualified Medication Aide] Certificate, in good standing with the State Department of Health *Current CNA [Certified Nurse Aide] Certificate, in good standing, with the Nursing Assistant Registry ...Compliance with accepted professional standards and practices...Key Responsibilities: *Administer all medications and document on MAR [Medication Administration Record] to include refusals and PRN [as needed] medication...."</p> <p>An on-line application for HHA 2, signed on 3/31/23, indicated the application was for a QMA. The application asked the applicant to if they were certified/licensed and to provide a license number, to which the applicant indicated she had a HHA license.</p> <p>A State of Indiana License Information indicated HHA 2 had an active HHA license which was issued, on 9/29/20 and expired on 9/29/24.</p> <p>A Personal and Confidential form, dated 3/27/23, indicated " ...We are extending you an offer of employment as a Part Time 1st Shift QMA with an anticipated start date of March 31, 2023...."</p>	R 0241	<p><b>F241 – Health Services - Offense</b></p> <p>It is the practice of this provider to make sure medication is administered by licensed nursing personnel or qualified medication aides.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>HHA 2 was immediately removed from the schedule and appropriate action was taken.</p> <p>Resident H, J, and K had their medication administration reviewed.</p> <p>The residents did not experience any negative outcomes related to the deficient concern.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents have the potential to be affected.</p> <p>HHA 2 was immediately removed from the schedule and appropriate action was taken.</p> <p>Resident H, J, and K had their medication administration reviewed.</p> <p>All other wellness staff had their licensure/certification reviewed.</p> <p>The residents did not experience any negative outcomes related to the deficient concern.</p> <p><b>What measures will be put into</b></p>	05/25/2023	

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 05/25/2023	
NAME OF PROVIDER OR SUPPLIER  STORYPOINT GRANGER				STREET ADDRESS, CITY, STATE, ZIP COD 6330 N FIR RD GRANGER, IN 46530			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
	<p>An Employee Detail form indicated HHA was hired, on 4/10/23, as a QMA and was terminated on 5/11/23.</p> <p>The Weekly Schedule, for April &amp; May 2023, indicated HHA 2 was scheduled, as a QMA, on the following dates : 4/18, 4/19, 4/22, 4/23, 4/24, 4/26, 4/27, 4/28, 5/1, 5/3 and 5/4.</p> <p>The April and May 2023, Medication Administration Records (MAR) for Resident H, Resident J and Resident K indicated HHA 2 had placed her initials, on their MAR, signifying she had administered medications to the following residents, on the following dates: -Resident H, on 4/19, 4/23 and 4/24. -Resident J, on 4/13, 4/18, 4/28, 5/1, 5/3 and 5/4. -Resident K, on 4/13, 4/18, 5/1, 5/3 and 5/4.</p> <p>During an interview, on 5/24/23 at 2:16 P.M., QMA 3 indicated she knew HHA 2 and confirmed HHA 2 had worked, at the facility, as a QMA, however did not think she was certified to give insulin. She stated HHA 2's name badge indicated QMA. She explained, in her past position, she would obtain from the regional office the new hire information and she was responsible to have them sign their job descriptions, provide information on cell phone usage, provide them with a handbook and instructions on clocking in and out of the facility. She never had to verify anyone's license, as the Regional Hiring and Scheduling person had been required to ensure license information.</p> <p>On 5/24/23 at 2:45 P.M., the ADON provided an undated form titled, "Job Description-Care Giver", and indicated it was the current job description for a HHA. The form indicated "... You provide compassionate and competent care for residents</p>		<p><b>place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> The regional scheduler runs the licensure to check for appropriate credentials upon receiving a completed application. The onboarding specialist runs the licensure to check for appropriate credentials as they are processing an application. The onboarding specialist then sends verification to the facility. A facility designee runs an independent licensure check to check for appropriate credentials, on-site, prints the proof of license/certification, prints them and places them in their file. <b>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;</b> To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for reviewing employees' credentials prior to orientation. If the threshold of 100% is not maintained, an action plan will be developed. Findings will be submitted to the Executive Director for review. <b>By what date the systemic chances will be completed:</b> Compliance date: 5/25/23</p>				

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 05/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  STORYPOINT GRANGER	STREET ADDRESS, CITY, STATE, ZIP COD 6330 N FIR RD GRANGER, IN 46530
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>by performing the following services: *Assist resident with dining *Wheelchair and walking escorts *Meal and activity reminders *Answers resident call signals...."</p> <p>On 5/25/23 at 10:15 A.M., an interview was conducted with the Regional-Central Scheduler, the Administrator and the Assistant Director of Nursing (ADON). The Central Scheduler indicated she reviewed applications and completed all the hiring and was located in another city approximately 85 miles away, from the facility. She indicated she understood what the initials of HHA meant and she had accepted the application for a QMA from HHA 2. The Central Scheduler would accept the online application and then the application would be forwarded to the on-boarding team, who verified the license. The Administrator indicated he was unaware of the license situation until his staff reported HHA 2 just didn't have the knowledge a QMA should have, so he checked her license and the employee was terminated. The ADON indicated at the time of her termination, HHA 2 indicated she had applied for the position as a QMA due to the job description and told the ADON she had those type of duties at her last assigned employment. The Administrator and the ADON indicated most of the time HHA 2 had worked with another staff member and there had been no medication errors during her time of employment.</p> <p>On 5/23/23 at 1:15 P.M., a form titled. "Bombarding Specialist" was received from the Administrator and indicated the form was the job description was for the Central Scheduler. The Primary Responsibilities and Duties were: "...Fully manage new hire onboardings including pre-employment screening management, license verification, welcome phone calls and emails to</p>			

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 05/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  STORYPOINT GRANGER	STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 0245  Bldg. 00	<p>new employees, coordinating, tracking and collecting all paperwork...Demonstrate a high level of attention to detail and timely follow through...Make sound decisions even in the absence of complete information...."</p> <p>This State residential finding relates to complaint IN00409063, IN00408412 and IN00408053.</p> <p>410 IAC 16.2-5-4(e)(5) Health Services - Offense (5) Injectable medications shall be given only by licensed personnel. Based on interview and record review, the facility failed to ensure a Qualified Medication Aide (QMA) had additional certification/education to administer insulin to 3 of 5 residents who required administration assistance with insulin. (Resident P, R and S)</p> <p>Findings include:</p> <p>On 5/24/23 at 11:10 A.M., a list of the QMAs who had a certification for insulin administration was received from the Assistant Director of Nursing (ADON) and QMA 5 was on the list.</p> <p>During a review, of the Employee Records, on 5/25/23, QMA 5 was not listed as an employee.</p> <p>During an interview, on 5/25/23 at 1:19 P.M., the ADON indicated QMA 5 had a name change and was identified on employee list with her married name and her certification was in her maiden name. The ADON provided a certification for the QMA 5, which did not include a certification for insulin administration. The ADON was not aware QMA 5 did not have the certification for insulin administration.</p>	R 0245	<p><b>F245 – Health Services - Offense</b></p> <p>It is the practice of this provider to assure injectable medications are given only by licensed personnel. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>QMA 5 was immediately removed from insulin administration duties. Resident P, R, and S had their insulin administration reviewed. The residents did not experience any negative outcomes related to the deficient concern.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents have the potential to be affected. QMA 5 was immediately removed from insulin administration duties. Resident P, R, and S had their</p>	05/25/2023

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 05/25/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  STORYPOINT GRANGER	STREET ADDRESS, CITY, STATE, ZIP COD 6330 N FIR RD GRANGER, IN 46530
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>1. On 5/25/23 at 1:40 P.M., a review of the clinical record for Resident P was conducted. The resident's diagnoses included, but were not limited to: diabetes and Alzheimer's Disease.</p> <p>The May 2023 Medication Administration Record (MAR), indicated the resident had an order for Levemir (type of insulin) 6 units by subcutaneous injection, twice a day, at 8:00 A.M. and 8:00 P.M. The MAR indicated QMA 5 had injected the insulin, to the resident, on the following dates: 5/4/23 at 8:19 P.M., 5/5/23 at 8:09 P.M., 5/19/23 at 8:30 P.M. and 5/22/23 at 8:44 P.M.</p> <p>2. On 5/25/23 at 1:47 P.M. a review of the clinical record for Resident R was conducted. The resident's diagnoses included, but were not limited to: diabetes and multiple sclerosis.</p> <p>The May 2023 MAR, indicated the resident had an order for Levemir 7 units by subcutaneous injection every morning and 13 units every evening. The MAR indicated QMA 5 had injected 13 units of Levemir insulin, to the resident, on the following dates: 5/4/23 at 8:13 P.M., 5/5/23 at 9:05 P.M., 5/19/23 at 8:31 P.M., and 5/22/23 at 8:00 P.M.</p> <p>3. On 5/25/23 at 1:53 P.M., a review of the clinical record for Resident S was conducted. The resident had no diagnoses listed.</p> <p>The May 2023 MAR, indicated the resident had an order for Glargine (long acting insulin) 6 units at bedtime by subcutaneous injection. The MAR indicated QMA 5 had injected the insulin on the following date: 5/19/23 at 8:29 P.M.</p> <p>On 5/23/23 at 4:24 P.M., the Administrator provided a form titled, "Job Description Qualified Medication Aide", undated, and indicated it was</p>		<p>insulin administration reviewed. The residents did not experience any negative outcomes related to the deficient concern.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>The regional scheduler runs the licensure to check for appropriate credentials upon receiving a completed application. The onboarding specialist runs the licensure to check for appropriate credentials as they are processing an application. The onboarding specialist then sends verification to the facility.</p> <p>A facility designee runs an independent licensure check to check for appropriate credentials, on-site, prints the proof of license/certification, prints them and places them in their file. When a staff member completes an approved Insulin Certification Course, they will provide the appropriate paperwork to the DNS/designee who will be responsible for reviewing new employees' credentials prior to orientation and administering any insulin.</p> <p><b>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;</b></p>	

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 05/25/2023	
NAME OF PROVIDER OR SUPPLIER  STORYPOINT GRANGER				STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530			
(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			
	<p>the job description currently used by the facility. The job description indicated " ...Required Experience: *Current QMA [Qualified Medication Aide] Certificate, in good standing with the State Department of Health *Current CNA [Certified Nurse Aide] Certificate, in good standing, with the Nursing Assistant Registry ...Compliance with accepted professional standards and practices...Key Responsibilities: *Administer all medications and document on MAR [Medication Administration Record] to include refusals and PRN [as needed] medication...." There was no policy provided regarding QMAs who had been certified to administer insulin injections.</p> <p>This State residential finding relates to complaints IN00409063 and IN00408412.</p>		<p>To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for reviewing new/existing employees' credentials prior to orientation and administering any insulin. If the threshold of 100% is not maintained, an action plan will be developed. Findings will be submitted to the Executive Director for review and follow up. <b>By what date the systemic chances will be completed:</b> Compliance date: 5/25/23</p>				