

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 <b>04/03/2025</b>
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NAME OF PROVIDER OR SUPPLIER <b>HERITAGE ASSISTED LIVING OF YORKTOWN</b>	STREET ADDRESS, CITY, STATE, ZIP COD <b>1400 S PATRIOT DRIVE YORKTOWN, IN 47396</b>
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00456210.</p> <p>Complaint IN00456210 - State deficiencies related to the allegations are cited at R246.</p> <p>Survey date: April 3, 2025</p> <p>Facility number: 014281</p> <p>Residential Census: 26</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed April 10, 2025.</p>	R 0000	Due to the scope and severity of the citation, we respectfully request desk compliance.	
R 0246  Bldg. 00	<p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency</p> <p>Based on record review and interview, the facility failed to ensure oversight of a QMA (qualified medication aide) when administering PRN (as needed) medication for 3 of 4 residents (Residents B, D, and E), and failed to follow physician's orders regarding administration times for the PRN medication for 1 of 4 residents (Resident E) reviewed for medication administration.</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 4/3/25 at 10:55 a.m. Diagnoses included Alzheimer's disease, diabetes mellitus type 2, and hypertension.</p> <p>A current signed physician's order, dated 2/23/24,</p>	R 0246	<p>All residents have the potential to be affected by this alleged deficient practice. All QMAs were educated on PRN medication administration policy</p> <p>No residents were affected by this alleged deficient practice. QMA staff were educated regarding the policy for PRN medication administration.</p> <p>The DON or designee will audit, daily PRN administrations to ensure there are no PRNs offered without proper notification of a</p>	04/25/2025

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

TITLE

(X6) DATE

Daphne New

Administrator

04/21/2025

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>indicated to administer anti-diarrhea tablet 2 mg (milligram), one tablet after each loose stool. Do not exceed 8 mg in 24 hours.</p> <p>Review of the MAR (medication administration record) for February 2025, indicated the medication was administered by a QMA on 2/8/25 at 2:18 p.m. The clinical record lacked documentation regarding nurse's name or verification of contact and authorization.</p> <p>2. Resident D's clinical record was reviewed on 4/3/25 at 2:11 p.m. Diagnoses included Alzheimer's disease and history of pulmonary embolism.</p> <p>A current signed physician's order, dated 8/5/24, indicated to administer acetaminophen (to treat pain) 500 mg, two tablets every six hours as needed for pain.</p> <p>Review of the eMAR (electronic medication administration record) for January to March 2025, indicated the medication was administered by a QMA on 1/2/25 at 7:19 a.m., on 1/2/25 at 10:29 p.m., on 1/3/25 at 8:51 a.m., on 1/6/25 at 2:43 a.m., on 1/7/25 at 4:55 a.m., on 1/8/25 at 6:46 p.m., and on 3/30/25 at 10:45 a.m. The clinical record lacked documentation regarding nurse's name or verification of contact and authorization.</p> <p>3. Resident E's clinical record was reviewed on 4/3/25 at 3:10 p.m. Diagnoses included adult failure to thrive and rheumatoid arthritis.</p> <p>A current signed physician's orders, dated 8/5/24, indicated to administer oxycodone-acetaminophen (to treat pain) 5-325 mg, one tablet every six hours as needed for pain. Minimum time: six hours.</p> <p>Review of the eMAR for January to March 2025,</p>		<p>Nurse.</p> <p>Audit will be performed daily for 4 weeks, then bi-weekly for 2 months, then monthly for 3 months or until 100% compliance is met</p> <p>Audits will be presented in monthly QA meeting.</p>	

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	<p>indicated the medication was administered by a QMA on 1/1/25 at 12:11 p.m., on 1/2/25 at 7:16 a.m., on 1/2/25 at 8:27 p.m., on 1/3/25 at 9:37 a.m., on 1/4/25 at 11:46 a.m., on 1/4/25 at 5:37 p.m., 1/5/25 at 6:58 a.m., on 1/5/25 at 1:42 p.m., on 1/6/25 at 2:42 a.m., on 1/6/25 at 11:25 p.m., on 1/7/25 at 6:20 a.m., on 1/8/25 at 8:30 a.m., on 1/8/25 at 8:19 p.m., on 1/10/25 at 9:50 a.m., on 1/11/25 at 1:37 p.m., on 1/11/25 at 9:17 p.m., on 1/12/25 at 2:02 p.m., on 1/12/25 at 7:39 p.m., on 1/14/25 at 3:25 a.m., on 2/3/25 at 9:38 p.m., on 2/9/25 at 12:06 a.m., on 2/9/25 at 5:37 a.m., on 2/9/25 at 12:08 p.m., on 2/28/25 at 3:06 a.m. on 3/4/25 at 2:56 a.m., on 3/5/25 at 2:27 a.m., on 3/14/25 at 3:43 p.m., on 3/15/25 at 3:21 p.m., on 3/17/25 at 2:51 p.m., on 3/20/25 at 9:46 a.m., on 3/20/25 at 3:49 p.m., on 3/21/25 at 2:58 p.m., on 3/22/25 at 10:00 a.m., on 3/22/25 at 2:08 p.m., 3/24/25 at 9:25 a.m., 3/24/25 at 4:32 p.m., on 3/25/25 at 10:05 a.m., on 3/26/25 at 10:02 a.m., and on 3/27/25 at 3:09 a.m. The clinical record lacked documentation regarding nurse's name or verification of contact and authorization.</p> <p>During review of the eMAR for Resident E, the following was observed:</p> <p>a. On 1/12/25, QMA 3 administered the medication at 2:02 p.m. and again at 7:39 p.m. The medication was note due to be given until 8:02 p.m., per the minimum time noted in the order of six hours.</p> <p>b. On 2/9/25, QMA 4 administered the medication at 12:06 a.m. and again at 5:37 a.m. The medication was not due to be given until 6:06 a.m., per the minimum time indicated in the order of six hours.</p> <p>c. On 3/22/25, QMA 3 administered the medication at 10:00 a.m. and again at 2:08 p.m. The medication was not due to be given until 4:00 p.m., per the minimum time indicated in the order of six hours.</p> <p>During an interview on 4/3/25 at 3:19 p.m., the</p>			

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	<p>DON indicated QMAs should document the name and time the nurse was contacted for authorization to administer a PRN medication. The approving nurse needed to follow up and co-sign the administration.</p> <p>A current, undated, facility policy titled, "Medication Administration Policy," provided by the DON on 4/3/25 at 1:43 p.m., indicated the following: "...Administration. The "Five Rights" must be followed: Right resident, ....Right time...."</p> <p>An undated "Qualified Medication Aide, Scope of Practice," document was retrieved on 4/3/25 from the Indiana Department of Health (IDOH) website and 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. If authorization is obtained, the QMA must do the following:...(D) Ensure that the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse was on call, by the end of the nurse's next tour of duty...."</p> <p>This citation relates to complaint IN00456210.</p>			