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| 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 06/20/2023 |
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| NAME OF PROVIDER OR SUPPLIER EVERGREEN VILLAGE AT FORT WAYNE | STREET ADDRESS, CITY, STATE, ZIP CODE 12523 AUBURN ROAD FORT WAYNE, IN 46845 |
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| R 0000 Bldg. 00 | <p>This visit was for a Investigation of Complaint IN00410091.</p> <p>Complaint IN00410091- No deficiencies realted to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: June 20, 2023</p> <p>Facility number: 014512</p> <p>Residential Census: 129</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed June 21, 2023</p> | R 0000 | Please accept this plan of correction for the cited deficiency from Survey Event ID 4V5811 | |
| R 0216 Bldg. 00 | <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance</p> <p>(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> | | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Laura Etter | Executive Director | 07/06/2023 |

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.

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| | <p>Based on observation, interview, and record review the facility failed to ensure evaluation for self administration of medications was completed for 1 of 4 residents reviewed. (Resident S)</p> <p>Findings include:</p> <p>During an observation, on 6/20/23 at 10:26AM, Resident S was in her apartment. Resident S had the following medications in her apartment: azelastine (a nasal spray), Pulmicort (an inhaler), and an unlabeled vial of solution for nebulizer machine.</p> <p>During an interview on 6/20/23 at 10:26, Resident S indicated she self-administered nasal sprays, inhalers, and nebulizer treatment medication. Resident S indicated the licensed staff administered oral medications.</p> <p>Resident S's record review on 6/20/23 at 1:36PM indicated the following:</p> <p>The MAR (Medication Administration Record) dated June 2023, had documentation Resident S self administered inhaler and nasal spray medications each day in June between 6/1 and 6/20.</p> <p>A Plan of Service dated 10/4/23 indicated oral and inhaler medications were to be administered by nursing staff. There was no designation regarding nasal spray.</p> <p>The current self-administration of medication assessment dated 5/23/22 had a mark down the column of not applicable, there was no indication yes or no on the assessment questions. The resident had been assessed and deemed unable to self-administer medications. Medication</p> | R 0216 | <p><u>POC for Survey Event 4V5811</u></p> <p>What corrective action will be accomplished for the resident affected by the deficient practice?</p> <p><i>All medications removed from Resident S's apartment. A Self-Administration Assessment has been scheduled for resident as resident had declined this at admission stating that she preferred staff to administer medications.</i></p> <p>How will we identify other residents with the potential to be affected and what corrective action will be taken to ensure they are not affected?</p> <p>1) <i>A building-wide sweep of residents who are under administration status for any medications they may have received on their own or from families stored in their rooms.</i></p> <p>2) <i>Orders for rescue inhalers to be kept at bedside will be requested for those who complete the Self-Administration Assessment, and the NP agrees.</i></p> <p>3) <i>Teachable Moments for all QMA's regarding administration responsibilities.</i></p> <p>What measures will be put into place or systemic changes we will make to ensure this does not recur?</p> <p>1) <i>Information placed in resident's community mailboxes to outline the Administration program</i></p> | 07/25/2023 | | | |

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| | <p>administration safety was documented at the following level; administration by licensed nurse.</p> <p>Level of service assessment dated 4/4/23, under medication procedures, indicated Resident S required assistance in administration of prescribed inhalation therapy (nebulizers and metered dose inhalers).</p> <p>In an interview on 6/20/23 at 2:29PM, the DON indicated Resident S did not self-administer medications and therefore she was not assessed to ensure safety of self-administration. The DON indicated Resident S, or her family requested at admission for medications to be administered by licensed staff.</p> <p>The current policy titled "medication management, administration, and storage" last reviewed 5/18/23 indicated. A. Assessment 1. The DON or designee with assess resident ability to self-administer medication using the self-medication assessment. The assessment would determine what level of assistance was required. The assessment would be reviewed biannually as part of the review process and as needed. B. All medication should be administered as ordered by resident's physician.</p> | | <p><i>and the expectations for compliance.</i></p> <p>2) <i>Notice put out on CareMerge for families regarding the importance of checking in all medications with nursing to ensure proper orders are in place as well as reintroducing the guidelines for compliance with the Medication Administration Program for those who may have forgotten.</i></p> <p>How will we monitor to prevent recurrence? QA Tool.</p> <p>1) <i>DON or Designee will audit med carts weekly to ensure inhalers, neb treatments and eye drops, and insulin pens are stored properly weekly x 4 weeks, monthly times 3 months. Then monthly for 3 months.</i></p> <p>2) <i>DON or Designee will Interview 5 residents per week regarding medication administration and storage x 4 weeks, then monthly for 5 months.</i></p> <p>3) <i>Administration Guidelines to be given out to new residents and families at Admission going forward.</i></p> <p>4) <i>Any issue or concerns will be forwarded to quality assurance committee for follow up as needed.</i></p> <p>By what date will this be completed?</p> <p><i>The expectation is for this plan of correction to be implemented no later than July 25th of 2023, as</i></p> | |

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

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| | | | <i>our notification was dated June 26th, 2023.</i> | | |