

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 08/16/2023
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NAME OF PROVIDER OR SUPPLIER GRAND BROOK MEMORY CARE OF FISHERS	STREET ADDRESS, CITY, STATE, ZIP COD 9796 EAST 131ST STREET FISHERS, IN 46038
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 15 & 16, 2023</p> <p>Facility number: 014253</p> <p>Residential Census: 36</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed August 21, 2023.</p>	R 0000	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
R 0144 Bldg. 00	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to ensure a clean, safe environment in 2 of 2 laundry units observed during a general observation walk-through.</p> <p>Finding includes:</p> <p>On 8/15/23 at 9:49 a.m., the laundry room on the Lake Side unit was observed. Behind the row of two washers and two dryers, were lint and dust</p>	R 0144	<p>1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency.</p> <p>- No residents were identified in the alleged deficient practice. No adverse effects experienced from the alleged deficient practice. Both laundry rooms were cleaned thoroughly to remove all lint and</p>	09/24/2023

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

TITLE

(X6) DATE

Kelly Drey

Executive Director

08/31/2023

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>covering the floor and a towel. The vent hose to one of the dryers was disconnected.</p> <p>On 8/15/23 at 10:01 a.m., the laundry room on the Cabin Side unit was observed. Behind the row of two washers and two dryers were lint and dust covering the floor and a towel. Two lumbar pillows were observed between the back of the on of the dryers and the wall.</p> <p>During a facility tour on 8/15/23 at 1:51 p.m., the Director of Maintenance indicated the debris, towels, and pillows should not be behind the washers and dryers, and the dryer vent hose should be attached to the dryer at all times.</p> <p>A current facility policy, undated, titled, "Internal Environmental Services," provided by the Administrator on 8/16/23 at 8:55 a.m., indicated: "...Procedure:...2. The following cleaning schedule will be maintained:...Laundry...3 times per week..."</p>		<p>dust, all items found on the floor were removed and cleaned, and dryer lint hose was repaired and reconnected.</p> <p>2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and stated what actions the facility took to correct the deficient practice for any client the facility identified as being affected.</p> <p>- All residents had the potential to be affected by the alleged deficient practice. no residents were adversely affected by the alleged deficient practice. Both laundry rooms were cleaned thoroughly to remove all lint and dust, all items found on the floor were removed and cleaned, and dryer lint hose was repaired and reconnected.</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>- All staff will be in-serviced on sanitation and safety standards as pertaining to laundry rooms no later than September 24th, 2023. Administrator or designee will provide ongoing training for all new hires and continue training if and</p>	

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R 0246 Bldg. 00	<p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency</p> <p>(6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview, the facility failed to obtain and document authorization from a licensed nurse when QMAs (qualified medication aide) administered PRN (as needed) medication for</p>	R 0246	<p>as needed for current employees. Administrator or designee will conduct regular audits of the laundry rooms to ensure that the rooms remain clean, free of all potential hazards, and that all dryer hoses remain connected.</p> <p>4. Describe ho 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).</p> <p>- Administrator or designee will monitor cleanliness and potential hazards 5x/week for 4 weeks, 3x/week for 4 weeks, 2x/week for 4 weeks, then 1x/week for 4 weeks. Results will be reviewed at the monthly QI/safety meeting as needed.</p> <p>1. Describe what the facility did to correct the deficient practice for reach client cited in the deficiency.</p>	09/24/2023

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	<p>1 of 7 residents reviewed for medication administration. (Resident 36)</p> <p>Finding includes:</p> <p>The clinical record for Resident 36 was reviewed on 8/15/23 at 10:52 a.m. Diagnoses included dementia and osteoporosis.</p> <p>A current signed physician's order, dated 6/12/23, indicated Tylenol 8 Hour Arthritis Pain Extended Release (to treat pain) 650 mg (milligram), two tablets every eight hours as needed for pain.</p> <p>Review of the eMAR (electronic medication administration record), indicated the medication was administered by a QMA as follows:</p> <p>a. On 7/6/23 at 9:21 p.m., QMA 4 administered Tylenol for a temperature of 100.9. The outcome indicated the "medication effectiveness results expired."</p> <p>b. On 7/16/23 at 9:26 a.m., QMA 5 administered Tylenol for back and wrist pain. The outcome indicated the medication was effective.</p> <p>c. On 7/23/23 at 8:32 a.m., QMA 5 administered Tylenol for a complaint of leg pain and struggling to walk. The outcome indicated the resident was still in moderate pain but could stand somewhat better, but not completely.</p> <p>d. On 8/3/23 at 10:20 a.m., QMA 5 administered Tylenol for pain and swelling in her right hand. The outcome indicated "effective."</p> <p>e. On 8/11/23 at 1:21 p.m., QMA 3 administered Tylenol for pain in her right shoulder. The outcome indicated the resident was feeling better.</p> <p>Review of the resident's observation nursing notes lacked documentation of a consultation with a licensed nurse for PRN administration of</p>		<p>- Director of Nursing reviewed the PRN administration for resident 36 dated 7/6/23, 7/16/23, 7/23/23, 8/3/23, and 8/11/23 and confirmed approval was given by DON for all PRNs administered. DON then documented an observation confirming authorization was given for QMA to pass PRN medications for resident 36 dated 7/6/23, 7/16/23, 7/23/23, 8/3/23, and 8/11/23 on basis of symptoms. In these observations, DON noted the approval date and time, symptoms that were reported upon authorization, as well as the efficacy of the PRN medication. Resident 36 experienced no adverse effects from the alleged deficient practice.</p> <p>2. Describe how the facility reviewed all 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 client the facility identified as being affected.</p> <p>- All residents with PRN orders had the potential to be affected by the alleged deficient practice. In a PRN administration review of July and August 2023 MAR, five (5) additional residents were found to lack proper documentation from DON/nurse regarding approval for PRN administration including: time</p>	

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	<p>Tylenol, or any assessments of the resident's complaints, for July and August 2023.</p> <p>During an interview on 8/16/23 at 10:15 a.m., the DON indicated a QMA would contact her prior to administering a PRN medication. She did not co-sign the administration or the conversation in the clinical record.</p> <p>During an interview on 8/16/23 at 2:45 p.m., the Administrator indicated the facility did not have a specific policy written regarding QMAs administering PRN medications, but the facility followed the Scope of Practice document as the facility policy.</p> <p>A current, undated facility policy titled, "Qualified Medication Aide, Scope of Practice," provided by the DON on 8/16/23 at 10:47 a.m., 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:...(B) Document in the resident record that the facility's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact...(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>of approval, symptoms presented at time of approval, and/or efficacy of medication. Director of Nursing documented an observation for each resident confirming the following: authorization date and time given for QMA to pass PRN medication, documented symptoms at time of approval, and efficacy of medication for each approval. No residents were adversely affected by the alleged deficient practice.</p> <p>3. Describe the steps or systemic changes e 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>- All QMAs and LPNs will be in-serviced no later than September 24th, 2023 on compliance for PRN medication administration and documentation as it relates to the following: notification and approval from a licensed nurse, notification time and date of approval, symptoms presented requiring PRN medication administration, and documentation of efficacy of medication. Director o Nursing or designee will provide ongoing training for all new hires and continue training if and as needed for current employees. Administrator and Director of</p>	

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			<p>Nursing communicated with Alis EMR team and are working to add a "co-sign" option onto MAR to ensure additional and continued compliance. Administrator, Director of Nursing, or designee will conduct regular audits of the PRN administration record in the MAR to ensure continued compliance.</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 e put into place)</p> <p>- Administrator, Director of Nursing, or designee will monitor current MAR for compliance with PRN medication administration as it relates to notification and approval by licensed nurse, notification time, symptoms presented requiring PRN medication, and efficacy of medication 5x/week for 4 weeks, 3x/week for 4 weeks, 2x/week for 4 weeks, then 1x/week for 4 weeks, the ongoing as needed. Results will be reviewed at monthly QI/safety meeting as needed.</p>	