

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2022
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NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00392398</p> <p>Complaint IN00392398 - Substantiated. Federal/state deficiencies related to the allegations are cited at F602 and F761</p> <p>Survey dates: October 27, 2022.</p> <p>Facility number: 000228 Provider number: 155335 AIM number: 100266650</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 4 Medicaid: 46 Other: 37 Total: 87</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 28, 2022</p>	F 0000	<p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehab agrees with the allegations and citaiton listed. Ossian Health and Rehab maintains that the alleged deficiencies do not individually or collectly jeopardize the health and safety of our residents, nor are they of such character to render adequate care. As a consideration of the survey results the facility respectfully asks for a IDR on tag F602 because the misappropriation was to the facility and not a resident as the facility paid for all medications for this resident due to a pharmacy selection error. We are asking that the citation of F602 be reviewed in IDR and reconsidered to F755.</p>	
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or</p>			

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

TITLE

(X6) DATE

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>chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review the facility failed to ensure security of medications from misuse for 1 of 1 residents reviewed. (LPN 2, QMA 6, CNA 5)</p> <p>Findings Include:</p> <p>An incident report, dated 10/13/22, was provided by the Healthcare Facility Administrator (HFA) on 10/27/22 at 1:40 PM. The incident report indicated on 10/13/22 a police officer entered the facility, spoke with the HFA and Assistant Director of Nursing (ADON) about Certified Nursing Assistant (CNA) 5. The officer indicated CNA 5 was found to be in possession of a medication packet with a resident's name on it from the facility. The report indicated a completed investigation indicated Licensed Practical Nurse (LPN) 2 and Qualified Medication Assistant (QMA) 6 had given CNA 5 (2) two antibiotic pills.</p> <p>Statements were reviewed on 10/27/22 at 1:40 PM. A statement, dated 10/19/22 by QMA 6 indicated CNA 5 approached the medication cart, indicated she had a boil under her arm. QMA 6 indicated there were antibiotics in the cart that had to be disposed of. QMA 5 indicated she was unsure who handed CNA 5 the pills.</p> <p>A statement, dated 10/19/22 by LPN 2 indicated CNA 5 showed LPN 2 and QMA 6 a boil on her arm. LPN 2 and QMA 6 told CNA 5 to apply warm compress. CNA 5 indicated she needed an antibiotic. LPN 2 indicated there were discontinued antibiotics they needed to destroy. LPN 2 indicated they gave her 2 Keflex and destroyed 17 using the prescription destroyer.</p>	F 0602	<p>We request a IDR for this citation as the offense occurred to the facility and not the resident. The facility paid for this residents medications as there was a error in ordering their medications from our pharmacy instead of the outside pharmacy of their choosing. Resident received their needed services and medications timely and was not charged for any of their the medications during her respite stay.</p> <p>· what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>There were no indications of negative effects noted with the resident involved. The medication had been discontinued by the provider and was not part of current treatment plan for resident's condition and resident did not pay for the medication in question, it was paid for by the facility.</p> <p>· 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;</p>	11/18/2022

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	<p>A statement dated 10/13/22 by CNA 5 indicated on or around 9/30/22 CNA 5 had a boil on her arm and was in pain. CNA 5 indicated she had shown LPN 2 and QMA 6 the boil and they had recommended an antibiotic. CNA 5 indicated one of them opened the cart and gave her 2 Keflex pills.</p> <p>In an interview on 10/27/22 at 1:19 PM, LPN 3 indicated once a medication is discontinued the medication is removed from the medication cart immediately. If the medication is opened a medication destruction form is completed and the medication should be destroyed. If a medication is sealed a medication return form should be completed and placed with the medication in the pharmacy return tote located in the medication room. LPN 3 also indicated medication should never be given to anyone but the person who was prescribed the medication.</p> <p>In an interview on 10/27/22 at 2:14 PM, LPN 4 indicated when medications arrive from the facility they are contained in a roll of individual packets for each scheduled medication time. The packets indicated the resident's name, dates of medication order, medication, ordered and dose of the medication included in the packet. When an antibiotic is added to the resident's medications, a separate roll for the antibiotic is supplied with the same information visible on the packets. LPN 4 indicated medications should never be given to a staff member. LPN 4 indicated if a medication is discontinued and opened the medication should be removed from the medication cart immediately and destroyed with 2 staff present.</p> <p>In an interview on 10/27/22 at 1:47 PM, QMA 4 indicated only nurses could destroy medications. QMA 4 indicated if a medication is discontinued</p>		<p>There were no other residents identified as having the potential to be affected by the same deficient practice. The nurse and QMA and no longer employed by facility. All three med carts were audited on 10/28/22 and none contained any discontinued medication. The med room did not contain any discontinued medication waiting to be destroyed or returned to pharmacy.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All nurses and QMAs were educated on 11/2/2022 by MedScript pharmacy consultant Nicole Brummett with topics including Med Pass Guideline, Med Storage, CAPSA machine and Policies and Procedures including medication destruction and return.</p> <p>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; and</p> <p>DON or designee will audit the medication carts for presence of discontinued medication. These</p>	

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F 0761 SS=D Bldg. 00	<p>and opened, the medication must be destroyed immediately by the nurse. QMA 4 also indicated medication should never be given to anyone who does not have the specific order for the medication.</p> <p>A policy, revised 7/2021, titled "Accidents and Incident Investigating and Reporting," was provided by the HFA on 10/27/22 at 1:40 PM. The policy indicated "residents' property includes all residents' possessions includes any medication dispensed in the name of the resident."</p> <p>This Federal Finding relates to Complaint IN00392398.</p> <p>3.1-28(a)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed</p>		<p>audits will occur five days a week for 6 weeks: then 3 days a week for four weeks: then twice a week for 4 weeks, then weekly for 12 weeks for a total of six months. All audits will be forwarded to QAPI for monthly review and any updates or changes to the POC will be recommended, or until 100% compliance noted by QAPI for two consecutive months, then quarterly x 2.</p> <p>- Plan of Correction Date: 11/18/22</p>	

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	<p>compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on interview and record review the facility failed to ensure medication was destroyed in a timely manner for 1 of 1 residents reviewed. (Resident B)</p> <p>Findings include:</p> <p>A record review was completed for Resident B on 10/27/22 at 1:45 PM. An order, dated 9/18/22, indicated Resident B received Keflex (antibiotic) 500 mg TID (three times a day) for 7 days.</p> <p>A nursing note, dated 9/19/22, indicated to discontinue the Keflex and start allopurinol (antibiotic) 100 mg daily.</p> <p>A medication destruction form was provided by the Healthcare Facility Administrator (HFA) on 10/27/22 at 1:40 PM. The form indicated on 9/30/22 Licensed Practical Nurse (LPN) 2 destructed 17 pills of Keflex 500 mg because the medication was discontinued.</p> <p>In an interview on 10/27/22 at 1:19 PM, LPN 3 indicated once a medication is discontinued the medication is removed from the medication cart immediately. If the medication is opened a medication destruction form is completed and the medication should be destroyed.</p> <p>In an interview on 10/27/22 at 1:47 PM, Qualified Medication Assistant (QMA) 4 indicated only</p>	F 0761	<p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>There were no indications of negative effects noted with the resident involved. The medication had been discontinued by the provider and was not part of current treatment plan and resident did not pay for the medication in question.</p> <p>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;</p> <p>There were no other residents identified as having the potential to be affected by the same deficient practice. All three med carts were audited on 10/28/22 and none contained any discontinued medication. The med room did not contain any discontinued medication waiting to be destroyed or returned to</p>	11/18/2022
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	<p>nurses can destroy medications. QMA 4 indicated if a medication is discontinued and open the medication must be destroyed.</p> <p>A policy, approve dated 5/20/22, titled: "Pharmacy Products and Services," was provided by the HFA on 10/27/22 at 1:40 PM. The policy indicated "Disposal of medication(s) should be completed for medication(s) that are without secure closure, outdate, contaminated and/or deteriorated: disposal needs to be timely and remove medication(s) immediately from stock."</p> <p>This Federal Finding relates to Complaint IN00392398.</p>		<p>pharmacy.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All nurses and QMAs were educated on 11/2/2022 by MedScript pharmacy consultant Nicole Brummett with topics including Med Pass Guideline, Med Storage, CAPSA machine and Policies and Procedures including medication destruction and return.</p> <p>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; and</p> <p>DON or designee will audit the medication carts for presence of discontinued medication. These audits will occur five days a week for 6 weeks: then 3 days a week for four weeks: then twice a week for 4 weeks, then weekly for 12 weeks for a total of six months. All audits will be forwarded to QAPI for monthly review and any updates or changes to the POC will be recommended, or until 100% compliance noted by QAPI for two consecutive months, then quarterly x 2.</p>	

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

PRINTED: 12/02/2022
FORM APPROVED
OMB NO. 0938-039

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