STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	10/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SWEET GALILEE AT THE WIGWAM	1315 JOHN STREET ANDERSON, IN 46016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	This visit was for the Investigation of Complaint IN00391796 and IN00392394. Complaint IN00392394 - Substantiated. State Residential Findings related to the allegations are cited at R0117. Complaint IN00391796 - Substantiated. State Residential Findings related to the allegations are cited at R0216. Survey date: October 27 and 28, 2022. Facility number: 014706 Residential Census: 69 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed October 31, 2022	R 0000		
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lisa Harrison	RDO	11/17/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure QMAs (Qualified Medication Aide) functioned within their scope of practice regarding insulin administration and maintence of insulin monitoring equipment for 2 of 3 residents reviewed (Resident E and F). Findings include: 1. A review of Resident E's MAR (Medication Administration Record) dated October 2022, on 10/27/22 at 3:00 p.m., indicated the following: QMA 4 documented that she administered 74 units of Novolin (insulin) subcutaneously via flexpen on October 12, 23 and 26 at 6:00 a.m. She also documented that she administered 100 units of Novolin subcutaneously via flexpen on October 22 at 8:00 p.m. QMA 8 documented that she administered 74 units of Novolin subcutaneously via flexpen on October 4, 6, 7, 13, 14, 18, 20, 21, 24, 25, and 27 at 6:00 a.m. She also documented that she administered 100 units of Novolin subcutaneously via flexpen on October 6, 10, 12, 13, 20, and 23 at 8:00 p.m. During an interview, with Resident E, on 10/28/22	R 0117	R117 Personnel- Deficiency 1. 1) QMA 4, QMA 8 and QMA 12 are working within the scoop of practice. Scoop of practice reviewed with QMA by November 18, 2022. No negative effects noted for Resident E and F regarding alleged deficient practice. 2. 2) Scoop of practice reviewed with QMA's on November 18, 2022 by Director of Nursing. No other residents noted to have negative effects from alleged deficient practice. 3. 3) QMA binder updated with QMA's Insulin certifications. QMA scoop of practice to be reviewed will all new QMA employees by end of orientation, prior to being independent with medication administration. Medication administration records will be audited weekly x 4 weeks, then monthly x 5 months to ensure QMA's are staying with in scoop of practice. 4. 4? Audits will be reviewed	11/18/2022

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	at 12:40 p.m., he indicated the girls gave him his insulin but he did not know their names. 2. A review of Resident F's MAR dated October 2022, on 10/27/22 at 3:15 p.m., indicated the following: QMA 4 signed off that she administered 12 units of Novolin subcutaneously via flexpen on October 12, 23 and 26 at 6:00 a.m. QMA 8 documented that she administered 12 units of Novolin subcutaneously via flexpen on October 4, 6, 7, 13, 14, 18, 20, 21, 24, 25 and 27. She also documented that she administered a sliding scale dose of Novolog via flexpen on October 14 and 18. QMA 12 documented that she changed the resident's Freestyle Libre 2 sensor (continuous glucose monitor) on October 7 and 21. During an interview with Resident F, on 10/28/22 at 1:43 p.m., he indicated the staff did not give him the insulin pen, they always administered his insulin. During an interview, QMA 8 on 10/28/22 at 10:00 a.m. indicated she was not insulin certified. She signed off the insulins but she did not give them. She handed the resident the flexpen, they dialed up the insulin and administered it to themselves. A current facility policy titled, "Indiana Medication oversight, Administration, Storage," provided by the Administrator, on 10/28/22 at 3:10 p.m., indicated the following: "...4...e) Injectable medications shall be given only by licensed personnel...."		by QA committee monthly x 6 months and make recommendations for need of on-going audits. 5. 5) November 18, 2022	

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	A current facility policy titled, "Qualified Medication Aide (QMA) Insulin Administration Policy," provided by the Administrator, on 10/28/22 at 3:10 p.m., indicated the following: "...Procedure...The QMA may use the Freestyle Libre reader device to obtain glucose readings. The QMA cannot apply, remove or change the sensor. This state residential finding relates to complaint IN00392394.			
R 0216 Bldg. 00	410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (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: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to ensure a resident assessments and evaluations were completed prior and/or at admission to the facility for 1 of 3 residents reviewed. (Resident B). Findings include: Resident B's clinical record was reviewed on 10/27/22 at 10:52 a.m. His clinical record lacked	R 0216	R216 Evaluation- Noncompliance 1. 1) Resident B assessments up to date at time of complaint survey. No negative effects noted from alleged deficient practice. 2. 2) Resident records for new residents admitted in last 60 days audited by Director of Nursing, assessments and evaluations update if needed.	11/18/2022

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	diagnoses. His face sheet indicated he was admitted on 9/23/22. The following clinical documents were signed and dated by the resident on 9/28/22: a. Authorization for Release of Protected Health Information b. Health Care Coordination Authorization and Consent c. POST (Indiana Physician Orders for Scope of Treatment) d. Self Administration Assessment e. Initial Service Plan f. Pre-admission and admission evaluation g. SLUMS (Saint Louis University Mental Status Exam) The level of Service Assessment/Evaluation for Assisted Living was not completed. His physician orders indicated they were faxed to the medical group on 9/28/22. His nurses notes indicated the following: On 9/26/22 at 11:29 a.m., the nurse had received zero admission orders for Resident B, to include any medication orders or an admission chart. He was without a PCP (Primary Care Physician) on file to obtain any orders since the lease was signed in facility on 9/23/22. Corporate remained aware of		3. 3) Director of nursing inservice nurses November 17, 2022 on completing assessments/evaluations prior and/or at admission date. Director of Nursing will audit new admission records 24- hours after admission to ensure records are complete x 6 months. 4. 4) Audits will be reviewed by QA committee monthly x 6 moths and make recommendations for need of on-going audits. 5. 5)November 18, 2022	

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	the ongoing situation. On 9/27/22 at 5:10 p.m., Resident B received verbal reminders to take his medication as instructed while they awaited clarification of orders from a doctor. He was acclimating well to the facility, he enjoyed eating with peers and conversing with staff and peers. He was without signs and symptoms of distress. He was without voiced concerns or questions. He continued to be monitored while awaiting communication from the physician. On 9/28/22 at 4:39 p.m., the nurse spoke with a local medical group at 7:05 a.m. All orders were faxed to the office for medications to be clarified and for the resident to be clinically admitted into facility. The pharmacy required clarification on the PCP, and a physician signature to send any medications for the resident. Several medications reported by the resident were in a supply depleted status. The nurse also requested and received orders to admit the resident to the facility. All pre and post admission paperwork was completed. His first step PPD (purified protein derivative), to test for tuberculosis, was administered to his left forearm. His initial service plan was completed. He was alert and oriented to person, place, time and event. He was pleasant and cooperative with all questions and signatures that were required. He had requested to have assistance of one with showers, due to at times he had a hard time getting to his lower legs and feet. He was reminded that all showers were equipped with the shower benches, he indicated he would try by himself and go from that experience. He walked independently utilizing a rollator, as an assistive device. He had hearing and vision impairments; however he utilized bilateral hearing aids and prescription glasses. He was incontinent of			

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	bladder and bowel and wore incontinent briefs at all times. He was re-educated on the assist button, how to call for staff, and every bathroom was equipped with an emergency pull cord. It was explained to him the facility pharmacy would deliver all medications in the morning and clinical staff would be assisting and administering all of his medications. A Pre-Admit Packet - Indiana and Admit packet list was provided by LPN 13, on 10/27/22 at 11:00 a.m. LPN 3 indicated she used he packet when she admitted residents. The items needed prior to admission were authorization for release of information, standard initial interview/assessment, SLUMS, self-medication assessment, level of care assessment, physicians orders, health care coordination consent, POST, power scooter assessment, consent for podiatrist, nurse practitioner group and psychiatric services. The Admit Packet list needed a diet order, resident weights/vitals, immunization record, tuberculosis questionnaire and checklist for signs and symptoms, resident service plan and initial service plan signature page, initial service plan, nursing new admission checklist and POST if not completed on pre-admission. During an interview, Resident B on 10/27/22 at 1:30 p.m., indicated he had given the responsibility to the nurses to give him his medications. He was not always consistent with his meds, he would do well for a week then not. They had been giving him his insulin although he helped at times. He could take his own blood sugars. They gave him his lantus at night and he received 7 units during the day three times a day. He signed paperwork prior to moving in and had signed papers after he had moved in. He was glad to be at the facility.			

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	During an interview, the Move-in Coordinator on 10/28/22 at 2:35 p.m., indicated Resident B had applied previously and was declined. He came in and signed a lease on 9/19/22 and then on the 9/23/22, he moved in. He got his keys and paid. The nurse refused to check him in because of his background, he had been suicidal and had mental issues in the past. When it came time for him to move in, there were things missing out of his file, his history and physical, current chest x-ray, orders from the doctor and signed meds list. During an interview, the Administrator, on 10/28/22 at 3:10 p.m., indicated the did not have a policy related to completion of admission paperwork. This state residential finding relates to complaint IN00391796.			