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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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 IN00400230. Complaint IN00400230 - Substantiated. State deficiencies related to the allegations are cited at R0036, R0054, R0216, R0240, R0305, and R0349. Survey dates: February 7 & 8, 2023 Facility number: 014178 Residential Census: 126 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 2/10/23.	R 0000	This Plan of Correction constitutes our written allegation of compliance for the deficiency cited, however, submission of this plan of correction is not an admission that the deficiency exits or that one was cited correctly.	
R 0036 Bldg. 00	410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment. Based on observation, record review, and interview, the facility failed to ensure residents' Physicians were notified with condition, medication changes, and as ordered by the Physician related to a high blood sugar, high blood pressure, and medications not received as ordered for 3 of 7 residents reviewed for Physician	R 0036	Belvedere Senior Housing Facility #: 014178 Survey Date: 02/8/2023 Plan of Correction **R – 036 Resident Rights**	03/09/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sandra L Erickson	Administrator	02/24/2023

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	notification. (Residents D, B, and E) Findings include: 1. Resident D's record was reviewed on 2/8/23 at 11:12 a.m. The diagnoses included, but were not limited to, diabetes mellitus. A Service Plan, dated 2/6/22, indicated the facility administered the medications to the resident. A Physician's Order, dated 12/17/22, indicated an order for Humalog insulin to be given after the blood sugar level was checked via glucometer. The blood sugar result was used to determine how much insulin was to be given (sliding scale). The order indicated the Physician was to be notified for a blood sugar level over 400. The facility's blood sugar log indicated, on 1/19/23, the 4 p.m. blood sugar was 505. The Medication Administration Record (MAR), dated 1/2023, and the Progress Notes lacked documentation the Physician had been notified of the blood sugar level over 400. During an interview with the Director of Nursing (DON) on 2/8/23 at 2:10 p.m., she indicated the Physician had not been notified of the high blood sugar result. 2. Resident B's record was reviewed on 2/7/23 at 11:29 a.m. The diagnoses included, but were not limited to spinal stenosis and neuropathy. A Physician's Order, dated 12/29/22, indicated the blood pressure was to be checked daily. A Progress Note, dated 1/21/23 at 1:06 p.m.,		**Corrective Action**: 1. NNo Residents were negatively affected by alleged deficient practice. RRResident D physician was notified of the high blood sugar dated back to 1/19/2023 and followed updated orders related to high blood sugar. Resident B physician was notified of the high blood pressure dated back to 1/21/2023 and followed updated orders related to high blood pressure. Physician ordered BP to be taken daily with parameters if BP is greater than 140/90 to repeat BP in 30 minutes. If BP remains higher than 140/90 to fax BP to physician office. Resident E physician notified of vitamin C and zinc being unavailable and followed updated physician orders related to medication being unavailable. ELP pharmacy notified of updated physician orders related to medication being unavailable. Resident/family informed of medication not being covered by insurance and followed direction as to how they wanted to handle the cost of the medication not covered under insurance. Physician discontinued the vitamin C and zinc. 2. All residents have the potential to be affected if the physician is not notified of condition changes, medication	

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	indicated the blood pressure was 170/100. The Progress Note lacked documentation the Physician had been notified of the high blood pressure. During an interview on 2/8/23 at 9:15 a.m., the DON indicated the Physician had not been notified of the high blood pressure. 3. During an observation of a morning medication pass on 2/7/23 at 9 a.m., QMA 1 prepared Resident E's medications of Lasix (diuretic) 40 milligrams (mg), hydrochlorothiazide (diuretic) 12.5 mg, and potassium (supplement) 20 milliequivalents. QMA 1 then delivered the medications to the resident at her apartment. Resident E's record was reviewed on 2/7/23 at 11:45 a.m. The diagnoses included, but were not limited to, hypertension. The Physician's Order Summary, dated 2/2023, indicated the resident had vitamin C 500 mg, 1 tablet daily and zinc 50 mg, 1 tablet daily ordered to be given at 8 a.m. During an interview on 2/7/23 at 11:45 a.m., QMA 1 indicated the vitamin C and zinc were not covered by insurance so they were unavailable to give them. There was no documentation in the Progress Notes the Physician had been notified the medications had not been administered to the resident as ordered. During an interview on 2/7/23 at 12:14 p.m., LPN 1 indicated if the medication was not covered by insurance, the resident was to be asked if they		changes, high blood pressure or high blood sugar issues, medications not covered by insurance, to allow the physician to direct next steps related to various changes. 3. Blood Sugars results and Blood pressure vitals added to Emar for immediate documentation. Licensed clinical staff were in-serviced on 02/21/2023 and 2/22/2023 on notification to physician for any changes in condition, high blood sugar, high blood pressure, medications not being available as well as documentation of changes. Clinical staff on duty each shift will review physician ordered vital signs and any medication unavailable for administration at end of medication administration pass. Staff will take action of notification to physician for abnormal vitals, and follow any new orders, and document, pharmacy/physician/family will be notified of missing medication and action steps will be taken and documented on acquiring physician ordered medication. Unavailable medication or abnormal vital signs will be communicated on 24 hr report sheet to aid in continued follow up needed. 4. A QA audit will be conducted by the DON /or designee to ensure notifications	

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	would pay for it. If they did not want to pay for it, then the Physician was notified. The Physician should have been notified. A facility policy, dated 2/21/21, titled, "Notification of Changes in Resident Status" and received from the Administrator as current, indicated the resident's Physician would be notified of a change in a resident's status. This state residential finding relates to Complaint IN00400230.		and documentation are completed at time of abnormal vital, as well as ensure unavailable medications are acquired timely. Audit will be done weekly x 4 weeks and then monthly for 3 months. Monthly audits will be reviewed at the monthly QA meeting for 6 months and recommendations will be presented for any need of continued auditing. Date of Completion: 03/09/2023	
R 0054 Bldg. 00	410 IAC 16.2-5-1.2(x) Residents' Rights - Deficiency (x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense. Based on record review and interview, the facility failed to ensure confidential information was not released without the resident's consent for 1 of 7 residents reviewed for Resident Rights and confidentiality. (Resident B) Finding includes: During an interview on 2/7/23 at 9:15 a.m., Resident B indicated she had a family member designated as an Emergency Contact who had been notified by the Administrator about her mood and events that had occurred during the	R 0054	Belvedere Senior Housing Facility #: 014178 Survey Date: 02/8/2023 Plan of Correction **R - 054 Resident Rights** **Corrective Action:** 1. No Residents were negatively affected by alleged deficient practice. Administrator was in-serviced on 02/17/2023 of Resident Rights and ensuring confidential information of the resident is not released	03/09/2023

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	day. She indicated the family member was not a Power of Attorney and she had not given permission for her family member to be notified. Resident B's record was reviewed on 2/7/23 at 11:29 a.m. The diagnoses included, but were not limited to spinal stenosis and neuropathy. The Resident Information Form in the record indicated the family member was an Emergency Contact. A Level of Care assessment, dated 1/23/23, indicated no cognitive impairment. A Progress Note, written by the Administrator, dated 1/19/23 at 5:09 p.m., indicated the resident's family member was notified about the resident's lease, rent increase, moods/behaviors and recent concerns with the resident's well-being. During an interview on 2/7/23 at 2:15 p.m., the Administrator indicated she had notified the son and she had not received the resident's permission prior to the notification. This state residential finding relates to Complaint IN00400230.		without the residents' consent and assuring the contact is the Power of Attorney before communication of a resident situation. Resident B was not harmed by the alleged deficient practice. 2. All residents have the potential to be affected without obtaining approval from the resident to notify someone other than the POA for emergencies or for other information. Administrator, nursing personnel and/or managers who may have access to communication with others related to a resident will review the clinical chart/CareMerge to assure that they are indeed communicating with the Power of Attorney. In addition, an independent resident will have a right to decline communication with the Power of Attorney. 3. Additional nursing personnel and managers were in-serviced on 02/21/2023 and 02/22/2023 regarding maintaining confidentiality / resident rights regarding the procedure for communicating with the resident prior to or assuring the person is a Power of Attorney. Administrator, nursing personnel and/or managers who may have access to communication with others related to a resident will review the clinical chart/CareMerge to assure	

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
			that they are indeed communicating with the Power of Attorney. In addition, an independent resident will have a right to decline communication with the Power of Attorney. 4. A QA audit will be conducted by the DON/designee to ensure maintained confidentiality / resident rights regarding the procedure for communicating with the resident prior to or assuring the person is a Power of Attorney. Audit will be completed weekly x 4 weeks and then monthly for 3 months. Monthly audits will be reviewed at the monthly QA meeting for 6 months and recommendations will be presented for any need of continued auditing. Date of Completion: 03/09/2023	
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			

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observation, record review, and interview, the facility failed to ensure residents were properly evaluated for self-administration of medications for 2 of 3 residents reviewed for self-administration of medications. (Resident E and B) Findings include: 1. During an observation of a morning medication pass on 2/7/23 at 9 a.m., QMA 1 prepared Resident E's medication in the Nurses' Station. She indicated the medications were stored in the Nurses' Station because the resident had not wanted anyone in her room. The medications were placed in a plastic cup and QMA 1 then went to the resident's apartment and knocked on the door. Resident E opened the door and the medication cup was given to the resident. The door was then shut by the resident. QMA 1 had not observed the resident taking the medications. Resident E's record was reviewed on 2/7/23 at 11:45 a.m. The diagnoses included, but were not limited to, bipolar and hypertension. A Service Plan, dated 6/7/22, indicated assistance was required with medication administration. A Self-Administration of Medication assessment had not been completed for the resident. During an interview on 2/8/23 at 9:15 a.m., the Director of Nursing indicated a Self-Administration of Medication assessment	R 0216	Belvedere Senior Housing Facility #: 014178 Survey Date: 02/08/2023 Plan of Correction **R - 216 Evaluation – Non Compliance** **Corrective Action**: 1. No Residents were negatively affected by alleged deficient practice. Resident B was reevaluated on 02/15/2023 and deemed independent for self-administration of medication. Resident E has been educated on the importance of being observed during medication administration. Resident verbalizes understanding. Resident has agreed to allow staff to administer medication in her apartment or she will come to nursing office for medications to be administered. 2. All residents that have medications administered have the potential to be affected if not observed taking their medication. No other residents were negatively by alleged deficiencies. 3. Licensed nursing staff were in-serviced on 02/21/2023 and 02/22/2023 with regards to observing residents to take their medication when given to them and to assure that all residents	03/09/2023

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	had not been completed and the staff were to watch the resident take the medication. 2. During an interview on 2/7/23 at 9:15 a.m., Resident B indicated she self-administered her own medications. Resident B's record was reviewed on 2/7/23 at 11:29 a.m. The diagnoses included, but were not limited to spinal stenosis and neuropathy. A Level of Care assessment, dated 1/23/23, indicated no cognitive impairment and no medication services were needed. A Service Plan, dated 7/19/22, indicated assistance was needed with ordering and setting up medication. The Community Pharmacy would set up the medications and they would be delivered in a multidose container. A Self-Administration of Medication assessment would be completed by a Licensed Nurse upon admission, annually, and as needed. A Self-Administration of Medication assessment had not been completed for the resident. During an interview on 2/8/23 at 9:15 a.m., the Director of Nursing indicated a Self-Administration of Medication assessment had not been completed. A facility policy, received as current from the Administration, titled, "Medication Management, Administration, & Storage" and dated 3/23/22, indicated the residents' ability to self-administer medications would be assessed bi-annually and with any significant change of status. A Self-Medication Assessment form would be utilized for the assessment.		have been properly evaluated for either self-administration or dependent upon nursing personnel to provide the residents' medication. Assessment calendar in Emar system will be used to ensure all upcoming self-medications assessments are completed by end of the month. 4. A QA audit will be conducted by the DON /or designee will observe 10% of residents receiving medication administration for proper med pass and self-medications assessments completed. Audits will be completed weekly x 4 weeks and then monthly for 3 months. Monthly audits will be reviewed at the monthly QA meeting for 6 months and recommendations will be presented for any need of continued auditing. Date of Completion: 03/09/2023	

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	This state residential finding relates to Complaint IN00400230.			
R 0240 Bldg. 00	410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on observation, record review, and interview, the facility failed to ensure residents received necessary care and services, related to medications not being administered as ordered by a Physician, blood sugars not checked as ordered, assessments for changes in condition not completed, and a laboratory test was not completed as ordered for 4 of 7 residents reviewed for necessary care and services. (Residents D, B, E, and C) Findings include: 1. During an interview on 2/7/23 at 3:13 p.m., Resident D indicated she had not been getting some of her medications. Resident D's record was reviewed on 2/8/23 at 11:12 a.m. The diagnoses included, but were not limited to stroke and diabetes mellitus. The Physician's Order Summary, dated 12/2022, included the following: On 2/10/22 - check blood sugars three times a day. On 4/22/22 - Humalog (insulin) sliding scale (amount per blood sugar result) dosages included, blood sugars 131-180 - 2 units and blood sugar over 400 give 12 units and call the Physician. On 2/7/22 - Enulose (constipation and hepatic encephalopathy) 10 gm (grams)/15 ml (milliliters) give 15 ml twice a day.	R 0240	Belvedere Senior Housing Facility #: 014178 Survey Date: 02/08/2023 Plan of Correction **R - 240 Health Services Deficiency** **Corrective Action**: 1. No Residents were negatively affected by alleged deficient practice. Resident D medications were reviewed, physician was notified on 2/21/2023 regarding blood sugar levels being at 505 back on 1/19/2023; no new orders received by physician. In addition, monitoring of signs and symptoms for future high blood sugars to be documented and physician to be informed. Resident B physician was notified on 02/21/2023 of the high blood pressure of 170/100 that occurred on 1/21/2023. Physician ordered BP to continue to be taken daily and if BP is over 140/90 to wait 30 minutes and retake the BP. If BP remains higher than 140/90 to fax BP to physician office for further direction. Resident E physician was notified	03/09/2023

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	On 2/7/22 - dicyclomine (intestinal spasms 10 mg (milligram) four times a day. On 9/12/22 - Levemir (insulin) 100 units/ml give 24 units at bedtime. On 10/11/22 - cyclobenzaprine (muscle relaxer) 5 mg at 5 p.m. and 10 p.m. On 1/10/23 - amlodipine (increases blood flow to the heart) 5 mg daily. On 1/10/23 - telmisartan (antihypertensive) 80 mg daily. The Medication Administration Record (MAR), dated 1/2023 indicated the following: A) On 1/19/23 at 4 p.m., the blood sugar was not documented on the MAR. QMA 2 found the hand-written blood sugar logs on 2/8/23 at 1:30 p.m. At 2:10 p.m., QMA 2 indicated the log had a written blood sugar result of 505. The 12 units of Humulog insulin had not been given (lack of initials on the MAR). The resident had not been assessed for signs and symptoms of hyperglycemia, and the Physician had not been notified of the high blood sugar. During an interview on 2/8/23 at 2:10 p.m., the Director of Nursing (DON), indicated there was no assessment, the Physician had not been notified, and the insulin had not been administered as ordered. B) On 1/1/23 at 4 p.m., the blood sugar had not been documented on the MAR. The blood sugar log indicated the blood sugar was 136. The MAR indicated 2 units of Humulog insulin had not been administered. There was a 0 marked on the MAR. On 1/11/23 at 4 p.m. , the blood sugar had not been documented on the MAR. The blood sugar log indicated the blood sugar was 132. The MAR indicated the 2 units of Humulog insulin had not		on 02/21/2023 of Vitamin C and Zinc not available and not covered by insurance. Physician provided orders to discontinue the Vitamin C and Zinc. Resident C physician was notified on 02/08/2023 of missed Depakote blood test and received new order for lab draw. Depakote level taken on 02/08/2023 and physician was notified of results. 2. All residents have the potential to be affected if the physician is not notified of medication is not given as ordered, high blood sugars are not treated properly, high blood pressure is not treated properly, assessments for changes of conditions are not completed and labs are not conducted as ordered. Physicians must be notified of any issues related to these issues. 3. Blood Sugars results and Blood pressure vitals added to Emar for immediate documentation. Licensed nursing personnel was in-serviced on 02/21/23 and 02/22/2023 on assuring the orders for medication are given as prescribed by the Resident's physician. Clinical staff on duty each shift will review physician ordered vital signs and any medication unavailable for administration at end of	

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	been administered. There was a 0 marked on the MAR. During an interview on 2/8/23 at 2:05 p.m., QMA 1 indicated the 2 units of Humulog had not been marked as administered as ordered. C) The MAR indicated the blood sugars had not been completed on 1/16/23 at 12 p.m., 1/29/23 at 4 p.m., and 1/30/23 at 4 p.m. There were no blood sugars on these dates documented on the blood sugar log. The MAR indicated no Humulog insulin was given on 1/15/23 at 12 p.m. and 1/29/23 at 4 p.m. and the Humulog insulin was administered on 1/30/23 at 4 p.m., though no amount of Humulog insulin was documented. D) The MAR indicated the following medications were not administered as ordered: Telmisarten 80 mg on 1/25/23 at 8 a.m. Amlodipine 5 mg on 1/25/23 at 8 a.m. Cyclobenzaprine 5 mg on 1/22/23 and 1/25/23 at 10 p.m. Levemir insulin 24 units at bedtime on 1/4/23, 1/9/23, 1/11/23, and 1/30/23. Enulose 10 gm/15 ml on 1/11/23 and 1/25/23 at 8 a.m. Dicyclomine 10 mg on 1/30/23 at 12 p.m. During an interview on 2/9/23 at 2:20 p.m., the DON acknowledged all of the above. 2. Resident B's record was reviewed on 2/7/23 at 11:29 a.m. The diagnoses included, but were not limited to spinal stenosis and neuropathy. A Physician's Order, dated 12/29/22, indicated the blood pressure was to be checked daily.		medication pass. Staff will take action of notification to physician for abnormal vitals, and follow any new orders, and document, pharmacy/physician/family will be notified of unavailable medication and action steps will be taken and documented on acquiring physician ordered medication. Unavailable medication or abnormal vital signs will be communicated on 24 hr report sheet to aid in continued follow up needed. Nursing to follow up and document of any new orders received by physician. Lab requisition will be completed on shift it is received, nurse and QMA will verify by signing initials on lab requisition in lab binder. 4. A QA audit will be conducted by the DON /or designee to ensure notifications and documentation are completed at time of abnormal vital, as well as ensure unavailable medications are acquired timely, lab order will be audited as well. Audits will be weekly x 4 weeks and then monthly for 3 months. Monthly audits will be reviewed for 6 months at the monthly QA meeting and recommendations will be presented for any need of continued auditing. Date of Completion: 03/09/2023	

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	A Progress Note, dated 1/21/23 at 1:06 p.m., indicated the blood pressure was 170/100. There was no assessment or follow up blood pressure completed. During an interview on 2/7/23 at 2:15 p.m., the DON indicated she was unaware of the high blood pressure. During an interview on 2/8/23 at 9:15 a.m., the DON indicated a follow up assessment or blood pressure had not been completed. 3. During an observation of a morning medication pass on 2/7/23 at 9 a.m., QMA 1 prepared Resident E's medications of Lasix (diuretic) 40 milligrams (mg), hydrochlorothiazide (diuretic) 12.5 mg, and potassium (supplement) 20 milliequivalents. QMA 1 then delivered the medications to the resident at her apartment. Resident E's record was reviewed on 2/7/23 at 11:45 a.m. The diagnoses included, but were not limited to, hypertension. The Physician's Order Summary, dated 2/2023, indicated the resident had Flonase (nasal spray), 1 spray each nostril daily, vitamin C 500 mg, 1 tablet daily and zinc 50 mg, 1 tablet daily ordered to be given at 8 a.m. The MAR, dated 12/2022, indicated the resident self-administered the Flonase on 12/1/22 and 12/3/22, was administered by staff on 12/9/22, 12/21/22, 12/23/22, 12/28/22, and 12/30/22, and was refused on 12/18/22. She had not received the Flonase on the other days. The zinc and vitamin C had not been administered.			

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	The MAR, dated 1/2023, indicated the zinc and the vitamin C had not been administered. The Flonase had been administered only on 1/13/23 and 1/19/23. The MAR, dated 2/2023, indicated the zinc and the vitamin C had not been administered. The Flonase had only been administered on 2/6/23. During an interview on 2/7/23 at 11:45 a.m., QMA 1 indicated the vitamin C and zinc were not covered by insurance so they were unavailable to give. She acknowledged the Flonase had not been given as ordered. During an interview on 2/7/23 at 12:14 p.m., LPN 1 indicated if the medication was not covered by insurance, the resident was to be asked if they would pay for it. If they did not want to pay for it, then the Physician was notified. The Physician should have been notified. 4. Resident C's record was reviewed on 2/7/23 at 12:41 p.m. The diagnoses included, but were not limited to, seizures. A Physician's Order, dated 10/2/22, indicated a Depakote (medication for seizures) level was to be drawn on 10/4/22. The results of the Depakote level was not in the record. During an interview on 2/8/23 at 11:37 a.m., the DON indicated the Depakote level blood test had not been completed. This state residential finding relates to Complaint IN00400230.			

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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 0305 Bldg. 00	410 IAC 16.2-5-6(f)(1-3) Pharmaceutical Services - Noncompliance (f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy: (1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws; (2) provides prescribed service on a prompt and timely basis; and (3) refills prescription drugs when needed, in order to prevent interruption of drug regimens. Based on record review and interview, the facility failed to ensure a resident who self-administers medications received an ordered medication in a timely manner for 1 of 1 resident reviewed for medication delivery. (Resident B) Finding includes: During an interview on 2/7/23 at 9:15 a.m., Resident B indicated the Nurse Practitioner had ordered clonazepam (anti-anxiety) for her to take as needed. It was ordered through the facility Pharmacy. She does not use the facility Pharmacy. She indicated the date on the bottle of medication was 1/16/23 and it was not delivered to her until 1/24/23. She had some blood pressure problems and thought if she had her anxiety medication maybe this would have helped her blood pressure. Resident B's record was reviewed on 2/7/23 at 11:29 a.m. The diagnoses included, but were not limited to spinal stenosis. A prescription in the record, dated 1/16/23, indicated an order for clonazepam 0.5 mg (milligrams) to be taken daily for anxiety.	R 0305	Belvedere Senior Housing Facility #: 014178 Survey Date: 02/08/2023 Plan of Correction **R - 305 Pharmaceutical Services-Noncompliance** **Corrective Action**: 1. No Residents were negatively affected by alleged deficient practice. Resident B received her medication and now has all of her medications being sent from one pharmacy vs two pharmacies. Physician was notified of delay in medication on 02/08/2023 with no new orders. Resident B was not harmed by the alleged deficient practice. 2. All residents have potential to be affected if their medication is not available to them to take as ordered by their physician. No other residents found to missing any delivered medication.	03/09/2023

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	An undated Pharmacy delivery form indicated the medication was delivered to the facility. During an interview on 2/7/23 at 2:15 p.m. the Director of Nursing (DON) indicate she was unsure when the medication was delivered and it should have been delivered to the resident when it arrived at the facility. This state residential finding relates to Complaint IN00400230.		3. Licensed nursing personnel was in-serviced on 02/21/2023 and 02/22/2023 regarding the receipt of the medication delivered for the resident, other than the regular scheduled cycle medication from the pharmacy. The medications will be delivered to the residents the day received, and the resident must sign that they received the medication with the correct dosage and amount. This document will be placed in their clinical chart. 4. A QA audit will be conducted by the DON /or designee will audit medication delivery forms weekly x 4 weeks and then monthly for 3 months. Monthly audits will be reviewed at the monthly QA meeting for 6 months and recommendations will be presented for any need of continued auditing. Date of Completion: 03/09/2023	
R 0349 Bldg. 00	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible.			

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
	(4) Systematically organized. Based on record review and interview, the facility failed to ensure a resident's record was complete and had accurate documentation related to documentation of blood sugar levels for 1 of 7 residents reviewed for medical records. (Resident D) Finding includes: Resident D's record was reviewed on 2/8/23 at 11:12 a.m. The diagnoses included, but were not limited to stroke and diabetes mellitus. The Physician's Order Summary, dated 12/2022, indicated to check blood sugars three times a day. The Medication Administration Record (MAR), dated 1/2023, indicated the blood sugar results had not been documented on the MAR at 4 p.m. on January 1, 5, 9, 10, 11, 18, 19, 20, 28, and 31, 2023. The blood sugar results had not been documented on the MAR at 8 a.m. on January 11, 2023. During an interview on 2/8/23 at 1:30 p.m., QMA 2 indicated the blood sugar results for the above dates were documented on a hand-written log located in a three ring binder, not in the official resident record. The log listed all residents names who required blood sugars to be monitored. This state residential finding relates to Complaint IN00400230.	R 0349	Belvedere Senior Housing Facility #: 014178 Survey Date: 02/08/2023 Plan of Correction **R -349 Clinical Records** –Noncompliance **Corrective Action**: 1. No residents were negatively affected by the alleged deficient practice. Resident D was not harmed by the alleged deficient practice. MD was notified on 02/21/2023 of blood glucose levels being high back on 1/19/2023. 2. All residents that have Blood glucose levels being monitored the potential to be affected with information is not documented in the clinical record. All records now reflect blood sugar level in eMar. 3. Blood Sugars results and Blood pressure vitals added to eMar for immediate documentation. Licensed nursing personnel was in-serviced on 02/21/2023 and 02/22/2023 that the blood glucose are to be documented in the eMAR. 4. A QA audit will be conducted by the DON/designee 10% of residents with blood glucose levels weekly x 4 weeks and monthly 3 months to assure residents with orders for blood	03/09/2023

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	02/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BELVEDERE SENIOR HOUSING	343 E 90TH DRIVE MERRILLVILLE, IN 46410

(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
			glucose is documented in the eMAR per physician orders. Monthly audits will be reviewed at the monthly QA meeting for 6 months and recommendations will be presented for any need of continued auditing. Date of Completion: 03/09/2023	