

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 04/06/2023
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NAME OF PROVIDER OR SUPPLIER HARMONY AT ELKHART	STREET ADDRESS, CITY, STATE, ZIP CODE 1129 PARKWAY AVENUE ELKHART, IN 46516
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00405377, IN00405001, IN00404253, IN00403940, and IN00403437.</p> <p>Complaint IN00405377 - State deficiencies related to the allegations are cited at R0027 and R0297.</p> <p>Complaint IN00405001 - State deficiencies related to the allegations are cited at R0027 and R0297.</p> <p>Complaint IN00404253 - State deficiencies related to the allegations are cited at R0027 and R0297.</p> <p>Complaint IN00403940 - State deficiencies related to the allegations are cited at R0297.</p> <p>Complaint IN00403437 - State deficiencies related to the allegations are cited at R0297.</p> <p>Survey date: April 4, 5, and 6, 2023</p> <p>Facility number: 014916</p> <p>Residential Census: 45</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 4/21/2023.</p>	R 0000		
R 0027 Bldg. 00	<p>410 IAC 16.2-5-1.2(b) Residents' Rights - Deficiency (b) Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bradley Macklin	Executive Director	05/07/2023

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>rights as a resident of the facility and as a citizen or resident of the United States. Based on record review, and interview, the facility failed to ensure residents that required assistance received the scheduled showers for 4 of 8 residents reviewed for resident rights. (Resident C, D, L, and H)</p> <p>Findings include:</p> <p>1. On 4/05/23 at 3:30 P.M., the Director of Nursing provided the Memory Care Shower Sheet Schedule.</p> <p>On 4/06/23 at 9:15 A.M., the record for Resident C was reviewed. The diagnoses included, but were not limited to, history of stroke, dementia and hypertension.</p> <p>Review of Resident C's Service Plan, dated 2/23/23, indicated the resident required extensive assist with bathing, and preferred showers.</p> <p>Review of Resident C's Shower Report indicated the resident received a shower on 3/16/23 and was offered but refused a shower on 3/30/23.</p> <p>Per Resident C's shower schedule, showers should have been offered or given on February 16, 20, 23, 27 and on March 2, 6,9,13,16,20,23,27 and 30, 2023.</p> <p>2. On 4/05/23 at 3:30 P.M., the Director of Nursing provided the Memory Care Shower Sheet Schedule. Resident D was scheduled for assisted shower every Tuesday afternoon.</p> <p>On 4/06/23 at 9:30 A.M., the record for Resident D was reviewed. The diagnoses included, but were not limited to, dementia, macular degeneration,</p>	R 0027	<p>1. Immediate Action: All residents will be on weekly shower schedule. The scheduled showers are to be completed by staff Certified Nursing Assistants. Completion of the assignment are verified and signed as completed by the nurse on shift. All records will be submitted to HCD to audit and filing</p> <p>2. Long Term: All Shower records are to be submitted to Health Care Director for audit and filing. Shower schedules will be reviewed each month during QAPI meeting for six months.</p> <p>3. Responsible Party: HCD, HSD and or Designee.</p>	05/08/2023

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	<p>anemia, chronic obstructive pulmonary disease, depression, heart disease, hypertension, and history of stroke.</p> <p>Review of Resident D's Service Plan, dated 2/08/23, indicated the resident required assistance with bathing, cueing with parts of bathing, including assistance with getting in and out of tub/shower.</p> <p>Review of Resident D's Shower Report indicated the resident received a shower on 3/21/23.</p> <p>Per Resident D's shower schedule, showers should have been offered or given on March 7, 14, 21, 28, 2023.</p> <p>3. On 4/05/23 at 3:30 P.M., the Director of Nursing provided the Memory Care Shower Sheet Schedule. Resident L was scheduled for assisted shower every Monday and Thursday evening.</p> <p>On 4/06/23 at 12:30 P.M., the record for Resident L was reviewed. The diagnoses included, but were not limited to, dementia, dizziness and anxiety disorder.</p> <p>Review of Resident L's Service Plan, dated 2/08/23, indicated the resident required assistance with bathing, cueing with parts of bathing, including with getting in/out of tub/shower. The resident preferred showers.</p> <p>Review of Resident L's Shower Report indicated the resident received showers on March 9, 16, and 30 2023.</p> <p>Per Resident L's shower schedule, showers should have been offered or given on February 2, 6, 9, 13, 16, 20, 23 and 27 and on March 2, 6, 13, 20,</p>			

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	<p>23 and 27, 2023.</p> <p>4. On 4/05/23 at 3:30 P.M., the Director of Nursing provided the Assisted Living Shower Schedule. Resident H was scheduled for assisted shower every Wednesday and Saturday day.</p> <p>On 4/4/23 at 11:40 A.M., during an interview, Resident H indicated he needed assistance for showering and bathing. He did not get many of his showers and would like a shower at least 2 times weekly.</p> <p>On 4/06/23 at 10:00 A.M., the record for Resident H was reviewed. The diagnoses included, but was not limited to, diabetes.</p> <p>Review of Resident H's Service Plan, dated 1/18/23, indicated the resident required assistance with bathing, cueing with parts of bathing, and including with getting in/out of the tub/shower. Resident H preferred showers.</p> <p>Review of Resident H's Shower Report indicated the Resident received showers on March 9, 22, 25, and 29, 2023.</p> <p>Per Resident H's shower schedule, showers should have been offered or given February 1, 3, 8, 11, 15, 18, 22, 25, 28 and on March 1, 4, 8, 11, 15 and 18, 2023.</p> <p>On 4/06/23 at 10:48 A.M., during an interview, conducted with the Director of Nursing (DON), she indicated the facility identified problems with resident showers not getting done, and implemented shower documentation sheets to be completed by the Certified Nursing Assistance and then signed off by the Nurse. The Director of Nursing indicated the shower documentation</p>			

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R 0297 Bldg. 00	<p>began early in 3/23, but that some residents were still not getting all of these showers. The Director of Nursing indicated all residents who required assistance with showers should have at least 2 showers every week per the shower schedule.</p> <p>A policy, titled "Indiana Residential Care Residential Rights" dated 03/2022 was provided by the Director of Nursing on 4/05/23 at 4:00 P.M. The policy indicated, "...Residents have the right to a dignified existence, self-determination...Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States..."</p> <p>This State Residential finding relates to Complaints IN00405377, IN00405001, and IN00404253.</p> <p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on record review, and interview, the facility failed to ensure the facility approved pharmaceutical services provided ordered medications in a timely manner resulting in multiple missed medication administrations for 5 of 8 residents reviewed for pharmaceutical services, (Residents B, C, D, H, L and F).</p> <p>Findings include:</p> <p>1. On 4/04/23 at 12:08 P.M., during an observation and interview with Resident B, the resident</p>	R 0297	<p>1. Immediate Action: The Health Care Director will audit medication administration weekly for six months. Each month results of findings, including but not limited to the timeliness of medication orders and arrivals will be put into monthly QAPI report. Monthly review completed with HCD, HSD, and ED.</p> <p>2. Long Term: The Health Care Director will ensure that</p>	05/08/2023

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	<p>indicated the facility was not administering her medications regularly and they were having problems getting her medication from the pharmacy that the facility used. She hired an outside agency to come to the facility twice daily to administer her medications to ensure she received her medications as prescribed.</p> <p>On 4/06/23 at 9:00 A.M., the clinical record for Resident B was reviewed. The diagnoses included, but were not limited to, history of transient ischemic accident, and mild memory impairment that required directions and reminders.</p> <p>Review of Resident B's Service Plan, dated 1/03/23, indicated the resident required administration of medications and treatments and the resident used the community preferred pharmacy.</p> <p>Review of a Progress Note, dated 3/08/23, indicated, "Daughter requested to take residents medication home to administer via self. [Administrator] and writer filled out documentation and daughter said she would be coming twice a day to administer medications..."</p> <p>Review of the Physician's Orders indicated the resident was prescribed but not limited to the following medications:</p> <p>Alendronate Sodium 10 mg tablet 1 time weekly, dated 1/27/23. Amlodipine Besylate 5 mg tablet every morning, dated 1/27/23. Atorvastatin 40 mg tablet daily at bedtime, dated 1/27/23. Clonazepam 0.5 mg tablet twice daily, dated 2/17/23. Loratadine 10 mg tablet every morning, dated</p>		<p>medication related services required and or requested by each resident are provided in accordance with pharmacy regulations and physicians orders</p> <p>3. Responsible Party: HCD, ED and or Designee</p>	

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	<p>1/27/23. Montelukast SOD 10 mg tablet every evening, dated 1/27/23.</p> <p>Review of the Medication Administration Record (MAR) for 1/27/23 to 3/07/23 indicated the following:</p> <ul style="list-style-type: none"> - January; No medications were administered. There were not Medication Notes indicating the reason for no medication administrations. - February; Alendronate Sodium 10 mg tablet was not administered on 2/19/23, and 2/26/23. Medication notes indicated the medication was not administered because it was not available, and awaiting pharmacy to deliver, respectively. <p>Amlodipine Besylate 5 mg tablet was not administered on 2/26/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver.</p> <p>Atorvastatin 40 mg tablet was not administered on 2/10/23, 2/11/23, 2/14/23, 2/16/23, 2/20/23, 2/24/23, 2/26/23, 2/28/23. Medication Notes indicated the medication was not administered due to medication not available awaiting delivery, not available, medication not available awaiting delivery, on order, pharmacy not available, medication not available awaiting delivery, awaiting pharmacy to deliver, awaiting pharmacy to deliver, respectively.</p> <p>Loratadine 10 mg tablet every morning was not administered on 2/14/23, 2/15/23, 2/16/23, 2/19/23, 2/20/23, 2/21/23, 2/22/23, 2/24/23, 2/25/23, and 2/26/23. Medication Notes indicated the medication was not administered due to no medication on hand, has been ordered, on order,</p>			

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	<p>none available, not available, not available, not available, not available, awaiting pharmacy to deliver, awaiting pharmacy to deliver, awaiting pharmacy to deliver, respectively.</p> <p>Montelukast SOD 10 mg tablet was not administered on 2/20/23, 2/22/23, 2/24/23, 2/25/23, 2/26/23 and 2/28/23. Medication Notes indicated the medication was not administered due to pharmacy not available, waiting on pharmacy, medication not available awaiting pharmacy, awaiting pharmacy to deliver, awaiting pharmacy to deliver, respectively.</p> <p>- March; Amlodipine Besylate 5 mg tablet was not administered on 3/01/23 and 3/06/23. Medication Notes indicated the medication was not administered due to unavailable and med not on hand, respectively.</p> <p>Atorvastatin 40 mg tablet was not administered on 3/02/23 and 3/05/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver and medication not available awaiting delivery.</p> <p>Loratadine 10 mg tablet every morning was not administered on 3/01/23 and 3/6/23. Medication Notes indicated the medication was not administered due to unavailable and med not on hand, respectively.</p> <p>Montelukast SOD 10 mg tablet was not administered on 3/02/23 and 3/05/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver and medication not available awaiting pharmacy, respectively.</p> <p>2. On 4/06/23 at 9:15 A.M., the clinical record for</p>			

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	<p>Resident C was reviewed. The diagnoses included, but were not limited to, history of stroke, dementia, and hypertension.</p> <p>Review of Resident C's Service Plan, dated 2/23/23, indicated the resident moved into the facility on 2/14/23, required administration of medications and treatments, and the resident used an approved non-preferred pharmacy.</p> <p>Review of the Physician's Orders indicated the resident was prescribed but not limited to the following medications:</p> <p>Amlodipine Besylate 10 mg tablet every morning, dated 2/24/23. Donepezil HCL 10 mg tablet every evening, dated 2/24/23. Eliquis 2.5 mg tablet twice daily at 8:00 A.M. and 5:00 P.M., dated 2/24/23. Nebivolol 10 mg tablet daily, dated 2/24/23. Sertraline HCL 25 mg tablet daily, dated 3/09/23.</p> <p>Review of the Medication Administration Record (MAR) for 2/14/23 to 4/04/23 indicated the following:</p> <p>- February; Amlodipine Besylate 10 mg tablet was not administered on 2/27/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver.</p> <p>Eliquis 2.5 mg tablet twice daily at 8:00 A.M. and 5:00 P.M., was not administered at 8:00 A.M. on 2/27/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver.</p> <p>Nebivolol 10 mg tablet daily was not administered on 2/27/23 and 2/28/23. Medication Notes</p>			

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	<p>indicated the medication was not administered due to awaiting pharmacy to deliver and not available, respectively.</p> <p>Sertraline HCL 25 mg tablet daily was not administered on 2/27/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver.</p> <p>- March; Nebivolol 10 mg tablet daily was not administered on 3/04/23, 3/05/23, 3/06/23, and 3/07/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to deliver, awaiting pharmacy to deliver, awaiting pharmacy to deliver, med not on hand, respectively.</p> <p>3. On 4/06/23 at 9:30 A.M., the clinical record for Resident D was reviewed. The diagnoses included, but were not limited to, dementia, macular degeneration, anemia, chronic obstructive pulmonary disease, depression, heart disease, hypertension, and history of stroke.</p> <p>Review of Resident D's Service Plan, dated 2/08/23, indicated the resident required administration of medications and the resident used the community preferred pharmacy.</p> <p>Review of the Physician's Orders indicated the resident was prescribed but not limited to the following medications:</p> <p>Alaway 0.025% eye drops instill 1 drop in both eyes twice daily, dated 2/21/23 Amlodipine Besylate 5 mg tablet every morning, dated 1/27/23. Azelastine 0.1% spray Instill 2 sprays in each</p>			

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	<p>nostril twice daily 8:00 A.M. and 5:00 P.M, dated 1/27/23.</p> <p>Carvedilol 12.5 mg tablet take twice daily 8:00 A.M. and 5:00 P.M., dated 2/21/23.</p> <p>Cyclobenzaprine 10 mg tablet take daily at bedtime, dated 2/21/23.</p> <p>Donepezil HCL 10 mg tablet take daily at bedtime, dated 2/21/23.</p> <p>Ferosol 325 mg tablet take with breakfast, dated 2/21/23.</p> <p>Simvastin 20 mg tablet daily at bedtime, date 1/27/23.</p> <p>Review of the Medication Administration Record (MAR) for 1/27/23 to 2/28/23 indicated the following:</p> <p>- January; No medications were administered. No Medication Notes were written to explain the omissions.</p> <p>- February; Alaway 0.025% eye drops instill 1 drop in both eyes twice daily, was not administered on 2/19/23 at 5:00 P.M., 2/20/23 at 8:15 A.M., and 2/21/23 at 8:15 A.M. Medication Notes indicated the medication was not administered due to awaiting pharmacy to delivery, on order, no meds on hand, all have been ordered STAT, respectively.</p> <p>Amlodipine Besylate 5 mg tablet was not administered on 2/23/23 and 2/25/23. Medication Notes indicated the medication was not administered due to med not available.</p> <p>Azelastine 0.1% spray Instill 2 sprays in each nostril twice daily 8:00 A.M. and 5:00 P.M, was not administered on 2/28/23 at 8:00 A.M. Medication Notes indicated the medication was not administered due to not available.</p>			

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	<p>Carvedilol 12.5 mg tablet take twice daily 8:00 A.M. and 5:00 P.M., was not administered on 2/19/23 at 9:00 A.M., 2/19/23 at 9:00 P.M., 2/20/23 at 9:00 A.M., 2/21/22 at 9:00 A.M. Medication Notes indicated the medication was not administered due to on order, awaiting pharmacy delivery, oon order, no meds on hand all have been ordered STAT, respectivley.</p> <p>Donepezil HCL 10 mg tablet take daily at bedtime was not administered on 2/19/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to delivery.</p> <p>Ferosol 325 mg tablet take with breakfast was not administered on 2/20/23. Medication Notes indicated the medication was not administered due to medication not available.</p> <p>Simvastin 20 mg tablet daily at bedtime was not administered on 2/19/23, 2/21/23, and 2/28/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to delivery, med unavailable, respectively.</p> <p>4. On 4/04/23 at 11:20 A.M., during an observation and interview with Resident H, he indicated he frequently did not receive all of his medications and that nursing staff would sometimes come in with 2 pills and the next day come in with 4 pills. Indicated he never knows what he will get and that the facility was not able get the medications from the pharmacy like they should.</p> <p>On 4/06/23 at 10:00 A.M., the clinical record for Resident H was reviewed. The diagnoses included, but were not limited to diabetes.</p>			

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NAME OF PROVIDER OR SUPPLIER HARMONY AT ELKHART	STREET ADDRESS, CITY, STATE, ZIP CODE 1129 PARKWAY AVENUE ELKHART, IN 46516
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	<p>Review of Resident H's Service Plan, dated 1/18/23, indicated the resident required administration of medications and treatments, and the resident used the community preferred pharmacy.</p> <p>Review of the Physician's Orders indicated the resident was prescribed but not limited to the following medications:</p> <p>Amlodipine Besylate 10 mg tablet every morning, dated 1/21/23. Aspirin EC 81 mg tablet daily, dated 1/21/23. Atorvastatin 40 mg tablet daily at bedtime, dated 1/21/23. Basaglar 100 unit/Ml Kwikpen to inject 30 units sub-Q daily at bedtime, dated 3/22/23 Bumetanide 0.5 mg tablet daily 5 days per week, dated 3/2/23. Celecoxib 200 mg capsule daily, dated 1/21/23. Clonazepam 1 mg tablet daily, dated 1/26/23. Clopidogrel Bisulfate 75 mg tablet daily, dated 1/12/23. FIASP 100 units/Ml Flextouch inject 5 units sub-Q devery evening before a meal, dated 3/7/23. FIASP 100 units/Ml Flextouch inject sub-q every evening with dinner per sliding scale, dated 3/7/23. Glipizide 10 mg tablet twice daily at 8:00 A.M. and 5:00 P.M., dated 1/21/23. Glycopyrrolate 2 mg tablet twice daily at 8:00 A.M. and 5:00 P.M., dated 2/16/23. Levothyroxine 150 mg tablet daily, dated 1/21/23. Lisinopril 40 mg tablet daily, dated 1/21/23. Melatonin 5 mg tablet daily, dated 1/21/23. Metformin HCL ER 750 mg tablet, take 2 tablets daily, dated 1/21/23. Nebivolol 5 mg tablet daily, dated 1/21/23. Novolog 100 unit/Ml Flexpen inject per sliding scale, dated 2/23/23.</p>			

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	<p>Polyethylene Glycol 3350 powder 17 grams twice daily at 8:00 A.M. and 5:00 P.M., dated 2/11/23. Pregabalin 150 mg capsule daily, dated 1/24/23. Quetiapine Fumarate 50 mg tablet at bedtime, dated 2/11/23. Tamsulosin HCL 0.4 mg capsule daily, dated 1/21/23. Tradjenta 5 mg tablet daily, dated 1/21/23. Tresiba Flextouch 100 units/ML Inject 40 units sub-Q at bedtime, dated 1/29/23.</p> <p>Review of the Medication Administration Record (MAR) for 1/18/23 to 4/04/23 indicated the following:</p> <p>- January; No medications were documented as administered. No Medication Notes were written to explain the omissions.</p> <p>- February; Atorvastatin 40 mg tablet daily at bedtime, was not administered on 2/10/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to delivery.</p> <p>Clonazepam 1 mg tablet daily, was not administered on 2/02/23, 2/03/23, 2/05/23, 2/08/23, 2/09/23, 2/10/23, 2/11/23, 2/12/23, 2/13/23, 2/14/23, 2/15/23, 2/16/23, 2/17/23, 2/18/23, 2/19/23, 2/22/23, 2/23/23, 2/24/23, 2/25/23, 2/26/23, 2/27/23, and 2/28/23. Medication Notes indicated med not available on order, on order, not available, no med, no stock, waiting on pharmacy, no med on hand, not available, no med on hand, not available, not available, no med on hand, on order, no med on hand-need new rx per pharmacy, not available, no med on hand, awaiting pharmacy to deliver, awaiting pharmacy to deliver, awaiting pharmacy to deliver, no med on hand, no med on hand, not available, respectively.</p>			

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	<p>Glipizide 10 mg tablet twice daily at 8:00 A.M. and 5:00 P.M., was not administered on 2/02/23, 2/03/23, 2/05/23, and 2/10/23. Medication Notes indicated the medication was not administered due to med not available, on order, not available, awaiting pharmacy to deliver, respectively.</p> <p>Glycopyrrolate 2 mg tablet twice daily at 8:00 A.M. and 5:00 P.M., dated 2/16/23. Was not administered on 2/18/23 and 2/20/23. Medication Notes indicated the medication was not administered due to on order and not available, respectively.</p> <p>Levothyroxine 150 mg tablet daily, was not administered on 2/05/23. Medication Notes indicated the medication was not administered due to not available.</p> <p>Melatonin 5 mg tablet daily, was not administered on 2/02/23, 2/03/23, 2/05/23, and 2/10/23. Medication Notes indicated the medication was not administered due to med not available on order, on order, not available, awaiting pharmacy to deliver.</p> <p>Polyethylene Glycol 3350 powder 17 grams twice daily at 8:00 A.M. and 5:00 P.M., not administered on 2/05/23. Medication Notes indicated the medication was not administered due to no available.</p> <p>Pregabalin 150 mg capsule daily, was not administered on 2/14/23, 2/15/23, 2/16/23, 2/18/23, 2/21/23, 2/22/23, 2/24/23, 2/25/23, and 2/26/23. Medication Notes indicated the medication was not administered due to not available, not available, on order, not available, not available, awaiting pharmacy to deliver,</p>			

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	<p>awaiting pharmacy to deliver, awaiting pharmacy to deliver, respectively.</p> <p>Tamsulosin HCL 0.4 mg capsule daily, was not administered on 2/05/23. Medication Notes indicated the medication was not administered due to not available.</p> <p>Tradjenta 5 mg tablet daily, dated 1/21/23, was not administered on 2/02/23, 2/03/23, and 2/05/23. Medication Notes indicated the medication was not administered due to med not available on order, on order, not available, respectively.</p> <p>-March; Basaglar 100 unit/Ml Kwikpen to inject 30 units sub-Q daily at bedtime, was not administered on 3/22/23, 3/23/23, 3/24/23, 3/25/23, 3/26/23, 3/28/23, 3/29/23, 3/30/23, 3/31/23. Medication Notes did not document the reason Basaglar was not administered.</p> <p>Clonazepam 1 mg tablet daily, was not administered on 3/01/23, 3/02/23, 3/03/23, 3/04/23, 3/06/23, 3/07/23, 3/08/23, 3/09/23, 3/10/23, 3/11/23, 3/12/23, 3/14/23, 3/15/23, 3/16/23, 3/17/23, 3/18/23, 3/19/23, 3/20/23, 3/21/23, and 3/22/23. Medication Notes indicated the medication was not administered do to medication not available on 3/21/22 and no med on hand on 3/22/23. Medication Notes were not completed for any other dates to explain why the resident did not receive the medication.</p> <p>Novolog 100 unit/Ml Flexpen inject per sliding scale, was not administered on 3/01/23, 3/02/23, 3/03/23, 3/13/23, 3/14/23, 3/19/23, 3/20/23, 3/25/23, 3/26/23, 3/30/23, and 3/31/23. Medication Notes did not give an indication why the medication was not administered.</p>			

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	<p>Pregabalin 150 mg capsule daily, was not administered on 3/01/23, 3/02/23, 3/03/23, 3/13/23, 3/16/23, 3/17/23, 3/18/23,3/19/23, 3/20/23, 3/21/23, 3/22/23, 3/23/23, 3/24/23, 3/25/23, 3/26/23, 3/27/23, and 3/28/23. Medication Notes indicated the medication was not administered due to no med on hand, med not on hand, awaiting pharmacy to delivery, awaiting pharmacy to delivery, none, medication not available, no med on hand, medication not available, waiting on pharmacy, not available, medication not available, medication not available,med not on hand, respectively.</p> <p>Tresiba Flextouch 100 units/ML Inject 40 units sub-Q at bedtime, dated 1/29/23, was not administered on 3/25/23. Medication Notes indicated the medication was not administered due to did not administer.</p> <p>- April; Pregabalin 150 mg capsule daily, was not administered on 4/01/23, 4/02/23, 4/03/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to delivery, medication not available, and refill.</p> <p>5. On 4/06/23 at 12:30 P.M., the clinical record for Resident L was reviewed. The diagnoses included, but were not limited to, dementia, dissiiness, and anxiety disorder.</p> <p>Review of Resident L's Service Plan, dated 2/08/23, indicated the resident required administration of medications and treatments and the resident used the community preferred pharmacy.</p> <p>Review of the Physician's Orders indicated the resident was prescribed but not limited to the following medications:</p>			

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	<p>Apirpiprazole 5 mg tablet daily, ordered 1/28/23. Buspirone HCL 5 mg tablet 3 times daily at 9:00 A.M., 3:00 P.M., and 9:00 P.M., ordered 1/28/23. Levothyroxine 50 MCG tablet daily, ordered 1/28/23.</p> <p>Review of the Medication Administration Record (MAR) for 2/01/23 to 4/04/23 indicated the following:</p> <p>- February; Levothyroxine 50 MCG tablet daily, ordered 1/28/23, was not administered on 2/01/23. Medication Notes indicated the medication was not administered due to medication not in the system yet.</p> <p>- March; Levothyroxine 50 MCG tablet daily, ordered 1/28/23, was not administered on 3/02/23, 3/03/23, and 3/05/23. Medication Notes indicated the medication was not administered due to awaiting pharmacy to delivery for each date above.</p> <p>6. On 4/6/23 at 9:45 A.M., the record for Resident F was requested. During an interview, at that time, the Director of Nursing indicated the facility was unable to produce a Service Plan, Physician Orders, Progress Notes. She reached out to her Corporate Office who indicated there were no other records.</p> <p>The Director of Nursing provided a Medication Administration Record (MAR) from January 2023 to current. She indicated it was not complete. The resident did not receive her medications that were listed on the Medication Administration Record. When medications were not administered, there should be a note explaining the omission on the MAR. The omissions were not completed for Resident F's record.</p>			

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	<p>The Director of Nursing indicated Resident F's diagnoses included, but were not limited to, dementia, diabetes, depression and anxiety.</p> <p>Review of the Medication Administration Record indicated the resident was prescribed, but not limited to, the following medications:</p> <p>Protonix 40 mg capsule daily. Quetiapine Fumarate 25 mg two tablets daily at bedtime. Ropinirole 2 mg daily at bedtime. Xyzal 5 mg tablet daily at bedtime. Zolof 100 mg tablet twice daily, A.M. and P.M. Aspirin 81 mg tablet daily. Cymbalta 30 mg capsule daily. Metformin 1000mg every evening. Metoprolol 25 mg tablet. 1/2 for 12.5mg twice daily A.M. and P.M.</p> <p>Review of the Medication Administration Record (MAR) for 1/12/23 to 1/31/23 indicated the following:</p> <p>Protonix 40 mg capsule daily were not administered on 1/12 through 17/23 and 1/22 through 31/23.</p> <p>Quetiapine Fumarate 25mg two tablets daily at bedtime, were not administered on 1/12 through 16/23 and 1/22 through 31/23.</p> <p>Ropinirole 2 mg daily at bedtime, were not administered on 1/12 through 17/23 and 1/19 through 31/23.</p> <p>Xyzal 5 mg tablet daily at bedtime was not administered on 1/12 through 16/23 and 1/22 through 31/23.</p>			

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	<p>Zoloft 100 mg tablet twice daily, A.M. and P.M. was not administered in the A.M. on 1/12 through 17/23, 1/19/23 and 1/22 through 1/31/23 and was not administered in the P.M. on 1/12 through 16/23 and 1/22 through 31/23.</p> <p>Aspirin 81mg tablet daily was not administered on 1/12 through 17/23 and 1/21 through 3/23.</p> <p>Cymbalta 30mg capsule daily, was not administered on 1/12 through 17/23 and 1/21 through 31/23.</p> <p>Metformin 1000mg every evening, was not administered on 1/12 through 16/23 and 1/21 through 31/23.</p> <p>Metoprolol 25mg tablet. 1/2 for 12.5mg twice daily A.M. and P.M., was not administered on 1/12 through 17/23 and 1/21 through 31/23.</p> <p>Oxybutrin 5 mg tablet daily, was not administered on 1/12 through 17/23 and 1/21 through 31/23.</p> <p>On 4/06/23 at 10:48 A.M., during an interview, conducted with the Director of Nursing (DON), she indicated the facility was aware that residents were not receiving all their medications as ordered because the current pharmacy the facility was using was not delivering the medications timely. The Director of Nursing indicated the facility was currently trying to change pharmacy services. The Director of Nursing indicated all residents should be getting medications as ordered every day.</p> <p>A policy, titled "Medication Services" dated 4/21 was provided by the Director of Nursing on 4/06/23 at 11:10 A.M. The policy indicated, "It is the intent of [the facility] to provide assistance</p>			

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

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	<p>with all aspects of medication services in a manner that provides for a...timely...approach in medication administration</p> <p>...The Health Director will ensure that medication related services required or requested by each resident are provided in accordance with...pharmacy regulations..."</p> <p>On 4/06/23 at 10:48 A.M. the pharmacy contracted agreement was requested, but was not provided.</p> <p>This State Residential finding relates to Complaints IN00405377, IN00405001, IN00404253, IN00403940, and IN00403437.</p>				