

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 12/05/2024
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NAME OF PROVIDER OR SUPPLIER  VITA OF MARION	STREET ADDRESS, CITY, STATE, ZIP COD 4211 S ADAMS STREET MARION, IN 46953
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00447735 and IN00448111.</p> <p>Complaint IN00447735 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00448111 - State deficiencies related to the allegations are cited at R0118, R0119, R0121, and R0296.</p> <p>Survey dates: December 4 &amp; 5, 2024</p> <p>Facility number: 015081</p> <p>Residential Census: 91</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed December 19, 2024.</p>	R 0000	Vita of Marion submits this plan of correction with a compliance date of 1/10/25	
R 0118  Bldg. 00	<p>410 IAC 16.2-5-1.4(c) Personnel - Deficiency</p> <p>Based on record review and interview, the facility allowed a Certified Nursing Assistant (CNA) to provide care with an expired certification for 1 of 5 employees reviewed. (CNA 1)</p> <p>Findings include:</p> <p>During a focused Employee Record Review, CNA 1's nursing assistant certification was indicated as expired on 11/2/24.</p> <p>During an interview on 12/5/24 at 1:35 p.m., the DON indicated she was not aware CNA 1's</p>	R 0118	<p>1. CNA 1 was removed from the schedule until the license was renewed, license renewed on December 6, 2024.</p> <p>2. DON or assigned designee completed audit on all licensed staff on December 30, 2024. All other licensed staff have active licenses.</p> <p>3. BOM to add license expiration date to Paycom. BOM or assigned designee will audit all staff License twice a month x's 1</p>	01/10/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Dustin Newsome	Executive Director	12/31/2024

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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R 0119 Bldg. 00	<p>certification had expired. She should not have been on the schedule until it was valid.</p> <p>CNA 1 had worked the following shifts following the expiration of her certification: the night shift beginning on 11/9/24, 11/10/24, 11/23/24, and 11/24/24; a partial evening shift on 11/16/24 and 11/30/24; and from 1:10 a.m. to 6:23 a.m. on 11/26/24.</p> <p>This citation relates to complaint IN00448111.</p> <p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- Personnel - Noncompliance</p> <p>Based on record review and interview, the facility failed to provide dementia education to employees hired to work at the facility for 4 of 5 employee files reviewed. (CNA 1, LPN 3, QMA 5, and CNA 6)</p> <p>Findings include:</p> <p>During a focused Employee Records review, on 12/5/24 at 11:08 a.m., the employee files for Certified Nursing Assistant (CNA) 1, start date 9/27/24; LPN 3, start date 12/22/23; Qualified Medication Aide (QMA) 5, start date 10/9/24; and CNA 6, start date 9/27/24, lacked documentation of completion of dementia training.</p> <p>During an interview on 12/5/24 at 11:15 a.m., the Business Office Manager (BOM) indicated she discovered the dementia education had not been completed for CNA 1, LPN 3, QMA 5, and CNA 6.</p> <p>A current facility policy, revised 6/2021 and titled, "Staff Training Policy and Procedure," provided by the DON on 12/5/24 at 12:29 p.m., indicated the following: "...Procedure: A. Within 30 days of</p>	R 0119	<p>month, then monthly x 5 months. 4. QAPI committee will review monthly x 6 months and make recommendations as needed.</p> <p>1. CNA 1 and 6, LPN 3 and QMA 5 have completed required dementia training. 2. BOM or assigned designee will complete audit for Dementia training for staff by January 3, 2025. 3. BOM or assigned designee will audit employee files to ensure required Dementia training is completed monthly x 6 months. 4. QAPI committee will review audits monthly x 6 months and make recommendations.</p>	01/10/2025

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R 0121 Bldg. 00	<p>employment, all staff members will complete orientation and training to the community and their assigned department and area of responsibility....Training topics will include, but not be limited to:...Techniques for working with persons with disabilities and the elderly populations...."</p> <p>This citation relates to complaints IN00448111.</p> <p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure TB (tuberculin) skin testing prior to starting employment with the facility for 4 of 5 staff reviewed for employee records. (CNA 1, LPN 3, QMA 5, and CNA 6)</p> <p>Findings include:</p> <p>During a focused Employee Records review, on 12/5/24 at 11:08 a.m., the employee files for Certified Nursing Assistant (CNA) 1, start date 9/27/24; LPN 3, start date 12/22/23; and Qualified Medication Aide (QMA) 5, start date 10/9/24; lacked documentation of completion of a TB skin test. CNA 6's, start date 9/27/24, lacked second step TB skin test completion.</p> <p>During an interview on 12/5/24 at 11:18 a.m., the DON indicated she became aware of the lack of new employee TB skin testing when reviewing the requested files.</p> <p>A current facility policy, revised 6/2021, titled, "Staff Training Policy and Procedure," provided by the DON on 12/5/24 at 12:29 p.m., included the following: "...Procedure: A. Within 30 days of employment, all staff members will complete</p>	R 0121	<p>1 CNA 1 and CNA 6, LPN 3, and QMA 5 completed require TB screening.</p> <p>2 BOM or assigned Designee will audit staff Records for TB completion by January 2,2025, and complete any deficiencies noted.</p> <p>3. BOM or assigned Designee will audit all staff for TB completion weekly x 4 weeks, then monthly x 5 months.</p> <p>4. QAPI committee will review audits monthly x 6 months and make recommendations as needed.</p>	01/10/2025

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R 0296  Bldg. 00	<p>orientation and training to the community and their assigned department and area of responsibility....Training topics will include, but not be limited to:...Tuberculosis identification, prevention, control, and reporting."</p> <p>This citation relates to complaints IN00448111.</p> <p>410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance</p> <p>A. Based on interview and record review, the facility failed to maintain temperature logs for medications requiring refrigerated storage for 2 of 2 medication storage rooms observed.</p> <p>B. Based on interview and record review, the facility failed to obtain physician ordered weights and blood pressures, heart rate and blood pressure prior to medication administration, and to follow hold parameters related to blood pressure checks prior to medication administration, for 2 of 6 residents reviewed for medication administration. (Residents E and F)</p> <p>C. Based on interview and record review, the facility failed to accurately document narcotic medication administration for 2 of 6 residents reviewed for medication administration. (Residents E and G)</p> <p>Findings include:</p> <p>A. During a 3rd floor medication room observation on 12/4/24 at 10:50 a.m., accompanied by Qualified Medication Aide (QMA) 8, the facility temperature logs for the medication refrigerator storage indicated the following: The November 2024 log lacked entry of temperature monitoring documentation on the mornings of 11/1/24 to</p>	R 0296	<p>1. A- Refrigerator temperature logs in place and being monitored for both refrigerators. B-No adverse effects for missing parameters for resident E and F. C- No adverse effects for missed medications noted for residents E and G.</p> <p>2.A- Deficient practice has the potential to affect all residents that have medication stored in refrigerators. No adverse effects noted to residents. B-Deficient practice has the potential to affect all residents that have parameters orders. No adverse effects noted to residents. C- Deficient practice has the potential to affect all residents that have Narcotic medication orders. No adverse effects noted to residents.</p> <p>3.A- DON and/or designee will in-service staff that pass medications by January 2, 2025 on pharmaceutical practices. DON or assigned Designee will audit both temperature logs on AI and MC for completion daily x 2 weeks, then weekly x 2 weeks, then monthly x 5 months. B- DON</p>	01/10/2025

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	<p>11/3/24, 11/8/24, 11/9/24, 11/12/24, 11/16/24, 11/18/24 to 11/30/24. The evening documentation lacked an entry for 11/4/24 to 11/6/24, 11/9/24 to 11/11/24, 11/13/24 to 11/15/24, and 11/17 to 11/30/24.</p> <p>During a memory care medication room observation on 12/4/24 at 11:15 a.m., the temperature logs for the medication refrigerator storage indicated the refrigerator lacked a log for November and December 2024. The log for October 2024 was blank.</p> <p>Medications were being stored in the refrigerators.</p> <p>B.1. A clinical record review for Resident E was completed on 12/4/24 at 12:01 p.m. The resident's Medication Administration Record (MAR) included the following:</p> <p>a. For the month of December 2024, the resident's MAR lacked an entry of 1:00 p.m. medications being administered on 12/2/24.</p> <p>b. No entries were completed for a physician's order for daily weights for all dates in December, and on 11/8/24, 11/9/24, 11/12/24, 11/27/24 and 11/30/24.</p> <p>c. A physician's order for digoxin (heart medication) 0.125 mg (milligram) daily with an order to hold for a heart rate of less than 50 beats per minute (BPM) lacked heart rate values on 11/8/24, 11/29/24, and 11/30/24.</p> <p>d. A physician's order for metoprolol tartrate (to treat high blood pressure) 50 mg, twice daily and hold for systolic blood pressure (SBP) of less than 110, lacked indication the medication was held on 11/10/24 at 8:00 a.m. with a SBP of 95, and on 11/22/24 at 8:00 a.m. with a SBP of 107. The MAR lacked a SBP value for an administered dose</p>		<p>or assigned Designee will audit all medications with Parameters and/or daily weights weekly x 4 weeks, then will audit all medications with Parameters and/or daily weights monthly x 5 months. C- DON or assigned Designee will audit all MARs for initials on narcotics and compare signatures for matching Narcotic sign out sheet daily x 30days then weekly x 4 weeks, then bi-monthly x 2 months then monthly x 2 months.</p> <p>4. QAPI committee will review audits monthly x 6 months and make recommendations as needed.</p>	

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	<p>on 11/1/24 to 11/3/24 for the 8:00 a.m. dose, and 11/4/24-11/6 24 for the 8:00 p.m. dose.</p> <p>B.2. A clinical record review for Resident F was completed on 12/4/24 at 12:28 p.m. The resident's MAR for November 2024 lacked physician ordered daily blood pressures for hypertension on 11/12/24 and 11/16/24</p> <p>C. During medication administration review, the following resident medications were indicated as given on the MAR's which lacked entry of a pill being administered on the narcotic count sheets as follows:</p> <p>1. Resident E's MAR indicated her 11/3/24, 8:00 a.m. dose of oxycodone acetaminophen (to treat pain) 7.5-325 mg, was administered. The narcotic count sheet for Resident E lacked an entry of a dose of oxycodone acetaminophen being obtained from the medication cart.</p> <p>2. Resident G's MAR indicated her 11/3/24 8:00 a.m. dose of clonazepam (to treat anxiety) 0.5 mg, was administered. The controlled substance count sheet lacked indication of the medication being obtained from the medication cart, and her methylphenidate (to treat ADHD) 5 mg, was indicated as administered on the MAR, but lacked and entry on the control drug use record as being obtained from the medication cart.</p> <p>During an interview on 12/4/24 at 12:48 p.m., QMA 8 indicated if the medication was marked with initials on the MAR that indicated the medication was administered. The controlled substance record should correspond with an entry that a dose of the medication had been obtained from the medication cart. If the controlled substance record lacks an entry, the medication was not</p>			

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	<p>given as the pill count must match the log value.</p> <p>During an interview on 11/4/24 at 3:05 p.m., the DON indicated when a medication was order to be held due to parameters or refusal, the initials on the MAR should be circled and a note indicated reason medication was not administered entered on the back of the MAR page or entered as a progress note. The medication administration record should match the controlled substance count sheets at all times. Ordered daily blood pressures should be entered into the MAR or a progress note. If the resident was not available or refused, this should be indicated in a progress note and on the MAR. There was no other place these values were to be documented. The medication administration record should match the controlled substance count sheets at all times.</p> <p>A current facility policy, revised 1/2024, titled, "Medication Management, Administration, &amp; Storage," provided by the DON on 12/5/24 at 1:04 p.m., included the following: "...Policy:...B. Medication Administration: Medication administration will be administered as ordered by the resident's provider and will be administered by a licensed nurse or a QMA....4. Documentation: At the time of administration, the licensed nurse or QMA administering the medication will document the administration in the medication (or treatment) administration record...."</p> <p>This citation relates to complaints IN00448111.</p>			