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	03/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
JOURNEY SENIOR LIVING OF VALPARAISO	74 E JOURNEY WAY VALPARAISO, IN 46383

(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 IN00288460. Complaint IN00288460 - Substantiated. State Residential Finding related to the allegations is cited at R0241. Survey date: March 24 & 25, 2019 Facility number: 14081 Residential Census: 29 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 4/1/19.	R 0000	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. The facility is also requesting a desk review for compliance in these areas.	
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure Physician's Orders were completed as ordered for 1 of 9 residents reviewed for Physician's Orders. (Resident B) Finding includes: Resident B's record was reviewed on 3/25/19 at 10:11 a.m. The diagnoses included, but were not	R 0241	R241 **What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice?** Physician order was D/C'd as of 3/26 once physician notified order was not put in place. POA	04/08/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	limited to, dementia. A Physician's Progress Note, dated 3/11/19, indicated an order for Debrox (ear wax removal) to both ears for seven days. The Physician's Recapitulation Orders, dated 1/2019, indicated the Physician had handwritten an order for Debrox to both ears for seven days. The Medication Administration Record, dated 3/2019, indicated the order for the Debrox had not been transcribed on to the Medication Record to be completed as ordered by the Physician. During an interview on 3/25/19 at 10:28 a.m., LPN 1 indicated the Debrox had not be transcribed on to the Medication Administration Record. The Debrox ear drops had not been administered as ordered by the Physician. This Residential tag relates to Complaint IN00288460.		notified and R1 monitored for any issues r/t missed medication No issues noted at this time. Physician will assess upon next visit. **How will you identify other residents having potential to be affected by the same deficient practice?** Any resident has the potential to be affected by the same alleged deficient practice. **What measures will be put into place or what systematic changes will you make to ensure the deficient practice does not recur?** LPN on duty on 3/11 when Physician prescribed the orders given a teachable moment. Audits that were in place for both MD orders and lab orders have been updated to include that the POS in chart is reviewed for any new physician orders and progress notes reviewed for MD charting. Director of Nursing also met with physician on 4/2 to review community expectations of physician when writing new orders and charting. Staff re-educated on following through with Physician orders, whether a medication, or an evaluation and treatment from an outside source, to ensure the service is done in a timely manner and to check MD progress notes thoroughly.	

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			How will the corrective action (s) be monitored to ensure the deficient practice will not recur? Director of Nursing and/or designee will audit resident's charts 3 times a week with updated audits to ensure that any new order has been conducted/started in the acceptable time frame from order date. The Director of Nursing and/or designee will bring the results of audits to the monthly QA committee meeting for review and recommendations. Any recommendations made by the committee will be followed up by the Director of Nursing and results brought to next meeting. This will continue for 6 months. Monitoring is ongoing.	