

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

PRINTED: 08/22/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155796	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2022
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NAME OF PROVIDER OR SUPPLIER CEDARS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 14409 SUNRISE CT LEO, IN 46765
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00386007 and IN00386937</p> <p>Complaint IN00386007- Substantiated. Federal/state deficiencies related to the allegations are cited at F607</p> <p>Complaint IN00386937- Substantiated. Federal/state deficiencies related to the allegations are cited at F760</p> <p>Survey date: August 2, 2022</p> <p>Facility number: 001215 Provider number: 155796 AIM number:100450890</p> <p>Census Bed Type: SNF/NF: 35 Residential: 8 Total: 43</p> <p>Census Payor Type: Medicare: 3 Medicaid: 20 Other: 20 Total: 43</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 3, 2022</p>	F 0000		
F 0607 SS=D Bldg. 00	<p>483.12(b)(1)-(3) Develop/Implement Abuse/Neglect Policies</p> <p>§483.12(b) The facility must develop and implement written policies and procedures</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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>that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, Based on interview and record review the facility failed to ensure all staff received annual training regarding abuse prevention and resident rights for 1 of 6 employees reviewed (CNA 2)</p> <p>Findings include:</p> <p>Abuse and resident right training documentation for CNA 2 was provided by Administrative Assistant 7 on 8/2/22 at 11:57 AM. The training indicated CNA 2 last completed abuse training on 4/28/21 and resident rights training on 5/5/21.</p> <p>Administrative Assistant 7 was interviewed on 8/2/22 at 11:57 AM. Administrative Assistant 7 indicated she had no other recent abuse or resident right training for CNA 2.</p> <p>The Director of Nursing (DON) and Administrator were interviewed on 8/2/22 at 1:22 PM. The DON and Administrator indicated all employees should have abuse prevention and resident rights training yearly.</p> <p>A policy, January 2022, titled "Primary Policy of Abuse Prohibition," was provided by the Administrator on 8/2/22 at 10:30 AM. The policy indicated ... "Training for Abuse Prohibition: No</p>	F 0607	<p>Abuse and Resident Rights training has been completed by CNA 2 as of 8/7/2022.</p> <p>Additionally, a policy requiring all staff members to be placed on leave if 15 days have passed after the required completion date of trainings. A review of all staff for training has been completed and all employees are up to date or are on leave to ensure all residents are treated appropriately per CMS guidelines. We have also implemented an additional abuse training to ensure all staff understand the abuse policy of The Cedars. Agency staff are now required to sign off on The Cedars abuse policy in orientation to our facility to further provide protection to our residents. A QAPI PIP will be implemented with monitoring monthly for training and enforcement of the Training Competition Policy. This monitoring will occur for 1 year to ensure all annual trainings are complete and will extend if 100%</p>	08/30/2022

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F 0760 SS=D Bldg. 00	<p>less frequently annually, Social Service/Director of Nursing shall conduct in-service training for all employees on topics ofwhat constitutes abuse, neglect, exploitation and/or misappropriation of resident property ...the Director of Nurses will be responsible for maintaining continuous documentation of employee training on abuse prohibition with a yearly report to the Administrator."</p> <p>This Federal citation is related to Complaint IN00386007.</p> <p>5-1.4(e)(1)</p> <p>483.45(f)(2)</p> <p>Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were free of significant medication errors for 2 of 5 residents reviewed. (Resident B and Resident C)</p> <p>Findings include:</p> <p>1. During an interview at 10:54 AM on 8/2/22, Resident B indicated about 2 weeks ago Licensed Practical Nurse (LPN) 8 gave her the wrong insulin. Resident B indicated the insulin pen used was a different color than her pen and she read another resident's name on the pen.</p> <p>A record review was completed on 8/2/22 at 12:50 PM. An order, dated 3/10/22, for Lantus Solostar Solution (Insulin) Pen-Injector 100 UNIT/ML (insulin) Inject 55 units subcutaneously one time a day related to Type 2 diabetes mellitus without</p>	F 0760	<p>compliance is not achieved. The plan of correction will be completed by August 30, 2022.</p> <p>A policy on Multi-dose Insulin Pen has been created to instruct nursing staff on the safe use of multi-dose insulin pens. Additionally, a policy on medication errors has been updated to reflect the immediate notification of medication errors. An in-service will be held with nursing staff to ensure proper procedures are followed regarding the use of multi-dose insulin pens and medication errors to protect residents from significant medication errors resulting from these pens. Administration audits will be conducted 10 times a month for 3 months. Additionally, audits will be conducted 5 times per month for 3 more months. This</p>	08/30/2022			

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	<p>complications was prescribed for resident B.</p> <p>2. Resident C's record review indicated an order dated 3/25/22, for Basaglar KwikPen Solution 100 UNIT/ML (Insulin) inject 15 units subcutaneously one time a day for Type 2 diabetes mellitus without complications. The medication prescribed was dispensed in a multi-dose pen.</p> <p>Employee Statements were provided by the Administrator on 8/2/22 at 12:35 PM. The statement indicated LPN 8 had administered Basaglar Kwik pen solution to Resident B about 11:50 PM on 7/21/22. The Kwik pen was labeled and had been dispensed for Resident C. The statement indicated RN 5 received report during shift change about 6 AM on 7/22/22 and was told by LPN 8 she gave Resident B Basaglar KwikPen solution from Resident C's multi-dose insulin pen.</p> <p>During an interview on 8/2/22 at 2:00 PM, RN 5 indicated she had administered Basaglar KwikPen solution on 7/22/22 around 8:30 AM to Resident C from the same multi-dose insulin pen, used in error on Resident B.</p> <p>During an interview on 8/2/22 at 12:41pm, the Director of Nursing (DON), indicated the Basaglar KwikPen should have been discarded immediately to prevent cross-contamination. The DON indicated she discarded the Basaglar KwikPen on 7/22/22 about 9:15 AM after she was notified of the error.</p> <p>A policy titled "Physicians Orders," received from the DON on 8/2/22 at 1:26 PM did not address the use of multi-dose insulin pens.</p> <p>Manufacturer's instructions for Basaglar KwikPen from basalgar.com indicated the pen should not</p>		<p>will be monitored in a QAPI PIP to ensure proper administration with the insulin pens. Also medication error will be monitored 6 months. Medication errors will remain below 5% with no significant medication errors prior to completion of the QAPI PIP.</p>	

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	<p>be shared with other people even if the needle has been changed. The instructions also indicated that serious infection may be given or received if shared.</p> <p>This Federal citation is related to Complaint IN00386937</p> <p>3.1-48(c)(2)s</p>				