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| 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 01/24/2025 |
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| NAME OF PROVIDER OR SUPPLIER VIVERA SENIOR LIVING OF JEFFERSONVILLE | STREET ADDRESS, CITY, STATE, ZIP COD 2105 HAMBURG PIKE JEFFERSONVILLE, IN 47130 |
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| (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 | <p>This visit was for the Investigation of Complaints IN00450623 and IN00451573.</p> <p>Complaint IN00450623 - No deficiencies related to the allegation is cited.</p> <p>Complaint IN00451573 - State deficiency related to the allegations are cited at R0297.</p> <p>Survey date: January 24, 2025</p> <p>Facility number: 015121</p> <p>Residential Census: 109</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on January 29, 2025.</p> | R 0000 | <p>The submission of this plan of correction does not indicate an admission by Vivera Senior Living Jeffersonville that the findings and allegations contained herein are an accurate representation of the quality of care provided to the residents of Vivera Senior Living Jeffersonville. The community hereby maintains its is substantial compliance with the requirements for Residential Care facilities. Please accept this plan of correction with all state and federal requirements governing the management of this facility.</p> <p>Vivera Senior Living Jeffersonville respectfully requests a desk review / paper compliance for these citations.</p> | |
| R 0297 Bldg. 00 | <p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident C) medications were available to administer for 1 of 3 residents reviewed for pharmacy services.</p> <p>Findings include:</p> <p>During an interview on 1/24/25 at 10:08 a.m., the Resident C indicated she did not get her morphine for three days. She had to go to the hospital due to her pain. She had been on the medication for over 40 years for her porphyria and had to have it</p> | R 0297 | <p>What corrective actions will be accomplished for those residents who are found to have been affected by deficient practice: The DON educated clinical staff on the policy of medication administration (exhibit A)</p> <p>Additional in-service/education was completed to include documentation and medication ordering. This education includes</p> | 02/13/2025 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Jenny F. Brown | Executive Director | 02/13/2025 |

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>for pain control.</p> <p>The clinical record for Resident C was reviewed on 1/24/25 at 10:45 a.m. The resident's diagnoses included, but were not limited to, rheumatoid arthritis, porphyria and chronic pain syndrome.</p> <p>Review of the January 2025 medication administration record (MAR) indicated the resident was to receive Morphine Sulfate (narcotic pain medication) 30 mg (milligrams) twice daily at 9:00 a.m. and 9:00 p.m.</p> <p>The January 2025 MAR lacked documentation that the resident received the narcotic pain medication on the following dates and times:</p> <ul style="list-style-type: none"> - On 1/15/25 at 9:00 a.m. and 9:00 p.m. - On 1/16/25 at 9:00 a.m. and 9:00 p.m. - On 1/17/25 at 9:00 a.m. <p>Review of the January 2025 controlled drug record indicated the Morphine was last administered on 1/14/25 at 9:00 p.m. and was not administered again until 1/17/25 at 8:00 p.m.</p> <p>The progress note, dated 1/13/25 at 10:05 a.m., indicated the resident's physician was called for a new script for her Morphine.</p> <p>Review of the controlled drug record on 1/13/25, indicated the resident had three doses (1 1/2 day) left to be administered.</p> <p>The progress note, dated 1/15/25 at 11:36 a.m., indicated the resident's physician's office was called related to the Morphine script that was requested on 1/13/25 and had not been filled.</p> <p>The progress note, dated 1/16/25 at 10:37 a.m.,</p> | | <p>timely documentation of physician notification to ensure that all medications are ordered and administered per MD order. (exhibit B)</p> <p>Exhibit C- staff signatures</p> <p>How the facility will identify other residents having the potential to be affected by deficient practice: The DON reviewed residents who receive medication administration as well as their service plans for accuracy to ensure compliance.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not reoccur:</p> <p>All residents who are provided with Medication administration will be audited weekly by DON or designee to insure compliance with policy. This audit will occur weekly for one month, bi weekly for one month, and then monthly for 3 months to ensure compliance with medication policy. any staff not in compliance will be addressed immediately (exhibit D)</p> <p>DON or designee will run medication administration report daily & provide copy to Executive Director. This will ensure DON/ED are aware of any compliance</p> | |

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| | <p>indicated the resident's physician's office was called and explained that the facility had been trying to get the resident a new script since 1/13/25. The resident stated she was in a lot of pain.</p> <p>The progress note, dated 1/16/25 at 12:34 p.m., indicated the resident stated she could not take the pain anymore and requested to be sent out to the hospital. Emergency medical service (EMS) arrived, and the resident was sent to the hospital.</p> <p>During an interview on 1/24/25 at 1:29 p.m., the Director of Nursing indicated the resident missed five doses of her pain medication due to the facility waiting for her script to be signed. The staff sent in a script over a week prior to the last dose and document in the progress notes. She went to the hospital due to her pain because she had not gotten the pain medication.</p> <p>The clinical record lacked documentation of physician's notification of the resident's need for a script for her Morphine until 1/13/25 at 10:05 a.m.</p> <p>During an interview on 1/24/25 at 2:38 p.m., the Executive Director indicated the facility was responsible for handling and administering the resident's medications.</p> <p>On 1/24/25 at 2:26 p.m., the Executive Director provided a current, undated copy of the document titled "Medication Policy". It included, but was not limited to, "Medication is to be taken regularly by the resident, as prescribed by his/her physician...."</p> <p>This Citation relates to Complaint IN00451573</p> | | <p>issues. This will occur indefinitely.</p> <p>Medication administration will be placed on monthly QA team log to be addressed in monthly QA meeting.</p> <p>Systematic changes will be in place by Feb 13th 2025.</p> | |