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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 11/15/2022 |
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| NAME OF PROVIDER OR SUPPLIER CROWNPOINTE OF HARTFORD CITY | STREET ADDRESS, CITY, STATE, ZIP COD 100 INDEPENDENCE PARKWAY HARTFORD CITY, IN 47348 |
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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 a State Residential Licensure Survey.</p> <p>Survey dates: November 14 and 15, 2022</p> <p>Facility number: 013578</p> <p>Residential Census: 16</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on November 17, 2022.</p> | R 0000 | | |
| R 0304 Bldg. 00 | <p>410 IAC 16.2-5-6(e) Pharmaceutical Services - Deficiency (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medication cart was secured from unauthorized personnel for 3 of 5 residents observed during staff reminders with medication self-administration. (Residents 6, 15 and 16)</p> <p>Findings include:</p> <p>1. Resident 16's clinical record was reviewed on 11/14/22 at 11:01 a.m. Her medication self-administration assessment, dated 10/3/22, indicated the resident self-administered</p> | R 0304 | R304-All residents had the potential to be affected by this deficient practice. The corrective action taken on 11/15/22; was placing all resident's who self-administer medications, into secured/locked storage totes, in their individual apartments. Any resident with a schedule II medication continues to be double locked in the resident apartment. The Administrator & Health Services Director have reviewed & | 11/16/2022 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Angela Workman | RCA | 12/12/2022 |

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>medication cart for administration or in a locked cabinet in the resident's apartment to self-administer ..."</p> <p>A current facility policy, updated 10/22, titled "Pharmacy/Medication Delivery/ Distribution" and provided by the Administrator on 11/14/22 at 10:36 a.m., indicated " ...Medications shall be secured in the medication cart if resident is an administration or taken to resident's apartment if resident can self-administer medications ..."</p> <p>Review of the Indiana Nurse Aide Curriculum, updated 11/19/15 and retrieved from www.in.gov/health/files/Indiana_Nurse_Aide_Curriculum.pdf, indicated the following: "...Standard 14...The nurse aide will not administer any medications...."</p> | | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>6. List method of storage that will be utilized in an effort to safeguard other residents from risk or hazard:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Administrator to verify proper storage and sign:</p> <p>_____</p> <p>7. Physician order in place for medications to be self-administered.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>_____</p> <p>Signature of Licensed Nurse</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>RE-ASSESSMENT</p> <p>Resident continues to exhibit ability to self-administer medications in a safe manner per method indicated above.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | |

