| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
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| | | A. BUILDING 00<br>B. WING | 01/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| SILVER BIRCH OF MUNCIE | 2500 W KILGORE AVENUE<br>MUNCIE, IN 47304 |

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| R 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaints IN00425175 and IN00424024.<br><br>Complaint IN00425175 - No deficiencies related to the allegations are cited.<br><br>Complaint IN00424024 - No deficiencies related to the allegations are cited.<br><br>Unrelated deficiencies are cited.<br><br>Survey date: 1/5/24<br><br>Facility number: 014034<br><br>Residential Census: 102<br><br>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.<br><br>Quality review completed January 10, 2024. | R 0000 | | |
| R 0216<br><br>Bldg. 00 | 410 IAC 16.2-5-2(c)(1-4)(d)<br>Evaluation - Noncompliance<br>(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:<br>(1) The resident ' s physical, cognitive, and mental status.<br>(2) The resident ' s independence in the activities of daily living.<br>(3) The resident ' s weight taken on admission and semiannually thereafter.<br>(4) If applicable, the resident ' s ability to self-administer medications. | | | |

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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| | (d) The evaluation shall be documented in writing and kept in the facility.<br>Based record review and interview, the facility failed to ensure self-administration assessments were completed for 3 of 3 residents reviewed for medication self-administration. (Residents B, C, and D)<br><br>Findings include:<br><br>1. The clinical record for Resident B was reviewed on 1/5/24 at 9:30 a.m.<br><br>Current physicians orders included Betasept (an antimicrobial) 4% surgical scrub, apply to right thigh topically two times a day related to an unspecified open wound, unsupervised self-administration (1/15/23) and Trulicity (to treat diabetes) 4.5 mg/0.5 mL pen, inject 4.5 mg subcutaneously one time a day every Saturday related to diabetes, unsupervised self-administration (9/23/23).<br><br>The clinical record lacked a self -administration assessment.<br><br>2. The clinical record for Resident C was reviewed on 1/5/24 at 11:15 a.m.<br><br>Current physicians orders included albuterol HFA (an inhaler) 90 mcg (micrograms) 2 puffs inhale orally every 6 hours for shortness of breath, unsupervised self-administration (6/28/23) and blood glucose system pak kit (glucose testing), test before meals and at bedtime related to type 1 diabetes mellitus, unsupervised self-administration (12/25/20).<br><br>The clinical record lacked a self-administration assessment. | R 0216 | *Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. Please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a desk review. Should additional information be necessary to confirm said compliance, please feel free to contact Joe Collins, Executive Director, Silver Birch of Muncie.*<br><br>Prefix Tag # R216<br><br>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:<br><br>The Director of Nursing and Wellness (DON-W) has completed a Self-administration of Medication Assessment for Resident B, C, | 02/12/2024 |

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| | 3. The clinical record for Resident D was reviewed on 1/5/24 at 1:15 p.m.<br><br>A current physicians order includes Hydrocortisone 1% cream (to treat eczema), apply to back of the neck topically three times a day, unsupervised self-administration.<br><br>The clinical record lacked a self-administration assessment.<br><br>During an interview on 1/5/24 at 2:30 p.m., the DON indicated she could not locate self administration assessments for Residents B, C, or D. These resident only had one or two medications, which were not handled by the facility.<br><br>A current facility policy, revised 3/2/20, titled " Medication Program for Self-Medication Policy", provided by the DON on 1/5/23 at 3:25 p.m., indicated the following: "...Any resident wishing to administer their own medications will be assessed by a licensed nurse and self-administration assessments completed to determine resident's ability to self-administer their medications...." | | and D on 01/05/2024.<br><br>2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:<br><br>The Director of Nursing and Wellness, or designee, will complete an audit, to include 100% of residents, to identify any residents who self-administer medication(s) at this time. Following, Self-administration Medication Assessments, for residents who self-administer medication(s), will be verified for completion; any missing Assessments will be completed if/as applicable. The Self-administration of Medication Assessment will be updated upon notable changes of condition or every quarter.<br><br>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.<br><br>The Director of Nursing and Wellness, or designee, will educate the licensed nurses on the following including, but not limited to completion of Self-administration of Medication Assessment, scheduling of recurrent Self-administration of | |

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| | | | Medication Assessments in the electronic medical record, and review of applicable regulations within 410 IAC 16.2-5 by January 25, 2024. Additionally, the Director of Nursing & Wellness, or designee, will complete routine audits of Self-administration Medication Assessment completion compliance as note within #4 on this Plan of Correction.<br><br>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:<br><br>The Director of Nursing and Wellness, or designee, shall complete a review of 100% of residents who self-administer medication(s) to ensure that the Self-administration Medication Assessments have been completed every quarter or upon notable changes of condition; this review will continue monthly for six months. If 100% compliance is not met during the monthly review, the audit will begin again at the previously noted review sequence until there are six consecutive months of 100% compliance. The Director of Nursing and Wellness, or designee, will report to the Community's Quality Assurance & Performance Improvement Committee and the Director of | |

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| | | | Nursing and Wellness, Executive Director, or designee, will update the Quality Assurance Committee until the Committee determines the area is resolved.<br><br>5 By what date the systemic changes will be completed:<br><br>Systematic changes will be in effect by February 12, 2024. The facility respectfully requests a paper compliance review. | |
| R 0246<br><br>Bldg. 00 | 410 IAC 16.2-5-4(e)(6)<br>Health Services - Deficiency<br>(6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.<br>Based on record review and interview, the facility failed to ensure qualified medication assistants (QMA) obtained authorization from a licensed nurse or physician prior to administering a PRN (as needed) medication for 3 of 3 sampled residents. (Residents B, C, and D)<br><br>Findings include:<br><br>1. The clinical record for Resident B was reviewed on 1/5/24 at 9:30 a.m. Diagnosis included type 2 diabetes mellitus, hypertension and hyperlipidemia. | R 0246 | *Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey. Please find the sufficient documentation providing evidence* | 02/12/2024 |

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| | Current physician orders included: Hydrocodone-Acetaminophen (narcotic pain reliever) 5-325 mg (milligram), give 1 tablet orally every 4 hours as needed for pain (12/26/23).<br><br>Review of the electronic medication administration report (eMAR) for December 2023, indicated the following:<br><br>On 12/28/23 at 3:43 p.m., QMA 1 administered hydrocodone-acetaminophen 5-325 mg for pain and indicated the outcome as "effective". The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.<br><br>2. The clinical record for Resident C was reviewed on 1/5/23 at 11:15 a.m. Diagnosis included autonomic neuropathy, bilateral below the knee amputations, and hypertension.<br><br>Current physician orders included ondansetron (anti- nausea) 4 mg, give 1 tablet orally every 6 hours as needed for nausea (8/24/22).<br><br>Review of the eMAR for December 2023, indicated the following:<br><br>On 12/19/23 at 12:24 a.m., QMA 2 administered ondansetron 4 mg for nausea. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.<br><br>3. The clinical record for Resident D was reviewed on 1/5/24 at 1:15 p.m. Diagnosis included type 2 diabetes mellitus, hypokalemia, and heart failure.<br><br>Current physician orders included ondansetron (anti- nausea) 4 mg, give 1 tablet orally every 8 hours as needed for nausea (8/2/23). | | *of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a desk review. Should additional information be necessary to confirm said compliance, please feel free to contact Joe Collins, Executive Director, Silver Birch of Muncie.*<br><br>Prefix Tag # R246<br><br>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:<br><br>Resident B, Resident C and Resident D experienced no adverse reactions to the PRN medications received without appropriate documentation authorization. All PRN medications that were administered by a Qualified Medication Aide (QMA), as documented in the EMR by a QMA and noted by surveyors during the survey, were confirmed to have been authorized by a licensed nurse. Authorization will continue to be obtained and, in turn, documented for all PRN medications prior to administration.<br><br>2 How the facility will identify | |

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| | Review of the eMAR for December 2023, indicated the following:<br><br>On 12/14/23 at 2:20 a.m., QMA 4 administered ondansetron 4 mg for nausea. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.<br><br>On 12/19/23 at 5:49 p.m., QMA 1 administered ondansetron 4 mg for nausea. The clinical record lacked indication of a licensed nurse or physician being contacted prior to administration.<br><br>During an interview on 1/5/24 at 2:30 p.m., the DON indicated the QMAs knew the appropriate steps when a resident requested an as needed medication from them. The QMA must contact a licensed nurse and gain approval for administration. The QMA needs to document the resident request and contacting the licensed nurse.<br><br>Review of a current, undated facility policy, titled "Qualified Medication Aide, Scope of Practice", provided by the DON on 1/5/24 at 3:25 p.m., indicated the following: "...11.) Administer previously ordered pro re nata (PRN) medications only if authorization is obtained from the facility's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following:... (D) Ensure the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse on call, by the end of the nurse's next tour of duty.... " | | other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:<br><br>A Report (generated in the electronic medical record) was utilized by the Director of Nursing and Wellness (DONW) to identify any residents that received PRN medications; this allowed the DONW to ensure that Qualified Medication Aide(s) (QMA) received authorization from a licensed nurse to administer PRN medications and that documentation was completed and reflects such.<br><br>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.<br><br>The Community's licensed nurses will be educated on their responsibility to cosign and follow up on PRN medications should authorization is granted by the licensed nurse for administration of a PRN medication by a QMA.<br><br>A Report (such as '24 Hr Report') will be routinely generated in the EMR, on the frequency as described within this Plan, and will be utilized by the DONW, or designee, to identify any residents that received PRN medications; | |

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| | | | additionally, this routine review will ensure that any PRN medication authorizations were obtained by QMA(s) from a licensed nurse, documented as such, and that follow up was completed by the licensed nurse as reflected in the medical record.<br><br>The EMR generated Report will be monitored by the DONW, or designee, daily for (2) weeks and weekly for (6) weeks to ensure compliance with QMAs obtaining authorization from a licensed nurse for the administration of PRNs, documentation of authorization received from a licensed nurse or provider, and appropriate follow up in accordance with 410 IAC 16.2-5-4(e)(6) and the Qualified Medication Aide Scope of Practice. If 100% compliance is not met during the routine review, the audit will begin again at the previously noted review sequence until there are (8) consecutive weeks of 100% compliance.<br><br>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:<br><br>Following achievement of 100% compliance for (8) consecutive weeks as noted within this Plan of Correction above, audits of the | |

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| | | | PRN medications documented as administered by a QMA will continue monthly by the Director of Nursing and Wellness, or designee, for (4) months. The Director of Nursing and Wellness, or designee, will report the review results to the Community's Executive Director and the Quality Assurance & Performance Improvement Committee; the review shall continue until the Quality Assurance Committee determines the area is resolved following the previously noted review regimen.<br><br>5 By what date the systemic changes will be completed:<br><br>Systematic changes will be in effect by February 12, 2024 The facility respectfully requests a paper compliance review. | |