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	8054A	A. BUILDING _____ B. WING _____	C 01/19/2016

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EVERGREEN	2143 6TH AVE W DICKINSON, ND 58601

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B 000	INITIAL COMMENTS The unannounced complaint investigation, completed 01/19/16, included a focused review of 5 current residents and 1 closed record. The complaint investigation identified no Tier I findings and four Tier II deficiencies.	B 000	**B 910** 1. All residents receiving routine insulin or PRN medications will have a specific Nurse Delegation to MA form completed (see attached). This form, as well as our Medication Administration Policy, and our Insulin Administration Policy will be reviewed at a Nurse's meeting 2/3/16. Additionally, all MA will be competency checked on insulin administration. 2. As above 3. By implementing the new process, as above, all residents have the potential to be affected. 4. The above corrections will be completed by March 1, 2016. All future residents meeting the above criteria will have a specific delegation form completed prior to a MA administering insulin or PRN medications to them. 5. The Wellness Director will ensure the above process corrections are completed by March 1, 2016 and ongoing. Other licensed nurses may assist in providing the education and completing the competency checks.	3/1/16
B 910	33-03-24.1-09,1 GOVERNING BODY 1. The governing body is legally responsible for the quality of resident services; for resident health, safety, and security; and to ensure the overall operation of the facility is in compliance with all applicable federal, state, and local laws. This state licensing rule is not met as evidenced by: Based on information received from the complainant, personnel record review, record review and staff interview, the facility failed to comply with Chapter 33-43-01 Nurse Aide Training, Competency Evaluation, and Registry, Sections 33-43-01-16 Specific Delegation of Medication Administration, 33-43-01-17 Routes or Types of Medication Administration, 33-43-01-18 Pro Re Nata Medications, and Section 33-43-01-19 Medication Interventions That May Not Be Delegated by: 1) allowing 1 of 1 sampled resident (Resident #6) to have insulin administered by a medication assistant without specific delegation by a licensed nurse, and receive insulin per sliding scale outside the scope of practice of a medication assistant; and 2) allowing 1 of 1 resident (Resident #5) to receive medications administered by a medication assistant on an as needed (PRN) basis without appropriate assessment by a licensed nurse.	B 910	To address knowledge regarding scope of practice for medication assistants we will: 1) Resource our sister facility RN, who is an approved trainer by North Dakota Dept. of Health, for the Medication Assistant class, to provide education to our nurses and current MAs regarding current scope of practice. 2) Additionally, we will obtain and make available the MA Scope of Delegated MA Statement. Please see enclosed job description for MA's and Medication Administration Policy /Procedure attached. The Wellness Director is responsible to ensure Medication Assistants work within their scope; all licensed nurses will assist with the oversight of this throughout their shifts.	3/1/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Darla Bamka | TITLE: Director | (X6) DATE: 2/19/16

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B 910	Continued From page 1 Failure of the facility to allow unlicensed nursing personnel to administer medications without adequate training and competency evaluation and inconsistent with their scope of practice placed Resident #6 at risk for avoidable harm of complications, and placed Resident #5 at risk of receiving inappropriate or unnecessary medication without an adequate assessment by a licensed nurse. Findings include: Refer to B1540. During an interview with facility administrative/management staff members (#1 and #2) during the afternoon of 01/19/16, the staff members indicated they did not know: (1) it was necessary to provide specific delegation for administration of subcutaneous insulin; (2) specific delegation required for routes must be done per a facility developed/approved policy/procedure describing the training/education requirements, criteria for determining competency, documentation requirements regarding the competency determination, and licensed nurse monitoring for continued competency; (3) sliding scale insulin administration required nursing judgement beyond the scope of practice of a medication assistant; and (4) it is necessary for assessment by a licensed nurse prior to the administration of a PRN medication. The staff members indicated they became aware of these requirements after the State Board of Nursing informed them of the complaint in October 2015.	B 910	We will ensure PRN medications will be administered by MA consistent with the referenced and quoted requirements as required- by the following: 1) PRN medications may be administered by a MA without directly involving the licensed nurse prior to each administration if the decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse; written parameters specific to the individual resident's care are written by the licensed nurse for the use by the MA when an onsite assessment is not required prior to the administration of a PRN medication. These written parameters will be addressed in the plan of care and communicated to all team members. 2) The written parameters will be a supplement to the physicians PRN order and will provide the MA with guidelines that are specific regarding the PRN medication. 3) MA will not be responsible for conversion or calculation of medication dosage or assessment of patient need for or response to medications and nursing judgement regarding the administration of PRN medication. 4) MA will complete a "North Dakota Nurse Delegation to MA Competency Evaluation"(see enclosed) for each specific PRN medication to be given. 5) Ongoing competency reviews are performed for both MA and licensed nurses bi-annually (see enclosed skill review sheets). Specific Delegation will take place for each resident receiving subcutaneous insulin, this will be done for each MA providing insulin administration. Please see attached Nurse Delegation to MA competency evaluation. For every resident receiving SQ injections, for each MA providing that medications nurse will verify the MA knowledge and skill	
B 924	33-03-24.1-09,2,d GOVERNING BODY	B 924		

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B 924	Continued From page 2 d. Infection control practices, including provision of a sanitary environment and an active program for the prevention, investigation, management, and control of infections and communicable diseases in residents and staff members. This state licensing rule is not met as evidenced by: Based on information provided by the complainant, record review, and staff interview, the facility failed to develop and implement an effective infection control program to prevent recurring urinary tract infections (UTIs) for 2 of 2 residents (Resident #2 and #4). Failure to monitor residents at risk for a urinary tract infection, investigate the possible cause reason for the urinary tract infection, implement appropriate responsive preventive approaches/interventions resulted in Resident #2 experiencing recurring UTIs with one resulting in sepsis, and Resident #4 experiencing avoidable recurring UTIs. Findings include: Information received from the complainant alleged the facility experienced a high number of residents with UTIs. - Review of Resident #2's medical record/plan of care occurred during the afternoon of 01/19/2016, and identified the resident had experienced the following: *04/14/13 - UTI *11/01/13 - " UTI went septic - hospitalized for. " * 03/06/14 - UTI * 04/11/14 - UTI * 05/07/14 - UTI * 08/13/14 - UTI	B 924	proficiency regarding the medication name (trade and generic), the physician order, the purpose of medication, common side effects, warnings and precautions about hypo/hyperglycemia, route and frequency of administration, when to contact the licensed nurse, knowledge of the Medication Administration Policy and how to access it, 6 rights of medication administration, appropriate administration of subcutaneous insulin injection. All of the above revisions/tasks initiated above will affect Resident #3 and #5, #6, and all current residents. **B924** 1. When a resident is diagnosed with a UTI the following will occur: a. If a resident is diagnosed with a UTI the Dr will be contacted with a request for a culture to ensure adequate treatment and prevent recurrence, and a follow up post-treatment UA will be requested to ensure adequate resolution of UTI. b. If the resident is performing peri-care independently they will be observed for appropriate technique, if they are not able to perform appropriately education will be provided and the resident will be re-evaluated, if they are unable to perform appropriately after education it will be reflected on the plan of care and staff will assist with peri-care;	3/1/16

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B 924	Continued From page 3 * 10/24/14- UTI * 12/01/14 - UTI * 12/22/14 - UTI * 01/20/15 - UTI * 04/14/15 - UTI * 05/22/15 - UTI * 06/17/15 - UTI * 08/03/15 - UTI * 08/20/15 - UTI * 12/04/15 - UTI On 01/19/16, all laboratory urinalysis culture and sensitivity reports for Resident #2 were requested. Facility management staff (#2) provided only the culture and sensitivity reports for the UTIs on 08/03/15 and 08/20/15. Both culture reports identified Escherichia coli as the causative organism/bacteria. Escherichia coli is a bacteria/organism found in the bowel and transmitted to the urinary tract through feces. Resident #2's plan of care identified the resident as "incontinent of bowel and bladder, independent with personal hygiene except for showers," and diagnoses of, "dehydration, acute gastritis and persistent vomiting. "Care plan approaches/interventions related to these identified needs/problems included: "Monitor for need of additional cares, assist PRN [as needed], encourage fluids within limits, monitor elimination PRN, monitor for signs and symptoms of UTI, and encourage good hygiene." Following the above referenced UTIs experienced by Resident #2, the record showed no indication of monitoring/investigation of the cause/reason for the UTI, and no changes/revisions to the plan of care to prevent recurring UTIs. During an interview with	B 924	c. If a resident has > 2 UTIs in a 6 month period the physician will be contacted with a request for a urology consult; d. Any resident with a UTI will have their care plan updated to reflect appropriate interventions. e. All current employees in the nursing department will be required to participate in on-line training "Prevention of Urinary Tract Infections in the Elderly" and competency checked by March 1, 2016 (see attached). Any employees hired in the nursing department after March 1, 2016 will be required to participate in the same on-line training and competency evaluation as part of their basic orientation, within 30 days of starting employment. 2. Any resident diagnosed with a UTI has the potential to be affected 3. By implementing the new process, as above, all residents have the potential to be affected. 4. The above corrections will be completed by March 1, 2016 and ongoing 5. The Wellness Director will ensure the above process corrections are completed by March 1, 2016 and ongoing. Other licensed nurses may assist in providing the education and completing the competency checks. 3/1/16	

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B 924	Continued From page 4 administrative/management staff members (#1 and #2) on the afternoon of 01/19/16, the staff members indicated they had not conducted monitoring of Resident #2's perineal cleansing per self, the need for assistance with perineal cleansing/personal hygiene, need of training/education, monitoring of the resident hydration/fluid intake, and follow up with the laboratory/clinic for culture reports for all UTIs experienced by Resident #2. The staff did indicate Resident #2 received cranberry juice, however, the plan of care did not reflect this, and staff could not provide information regarding the resident's consumption/acceptance of cranberry juice. - Resident #4's medical record/plan of care, reviewed 01/19/16, showed the resident experienced recurring UTI as follows: * 05/01/15 - UTI * 11/10/15 - UTI * 01/18/16 - Urinalysis positive for a UTI The medical record did not include culture/sensitivity reports identifying the bacteria/organism contributing to the above infections. The plan of care for Resident #4 identified the resident as "incontinent at times - uses pad, independent with ADLs [activities of daily living], potential for infection [UTI]." Approaches/interventions included: "assist with personal cares if needed, evaluate for need of additional cares, assistance, or adaptive devices." The record lacked evidence of monitoring/investigation of the cause/contributing factors for the UTIs experienced by Resident #4, and the plan of care showed no evidence of	B 924	**Facility will implement the following to aid in an effective infection control program:** **1) All nursing staff is completing competency in performing perineal care(by March 1, 2016) with competency reviews to be completed bi-annually – current skills review form was revised to include this(see form/ policy enclosed)** **2) All nursing staff are completing online training on "Prevention of Urinary Tract infections in the Elderly", (by March 1, 2016). All new hires for nursing staff will be assigned this training with orientation process;** **3) When a resident is diagnosed with a UTI, the physician will be contacted for a culture to ensure appropriate treatment and/or prevent spread of infection.** **4) Residents with recurrent UTI's will be educated by nursing staff on proper perineal care, hydration, and additional education specific to the individual as needed (and documented). Individual resident trends will be reviewed quarterly on their care plan. All education/training will be part of staff and/or resident's permanent record.** **5) Facility has the following education/tracking <u>currently</u> in place: handwashing education, online infection control course, review of infection control policies during new employee orientation process. Ongoing education for all staff then includes yearly online courses on infection control, and skill review for tasks performed (with infection control focus), bi-annually (see enclosed forms).Wellness Director and all other licensed nurses will assist with ongoing education.** **6) Facility has "infection/ treatment flow sheet" (see enclosed) to track infections and patterns.**	

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B 924	Continued From page 5 responsive interventions/approaches to prevent further recurring infections. Lack of obtaining laboratory reports of the culture and sensitivity results does not allow for identifying patterns/trends, potential causative/contributing factors, need for isolation and/or specific practices to prevent the spread of the infection, and antibiotic sensitivity. An interview on the afternoon of 01/19/16 with an administrative/management staff member (#2), the staff member indicated the facility had not completed investigation/assessment into the probable causes/contributing factors for the occurrence of UTIs.	B 924	**If a resident is incontinent or "at risk" for a UTI (due to previous UTIs), a plan of care will be developed to provide interventions of appropriate peri-care and incontinent undergarment change, encourage increased fluid intake (unless otherwise contraindicated by disease process), monitor for s/s of UTI (i.e low grade fever, increased confusion, falls, nausea, dysuria, foul odor urine). If a resident is diagnosed with a UTI the Dr will be contacted with a request for a culture to ensure adequate treatment and prevent recurrence, and a follow up post-treatment UA will be requested to ensure adequate resolution of UTI. When treated for a UTI, the resident will be considered "at risk" for a recurrent UTI for 6 months, during this time the above interventions will be implemented via a developed plan of care.** **All of the above revisions/ tasks initiated will affect Resident #2 and #4 noted on POC; and will affect all current residents.** 3/1/16	
B1210	33-03-24.1-12,1 RESIDENT ASSESSMENTS/CARE PLANS 1. An assessment is required for each resident within fourteen days of admission and as determined by an appropriately licensed professional thereafter, but no less frequently than quarterly. This state licensing rule is not met as evidenced by: Based on information provided by the complainant, record review, and staff interview, the facility failed to ensure a qualified licensed professional completed resident assessments, allowed unlicensed personnel to function outside their scope of practice by assessing individual resident ' s need and response to PRN (as needed) prescribed pain medication for 1 of 1 resident (Resident #5), assess the residents condition for 1 of 1 resident (Resident #1) who experienced a fall resulting in a fracture, and	B1210	**B1210** 1. MAs will not perform assessments on fistulas. We have modified the settings on our electronic medication administration record so this task is only able to be completed by a licensed nurse. Nurses will be notified immediately after a significant change is noted in a resident to determine if further assessment is required. Observations and notification of the nurse will be documented in the resident record. Any assessment done by the nurse will be documented in the resident record, as well as any resulting changes to the care plan, if indicated.	

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B1210	Continued From page 6 assess the status of the shunt/fistula of 1 of 1 resident (Resident #5) who received regularly scheduled dialysis. Findings include: Information provided by the complainant alleged: (1) Medications are being administered outside the scope of practice by a medication assistant. (2) A medication assistant assessed a resident following a fall and moved the resident from the floor to the bed. The resident had a fractured hip. "NDAC 33-43-01-12. Supervision and delegation of nursing interventions, requires: "An individual on the department's nurse aide registry may perform nursing interventions which have been delegated by a licensed nurse. An individual on the department's nurse aide registry as delegated and supervised by a licensed nurse: 1. Contributes to the assessment of the health status of clients, including interactions of clients with family members or group members by: (a.) Collecting basic subjective and objective data from observations and interviews, including taking vital signs; and (b.) Reporting and recording the collected data. 2. Identifies basic signs and symptoms of deviations from normal health status and provides basic information which the licensed nurses' use in identification of problems and needs. 3. Contributes to the development of the plan of care for individuals by reporting basic data." - Refer to B1540 regarding specific findings related to the administration of medications without necessary licensed nurse assessment, and assessmentscompleted by unlicensed nursing personnel functioning outside their scope of practice.	B1210	2. Any resident experiencing a change in condition have the potential to be affected. 3. By implementing the new process, as above, any resident with a hemodialysis fistula have the potential to be affected. By fully following our policy of licensed nurse notification all residents have the potential to be affected. 4. The electronic medication administration record settings were adjusted February 3, 2016. The Assessment Policy (attached) will be reviewed at a Nurse's meeting February 3, 2016. Any nurses not in attendance will review the policy prior to March 1, 2016 5. The Wellness Director will ensure the above process corrections are completed by March 1, 2016 The above revisions will affect resident #5 and all residents currently with fistulas **B1210** Facility's current "Fall Prevention" policy /procedure was revised (see enclosed) and is clarifying the following: 1) When a fall occurs, and the supervisor on duty is a MA, the MA will contact the licensed nurse on call to report the fall. The nurse will direct questions through the telephone, to determine any condition changes that may have occurred from the fall. If it is determined that injury, or condition change may have occurred, the licensed nurse will go to facility for further evaluation of the resident. If no injury is apparent at the time, MA will monitor resident for changes until a licensed nurse arrives in the building. If a change is noted prior to licensed nurse assessment the MA will update the licensed nurse immediately. If determined that licensed Nurse does not need to come in for	3.1.16

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B1210	Continued From page 7 - Review of Resident #5's MARs, on 01/19/16, included the following physician order: "Check fistula to left upper arm twice daily - listen for bruit, feel for thrill." The MARs showed this assessment being done by an unlicensed nursing staff member during the prior five months (August 2015 through December 2015). Resident #5 receives hemodialysis three times weekly. Review of the facility's "Fall Prevention" policy/procedure occurred on 01/19/16, and stated: ". . . Once a fall occurs the following steps are to be taken: 1. Do not move the resident - remove any surrounding objects that may harm resident . . . Once resident is safe, notify a nurse if not already present . . . When nurse arrives, assist nurse as instructed by him/her. 2. Evaluate the physical injury and/or acute medical problems. Treat as indicated. 3. Notify the MD and family of resident. 4. If the MD orders an evaluation, or if the injury warrants a transfer to ER [emergency room], the transfer will be done by family, ambulance, or Evergreen staff depending on their condition and by assessment of a licensed nurse to determine safest method of transfer. 5. Complete an incident report. 6. Document incident in the resident notes. . . ." - Review of Resident #1's medical record occurred on the afternoon of 01/19/16, and included the following Resident Note by a certified medication assistant, "9-21-15, 2:30 a.m. - Res [resident] was found on floor by chair when staff was making room checks at 1:15 a.m. Res states she didn't know what happened. Res not wearing her alert button to call staff at time of fall. Res stated she 'may have been on floor since midnight'. Res stated she felt stiff and bruised all over. Vts [vital signs] BP [blood pressure] 96/74,	B1210	assessment, the licensed nurse will assess resident at the start of the next shift. The MA will document all contact with the license Nurse. 2) An "incident investigation" tool has be added to facility's electronic record keeping, in addition to each resident's fall report (see enclosed). All facility falls since 01/01/16 have now had this additional piece added to their permanent record. Patterns/ trends within the facility and for each resident can be tracked from the electronic record. 3) Based on information gathered from the "incident investigation" tool, changes will be made on resident's plan of care to prevent falls in the future. All policy revisions/ reports implemented above will affect Resident #1 and all current residents. 3/1/16 **B1540** 1. All residents receiving routine insulin or PRN medications will have a specific Nurse Delegation to MA form completed (see attached). This form, as well as our Medication Administration Policy, and our Insulin Administration Policy will be reviewed at a Nurse's meeting 2/3/16. Additionally, all MAs will be competency checked on insulin administration. All sliding scale insulin orders will be administered by a licensed nurse.' All medication orders will be complete to include the 5 rights of medication administration. Any PRN medication orders will have specific instructions and will be addressed on the resident plan of care, including if the nurse will need to do an on-site assessment prior to administration. 2. As above	

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B1210	Continued From page 8 P [pulse] 91, R [respirations] 28, temp [temperature] 98.5, 02 [oxygen saturation] 92. Res stated she was cold and trembling. Res put to bed with use of gait belt. Will continue to monitor." The record provided no evidence the medication assistant called a nurse, and no evidence a nurse arrived and provided the assessment and treatment indicated per the facility policy/procedure. The record provided no further monitoring of the resident despite the resident's complaints of feeling stiff and bruised all over, and cold and trembling. A note by a licensed nurse at 11:30 a.m. on 09/21/15, over ten hours after being found on the floor, stated: "CNA [certified nurse assistant] reports res not feeling well. Upon assessment res is laying [sic] in bed sweating and cough sic]. BP - 132/72, P - 94, R- 22, Temp 101.5, O2 81% RA [room air]. Res encouraged to cough and deep breathe. . . ." Notification of Resident #1's family occurred, and family took the resident to the clinic. The record showed Resident #1 had a fractured hip and urinary tract infection. Resident #1's record included a note by a licensed nurse regarding the above described fall, dated 10/19/15, nearly one month after the incident. The lack of assessment/treatment of Resident #1 by a nurse, per facility policy/procedure, resulted in a delay in treatment of the fracture and contributing infection, and allowed the resident to experience avoidable and unnecessary pain/discomfort.	B1210	3. By implementing the new process, as above, all residents have the potential to be affected. 4. The above corrections will be completed by March 1, 2016. All future residents meeting the above criteria will have a specific delegation form completed prior to a MA administering insulin or PRN medications to them. 5. The Wellness Director will ensure the above process corrections are completed by March 1, 2016 and ongoing. Other licensed nurses may assist in providing the education and completing the competency checks. **B1540** - PRN medications may be administered by a MA without directly involving the licensed nurse prior to each administration if the decision regarding whether an onsite assessment is required is at the discretion of the licensed nurse; written parameters specific to the individual resident's care are written by the licensed nurse for the use by the MA when an onsite assessment is not required prior to the administration of a PRN medication. These written parameters will be addressed in the plan of care and communicated to all team members. The written parameters will be a supplement to the physicians PRN order and will provide the MA with guidelines that are specific regarding the PRN medication. Specific Delegation will take place for each resident receiving subcutaneous insulin, this will be done for each MA providing insulin administration. Please see attached Nurse Delegation to MA competency evaluation. For every resident receiving SQ insulin injections, for each MA providing that	3/1/16

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B1540	Continued From page 9	B1540		
B1540	33-03-24.1-15,4 PHARMACY/MED ADM SERVICES 4. All medications used by residents which are administered or supervised by staff must be: a. Properly recorded by staff at the time of administration. b. Kept and stored in original containers labeled consistently with state laws. c. Properly administered. This state licensing rule is not met as evidenced by: Based on information provided by the complainant, record review, personnel record review and staff interview, the facility failed to properly administer medications consistent with Chapter 33-43-01 Nurse Aide Training, Competency Evaluation, and Registry,33-43-01-16 Specific Delegation of Medication Administration, 33-43-01-17 Routes or Types of Medication Administration, 33-43-01-18 Pro Re Nata Medications, and Section 33-43-01-19 Medication Interventions That May Not Be Delegated for 1 of 1 resident (Resident #6) receiving insulin by scheduled dose and per sliding scale, and 1 of 1 resident (Resident #5) receiving narcotic pain administration as needed (PRN) by an unlicensed nurse. Failure of facility staff to ensure medications are administered by a licensed nurse, or competent unlicensed personnel functioning within their specific scope of practice placed all residents at risk for avoidable harm.	B1540	**medication a nurse will verify the MA knowledge and skill proficiency regarding the medication name (trade and generic), the physician order, the purpose of the medication, common side effects, warnings and precautions about hypo/hyperglycemia, route and frequency of administration, when to contact the licensed nurse, knowledge of the Medication Administration Policy and how to access it, 6 rights of medication administration, appropriate administration of subcutaneous insulin injection).** **All revisions/tasks will affect Resident #6 and all current residents.**	3/1/16

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	8054A	A. BUILDING: _____ B. WING _____	C 01/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN	2143 6TH AVE W DICKINSON, ND 58601

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B1540	Continued From page 10 Findings included: Chapter 33-43-01 Nurse Aide Training, Competency Evaluation, and Registry, Sections 33-43-01-16 Specific Delegation of Medication Administration, 33-43-01-17 Routes or Types of Medication Administration, 33-43-01-18 Pro Re Nata Medications, and Section 33-43-01-19 Medication Interventions That May Not Be Delegated, require: 33-43-01-16 - "An individual on the department's nurse aide registry may accept delegation of the delivery of specific medication for a specific client by a licensed nurse if the following steps are followed: 1. The individual on the department's nurse aide registry must receive the organization procedural guidelines for the certified nurse aide . . . or medication assistant I or II to follow in the administration by specific delegation. 2. The individual nurse aide is taught by a licensed nurse for each specific client's medication administration which includes verbal and written instruction for the specific client's individual medications . . . 3. The individual nurse aide is observed by a licensed nurse administering the medication to the specific client until competency is demonstrated. . . ." 33-43-01-17 - ". . . 3. Medication assistants I and II may administer medications by the following routes only when specifically delegated by a licensed nurse for a specific client: . . . c. Subcutaneous; . . ." 33-43-01-18 - "1. The decision to administer pro re nata medications cannot be delegated in situations where an onsite assessment of the client is required prior to administration. 2. Some situation allow the administration of pro re nata medications without directly involving the licensed nurse prior to administration. a. The decision regarding whether	B1540		

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an onsite assessment is required is at the discretion of the licensed nurse. b. Written parameters specific to an individual client's care must be written by the licensed nurse for use by the medication assistant when an onsite assessment is not required prior to administration of a medication. The written parameters: (1) Supplement the physician's pro re nata order; and (2) Provide the medication assistant with guidelines that are specific regarding the pro re nata medication."

33-43-01-19 - "The medication assistant I or II, . . .may not perform the following acts even if delegated by a licensed nurse: 1. Conversion or calculation to medication dosage; 2. Assessment of client need for or response to medications; and 3. Nursing judgment regarding the administration of pro re nata medications."

Information received from the complainant alleged the facility allowed a medication assistant to administer regularly scheduled subcutaneous insulin, administer insulin per a sliding scale to residents, and administer narcotic pain medication to residents without proper assessment by a licensed nurse.

- Review of Resident #6's medical record occurred on the afternoon of 01/19/16, and included physician orders as follows: "Novolog 100 unit/ml [milliliter] 38 units subcutaneous daily before breakfast, 10 units daily before lunch and supper, Lantus 100 unit/ml 25 units daily before breakfast and at 8 p.m.; and Novolog sliding scale 100 unit/ml before breakfast, before lunch, and before supper. "The orders included the sliding scale insulin administration requirements dependent on the blood glucose level.

Resident #6's medication administration records

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(MARs) showed the above referenced regularly scheduled doses of Novolog, Lantus, and the sliding scale Novolog Insulin being administered by a medication assistant (#3) during the months of August 2015, and September 2015, October 2015.

The medical record of Resident #6, and the personnel record (reviewed 01/19/16) of the medication assistant (#3), lacked evidence the medication assistant (#3) received specific delegation for the subcutaneous administration of Resident #6's insulin. Administration of sliding scale insulin by a medication assistant is prohibited as it requires nursing related judgment and exceeds the scope of practice for a medication assistant.

- Review of Resident #5's medication administration records (MARs) occurred during the afternoon of 01/19/16, and included the following order: "Hydrocodone-Acetaminophen 5/325mg (milligrams) every 6 hours for pain PRN." The MARS showed a medication assistant administered PRN Hydrocodone-Acetaminophen 5/325mg (milligrams) to the resident on five occasions in August 2015, three occasions in September 2015, two occasions in October 2015, one occasion in November 2015, and two occasions in January 2016. The MARs for the above referenced months lacked complete physician orders identifying the amount of Hydrocodone-Acetaminophen 5/325 mg to administer, i.e., 1 tablet, 2 tablets, 1-2 tablets, etc. The MARs lacked evidence of the amount of the narcotic pain relieving drug administered during each of the instances Resident #5 received the drug.

The record lacked evidence of involvement and

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B1540	Continued From page 13 the assessment by a licensed nurse prior to the administration of the above referenced narcotic pain medication by the medication assistant. The record lacked evidence a licensed nurse had determined an onsite assessment was not necessary and developed written parameters specific to the administration of the narcotic pain relieving medication to Resident #5. Resident #5's MARs included the following PRN order, "Tylenol Arthritis Pain 650 mg every 4 hours PRN for pain. "The MAR lacked the amount/number of tablets of Tylenol 650 mg to administer. Resident #5 ' s MARs showed a medication assistant administered Tylenol Arthritis Pain medication as follows: zero times in August 2015 and September 2015, one time in October 2015, and two times in November 2015, December 2015, and January 2016. The MARs lacked the amount of medication administered on each occasion. Resident #5's MARs lacked evidence a licensed nurse had determined an onsite assessment was not necessary and developed written parameters for administration of the Tylenol pain medication. The record lacked written instructions/guidelines for administration of the Hydrocodone versus the Tylenol for management of the resident ' s. The lack of licensed nurse involvement in the pain management of Resident #5, and establishment of specific criteria/parameters for use by unlicensed staff allowed the medication assistant to make nursing judgements/decisions outside his/her scope of practice and place the resident at risk for receiving unnecessary narcotic medication, and/or experience unnecessary pain due to lack of assessment/judgement by a licensed professional.	B1540		