STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155691	A. BUILDING 00 B. WING	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MORRISTOWN MANOR	868 S WASHINGTON ST MORRISTOWN, IN 46161

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00431737 and IN00432036. Complaint IN00431737 - Federal/state deficiencies related to the allegations are cited at F755. Complaint IN00432036 - No deficiencies related to the allegations are cited. Unrelated deficiencies are cited. Survey dates: April 18 and 19, 2024 Facility number: 000422 Provider number: 155691 AIM number: 100291030 Census Bed Type: SNF/NF: 100 SNF: 16 Total: 116 Census Payor Type: Medicare: 8 Medicaid: 72 Other: 36 Total: 116 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on April 22, 2024	F 0000	**/b> This plan of correction is to serve as Morristown Manor's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Morristown Manor or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations. The facility respectfully requests desk review for the following citations.**	
F 0755 SS=D Bldg. 00	483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Andrew Buzzard	Administrator	04/29/2024

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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	The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.			
	Based on observation, interview and record review, the facility failed to ensure proper medication administration procedures were followed by preparing medications for more that one resident at a time during medication administration for 2 of 2 medications carts reviewed for the prepping of medications for multiple residents. (Facility)	F 0755	=" " span=" "> **span=" "> =" " span=" "> =" " span=" "> **span=" "> =" " span=" "> F 755 I. The corrective actions to be	04/23/2024

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	Findings include: An observation of the Pine and Juniper units medication carts was conducted on 4/18/24 at 7 p.m. The following was observed: 1. The Pine unit's medication cart was reviewed with QMA (Qualified Medication Assistant) 2. QMA 2 unlocked the medication cart and in the top drawer there two medication cups with medications in them. QMA 2 indicated, one of the medication cups contained medications for Resident Q but when she went to administer the resident her medications she was not available to take her medications. QMA 2 also indicated, the other medication cup with medications inside it were for Resident R. When asked how many residents at a time can they prepare medications ahead of time for she indicated, none. QMA 2 then identified the medications inside each cup for the respective residents. a. Resident Q's medication cup contained the following medications: Tramadol (pain medication), gabatentin (nerve pain medication), acetaminophen, atorvastatin (cholesterol-reducing medication), Lasix (diuretic), melatonin (sleep aid), pramipexole (Parkinsons and/or restless leg medication) and Xarelto (anti-coagulant). b. Resident R's medication cup contained the following medications: Aptiom (seizure medication), Lasix, oyster shell calcium (supplement), lamotrigine (mood stabilizer). 2. Immediately following the Pine unit's medication cart, the Juniper unit's medication cart was reviewed with LPN (Licensed Practical Nurse) 3. LPN 3 unlocked the medication cart and in the top drawer were 5 medication cups containing		accomplished for those residents found to have been affected by the practice. Resident Q, R, S, T U, V, and X recieved their medications and had no negative impact. LPN 3 and QMA 2 were re-educated on Medication Pass and Prepping of Medications. II. The facility will identify other residents that may potentially be affected by the practice. Current residents have the potential to be affected. Current residents' who receive medication have been observed and no further concerns have been noted with any other residents. Any concerns noted have been addressed as necessary. III. The facility procedure on Medication Administration and QMA responsibility was reviewed with no changes made to the policy/procedures. The facility will put into place the following systemic changes to ensure that the practice does not recur. Licensed nurses and QMA's will receive re-education regarding medication administration and prepping of medications. IV. The facility will monitor the corrective action by implementing the following measures: The DON/Designee will observe Nurses and QMA's during medication pass times to ensure the medications are being prepped appropriately and not set up. The observations will be on 2	

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	medications for multiple residents. LPN 3 then identified who the prepared medications belonged to and what medications were in each cup as follows: a. Resident S's medication cup contained: buspirone (anti-anxiety medication), diltiazem (blood pressure medication), Trazadone, Xanax (anti-anxiety medication) b. Resident T's medication cup contained: depakote (anti-seizure, bipolar medication), and senna (laxative) c. Resident U's medication cup contained: atorvastatin, buspirone, carvedilol (blood pressure medication), Lasix, melatonin, oyster shell calcium, and acetaminophen d. Resident V's medication cup contained: buspirone, coreg (blood pressure medication), Cymbalta (antidepressant/nerve pain medication) and Norco (pain medication) e. Resident X's medication cup contained: buspirone and tramadol A QMA Responsibilities policy was received on 4/19/24 at 12:01 p.m. from DON (Director of Nursing). It indicated, "Other considerations and Reminders...NO presetting of medication" The facility did not have an Administration of Medication policy per DON but instead followed the Licensed Nurse Med Pass Clinical Skills Validation. This Federal tag relates to Complaint IN00431737. 3.1-25(b)(5)		medication carts twice a day 5x a week for 4 weeks, then two med carts twice a day 3x weekly for 4 weeks, then two med carts twice a day weekly for 36 weeks or as deemed by the quality assurance committee. The results of the daily audit will be addressed with the IDT team for further interventions. The audit results will be reviewed at the monthly quality assurance meeting. Changes may be made to the auditing process, based upon the results of the audits.	
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility			

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	must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. Based on observation, interview, and record review, the facility failed to ensure controlled medications stored in the facility's locked medication storage drawer in the medication refrigerator inside the main medication room were labeled with an opened date and a label which at a minimum includes the medication name (generic and/or brand), prescribed dose, strength, the expiration date when applicable, the resident's name, and route of administration for 2 of 4 resident's medications reviewed for medication storage. (Resident C and P) Findings include:	F 0761	F761 I. The corrective action to be accomplished for those residents found to have been affected by the practice. Resident C and D's medications that were without a pharmacy label were destroyed and ordered from the pharmacy with label attached. II. The facility will identify other residents that may potentially be affected by the practice. Current residents have the potential to be affected. All other residents	04/23/2024

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	A medication storage observation of the facility's main nursing station medication room was conducted on 4/18/24 at 7:23 p.m. with DON (Director of Nursing). With the medication room was a medication refrigerator which contained a locked metal box which held controlled medications. Inside the locked controlled medication drawer the following was observed: 1. An opened box containing a multi-dose bottle of lorazepam (anti-anxiety medication) which had also been previously opened. On the medication box was a handwritten name in black marker. DON indicated the name written on the box was the last name of Resident C. Neither the box nor the opened bottle of medication inside the box had a pharmacy label affixed with the resident's full name, the prescribed dose, or the route of administration. 2. An opened box containing an opened multi-dose bottle of lorazepam liquid. On the medication box was Resident P's name handwritten in black marker. Neither the box nor the opened bottle of medication inside the box had a pharmacy label affixed with the resident's full name, the prescribed dose, or the route of administration. An interview with DON conducted at the same time as the observation indicated, the medications mentioned above were obtained from the facility's medication management machine and not from the pharmacy. A Medication Labeling policy received on 4/19/24 at 9:59 a.m. from DON indicated, "All labeling of prescriptions filled by [pharmacy's name] will be the responsibility of the dispensing pharmacist and will be consistent with State and Federal		medications were observed for any medications that did not have appropriate labeling. Any concerns noted have been addressed as necessary. III. The facility policy on labeling and storage of drugs was reviewed with no changes made to the policy. The facility will put into place the following systemic changes to ensure that the practice does not recur. The nurses and qma's were re-educated on the policy for labeling and storage of drugs and the procedures that should take place when a medication does not have a label. IV. The facility will monitor the corrective action by implementing the following measures: The DON/Designee will observe the medication cart, medication room, and medication storage areas to observe for any medication that is without a label or not labeled correctly. The observation tool will be completed daily 5x a week for 4 weeeks, then 3x weekly for 4 weeks, then weekly for 36 weeks or as deemed by the quality assurance committee. The audit results will be reviewed at the monthly quality assurance meeting. Changes may be made to the auditing process, based upon the results of the audits.	

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	requirements. Labeling of prescription for outside pharmacies will also be according to State and Federal regulations. Labeling of over the counter drugs NOT dispensed by [pharmacy's name] are the responsibility of the outside pharmacy or the facility....Medications Administered by Authorized Staff...shall be labeled as follows... a. Name of Drug b. Route of administration, if other than oral c. The strength and volume... d. The control number and expiration date e. Identification of the manufacturer, packer or pharmacy f. Prescription number g. Special storage conditions... 2. Multiple dose drug distribution systems that dispense single unit packages require the label to contain the following a. Identification of the pharmacy b. Resident's name c. Date of dispensing d. Non-proprietary and/or proprietary name of the drug e. Strength expressed in the metric system whenever possible..." 3.1-25(j) 3.1-25(k)			