

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP COD 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	---

(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 Complaint IN00374617.</p> <p>Complaint IN00374617 - Substantiated. State deficiencies related to the allegations are cited at R243.</p> <p>Survey date: August 29, 2022</p> <p>Facility number: 000105</p> <p>Residential Census: 62</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on August 31, 2022.</p>	R 0000	<p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Marquette of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. Marquette reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis of the stated deficiency. This plan of correction serves as the allegation of compliance.</p> <p>Marquette would like to request a desk review for the following Plan of Correction items.</p>	
R 0243 Bldg. 00	<p>410 IAC 16.2-5-4(e)(3) Health Services - Deficiency</p> <p>(3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the:</p> <p>(A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment.</p> <p>Based on interview and record review, the facility failed to document blood sugar results and insulin administration for 1 of 3 residents reviewed for completed documentation in a medical record.</p>	R 0243	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient</p>	10/03/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP COD 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>(Resident C)</p> <p>Finding includes:</p> <p>The record for Resident C was reviewed on 08/29/22 at 10:10 a.m. Diagnoses included, but were not limited to, diabetes, gout and hypertension.</p> <p>A physician's order indicated to inject 5 units of Novolog insulin three times a day with meals. The insulin was to be held if the blood sugar was 80 or less.</p> <p>The August 2022 Medication/Treatment Administration Record was missing the blood sugar result and insulin administration on August 02, 2022 at 5:00 p.m.</p> <p>The August 2022 Medication/Treatment Administration Record was missing the blood sugar result and insulin administration on August 04 and 05, 2022 at 5:00 p.m.</p> <p>The August 2022 Medication/Treatment Administration Record was missing the blood sugar result and insulin administration on August 11, 2022 at 5:00 p.m.</p> <p>The August 2022 Medication/Treatment Administration Record was missing the insulin administration on August 13, 2022. The blood sugar result was 147 at 5:00 p.m.</p> <p>The August 2022 Medication/Treatment Administration Record was missing the blood sugar result and insulin on August 14, 2022 at 5:00 p.m..</p> <p>The August 2022 Medication/Treatment</p>		<p>practice?</p> <p>-Resident C experienced no harm. It is the policy of Marquette to document all medications administered to each resident on the resident's medication administration record.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>-All residents who have blood sugar testing and insulin administration have the potential to be affected. This is being addressed by the systems described.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>-The Documentation of Medication Administration policy was reviewed and found to meet clinical standards. Re-education provided to Assisted Living Licensed Nursing Staff on policy specifically addressing minimum standards of documentation in resident's medication administration record. Additional systemic changes are being addressed through our quality assurance process described below.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP COD 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Administration Record was missing the blood sugar result and insulin on August 16, 2022 at 5:00 p.m.</p> <p>The August 2022 Medication/Treatment Administration Record was missing the blood sugar result and insulin on August 20, 2022 at 5:00 p.m.</p> <p>During an interview, on 08/29/22 at 3:22 p.m., the Director of Assisted Living indicated she expected the Medication/Treatment Administration Records to be signed off after a treatment or medication had been administered.</p> <p>A facility policy, titled "Documentation of Medication Administration," dated as revised April 2007 and provided by the Executive Director on 08/29/22 at 1:00 p.m., indicated "...A nurse or certified medication aid...shall document all medications administered to each resident on the resident's medication administration record (MAR)...."</p> <p>This State Residential Finding relates to Complaint IN00374617.</p>		<p>recur, i.e. what quality assurance program will be put into place?</p> <p>-Director of Nursing or designee will:</p> <p>Audit all residents with blood sugar testing and insulin administration for compliance with documentation, Monday thru Friday for 8 weeks, weekly x 12 weeks, then monthly for a total duration of 12 months.</p> <p>Results of all audits will be brought to QAPI for review and revision as needed. The audits will be reviewed by Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. The Administrator and Director of Nursing will be responsible for sustained compliance. This will be submitted to QAPI monthly for review.</p> <p>Compliance Date: 10/3/22</p>	