

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2024
NAME OF PROVIDER OR SUPPLIER  Cardinal Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE  4600 E Jackson St Muncie, IN 47303	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>32663</p> <p>Based on record review and interview, the facility failed to ensure a psychoactive medication was not administered to manage behavioral expressions without an order from medical provider . (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 4/3/24 at 11:03 a.m. Diagnoses included hypertension, alcohol dependence with alcohol induced persisting dementia, and vascular dementia with agitation.</p> <p>Review of a facility self-reportable dated 3/22/24 indicated, on 3/20/24 LPN 1 administered lorazepam 2 mg (anti-anxiety medication) to Resident B. LPN 1 had failed to follow appropriate procedure when she gave the medication without securing an order for the medication and did not call the pharmacy for confirmation before taking the medication from the emergency medication kit.</p> <p>Review of Resident B's March 2024 Medication Administration Record (MAR) was completed on on 4/3/24 at 11:03 a.m. The MAR indicated a 3/19/24 order for lorazepam 2 mg injection intramuscularly (IM) one time for restlessness and agitation. The medication was signed off as given on 3/20/24 by LPN 1.</p> <p>Review of a 3/5/24 written statement signed by the DON, indicated LPN 5 told her LPN 1 had gotten an order for lorazepam from the Nurse Practitioner (NP) on call.</p> <p>During an interview on 4/3/24 at 2:41 p.m., LPN 1 indicated, on 3/20/24, she spoke with NP 2 (general practice) and received a one-time order for lorazepam 2 mg IM. She and LPN 5 obtained the medication from the emergency medication kit, and she administered it. There must be two nurses to obtain medication from the emergency medication kit. LPN 1 indicated she did not call the pharmacy to confirm the order per protocol.</p> <p>During an interview on 4/3/24 at 2:59 p.m., NP 3 (psychiatric) indicated Resident B was a more recent admit to the facility. The facility was in the process of adjusting her medication. Resident B could be very aggressive. It was determined, due to her history and diagnosis, Resident B could not take lorazepam. On the evening of 3/20/24, a nurse she had never before spoken with called with a resident's radiology results. She informed the nurse she should have called the general practice NP and that she could call her for any psych concerns. The nurse never mentioned Resident B, and she never gave an order for any medications.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2024
NAME OF PROVIDER OR SUPPLIER  Cardinal Care Strategies		STREET ADDRESS, CITY, STATE, ZIP CODE  4600 E Jackson St Muncie, IN 47303	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/3/24 at 3:35 p.m., NP 2 indicated on the evening of 3/20/24, she was contacted by LPN 1 about Resident B's behaviors and asked for an order for lorazepam. She instructed LPN 1 to call NP 3. NP 2 did not give an order for lorazepam for Resident B. LPN 1 also should have called the pharmacy to confirm the order before taking the medication from the emergency medication kit.</p> <p>Review of a current policy, dated 3/20/24 and titled Narcotic Drug Ordering, was provided by the Administrator on 4/3/24 at 2:20 p.m. The policy indicated the following:</p> <p>Procedure: 1. Obtain order for controlled substances and ensure that order has been E-scribed (electronically sent) to Guardian Pharmacy.</p> <p>5. When emergency dispensing needed, the nurse must contact the Pharmacist at Guardian Pharmacy and obtain an authorization code.</p> <p>This citation relates to Complaints IN00431095 and IN00431414.</p> <p>3.1-35(g)(1)</p>		