| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155522 | A. Building<br>B. Wing | 09/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Elwood Health and Living | 2300 Parkview LN<br>Elwood, IN 46036 |

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) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>48384<br><br>Based on observation, interview, and record review, the facility failed to limit medication access to authorized personnel for 1 of 2 residents reviewed for medication storage. (Resident B)<br><br>Findings include:<br><br>On 9/18/24 at 10:50 a.m., Resident B was observed in her room. During the observation, the DON indicated the resident did not keep any medications in the room. The DON asked the resident if she had any medications in the room and the resident responded that she did not. The DON and the Administrator indicated there was one instance when the resident's family had brought in an injectable migraine medication, Imitrex (trade name of the medication), also known as sumatriptan succinate (generic name of the medication). The facility provided the sumatriptan succinate, but both the resident and family insisted the generic version of the medication did not work. The Administrator indicated Resident B's family had been informed they were not permitted to inject the resident with the medication, nor bring the medication into the facility from an outside source. The facility had the medication on hand and the supply should come from the facility's medication cart.<br><br>Resident B's clinical record was reviewed on 9/18/24 at 11:15 a.m. The resident had diagnoses, including but not limited to, Amyotrophic Lateral Sclerosis (ALS or Lou GehrigsDisease, a fatal neurological disorder), dysphagia (difficulty swallowing), depression, anxiety, and severe migraines.<br><br>A behavior note, dated 9/4/24 at 4:03 a.m., indicated a nurse had located a syringe of Imitrex in the bottom drawer of a small white dresser in the resident's room. The resident became agitated when she had to help the nurse locate the key for a lock-box where the medication was stored.<br><br>During an interview with LPN 3 on 9/18/24 at 12:18 p.m., she indicated Resident B kept Imitrex in the bottom drawer of her dresser, next to the mini-fridge. It was in a lock-box. The nurse had a key for the lock-box on a keyring stored in the front 200 Hall medication cart. The key was kept in that cart because it contained other medications for Resident B.<br><br>(continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview with Resident B's family member on 9/18/24 at 1:06 p.m., she indicated the generic brand of the medication did not work for the resident. She had brought in the Imitrex for the last few months because the medication had to be kept in the resident's room. The DON had agreed to put the medication under lock and key. The lock-box was provided by the facility. The mother did not keep a key and was not concerned about the lock-box being stolen from the resident's room. She would pick up the medication from the pharmacy, take it to the facility, and place it in the lock-box. She would access a key, hidden in the room on a shelf near the resident's perfumes, open the box, place the medication in the box, lock it, and return the key to it's hiding place. All the nurses knew where to find the hidden key.<br><br>During an observation on 9/18/24 at 1:23 p.m., accompanied by the DON and Administrator, Resident B indicated there was a key to a lock-box in her room. The key was where the resident's family had indicated. The DON found the key and assured the resident the lock-box would not be taken from her. She took the key from the resident's room.<br><br>After retrieving the key and leaving the room, the DON indicated she was never aware of either the lock-box or the key in the resident's room. She did not understand why a key in the room would be necessary since the nurse's had a key on the medication cart keyring. The lock-box could belong to the facility, but she had no information or documentation to indicate it had been provided to the resident or the resident's mother.<br><br>A current facility policy, dated 5/22/22, and titled Medication and Biological Storage Requirements, provided by the Administrator on 9/19/24 at 10:33 a.m., indicated the following: .In accordance with state and federal laws, and manufacturer or supplier recommendations, the facility must store all medications and biologicals in compartments or storage rooms under proper temperature controls and permit only authorized personnel to have access to the keys .2) The facility is required to secure all medications in a locked storage area and to limit access to only authorized or licensed personnel consistent with state or federal requirements and professional standards of practice<br><br>This citation relates to Complaint IN00442861.<br><br>3.1-25(m) |