STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G450	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/25/2014
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL CRF INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 Q AVE NEW CASTLE, IN 47362	

(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
W000000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: April 22, 23 and 25, 2014. Facility Number: 000964 Provider Number: 15G450 AIMS Number:100249350 Surveyor: Vickie Kolb, RN These federal deficiencies also reflect state findings in accordance with 460 IAC 9.	W000000		
W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on interview and record review for 1 of 4 sampled clients (#2), the facility failed to ensure nursing services monitored client #2's blood sugar levels and to ensure the recommendations of the dietician for an ADA diet with no concentrated sweets were addressed with the physician. Findings include: Review of the facility menus on 4/22/14 indicated client #2 was to receive an (ADA American Diabetes Association) diet. Client #2's record was reviewed on 4/23/14 at 2 PM. __Client #2's quarterly physician's orders dated 3/26/14 indicated client #2 was to receive a 1500 calorie, low fat, low cholesterol diet and was taking Metformin	W000331	Client #2 primary care physician was contacted May 6, 2014 and an order for repeat labs, which will include an A1C were given. She is to have labs done on May 8, 2014. The results of the labs will be reviewed by the physician and entered into Client #2 record. Any dietary recommendations will be presented to the dietician and dietary assistant for review and modifications made if necessary. The nurse will assure that the diet information is appropriately entered on the physician order and signed by the Primary Care Physician. Client #2 had foot surgery which required labs to be drawn at a time not in line with her Annual Physical, which may have caused the lapse in labs.	05/23/2014

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

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	15G450	A. BUILDING 00 B. WING	04/25/2014

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RESIDENTIAL CRF INC	1305 Q AVE NEW CASTLE, IN 47362

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	500 mg (milligrams) twice a day for "blood sugar." Client #2's physician's orders did not indicate client #2 was to have an ADA diet. __Client #2's Dietary Assessment dated 1/23/14 indicated client #2 was to have a 1500 calorie ADA, low fat, low cholesterol diet. The assessment indicated "Avoiding concentrated sweets will help [client #2] avoid blood-sugar spikes as well as weight gain." __Client #2's record indicated no diagnosis of diabetes. __Client #2's record indicated nursing services did not monitor client #2's blood sugar levels. __Client #2's record indicated the most current FBS (Fasting Blood Sugar) test was conducted on 4/22/10 with a result of 107. The lab record indicated 107 to be a "H (high)" reading. Client #2's record indicated no FBS testing after 4/22/10. Interview with the facility LPN on 4/23/14 at 3 PM indicated client #2 was to receive an ADA diet. The LPN indicated nursing did not monitor client #2's blood sugar. The LPN indicated the doctor monitored client #2's blood sugar. When asked to see the client's last A1C (a blood test used to diagnose type 1 and type 2 diabetes and then to gauge how well the client is managing their diabetes), the LPN indicated client #2 had not had an A1C test done. The LPN indicated client #2 had her annual labs drawn on 5/20/13. The LPN indicated the doctor did not order an A1C or a FBS at that time to be done. The LPN indicated client #2's most current FBS was conducted in 2010. The LPN indicated she did not understand why client #2's doctor started client #2 on Metformin unless it was a request of the guardian. The LPN indicated the guardian had given consent for client #2 to start taking the Metformin. When asked		The nurse will request that the physician consider labs annually for all of the clients, and assure that any special lab requests are completed in a timely manner. Re-training will be completed for the staff and nursing personnel who are responsible for running medical appointments for this home, and other homes, to assure coordination to meet the client's needs. A routine audit of the charts will be completed, at minimum quarterly, to assure that medical needs, including labs, tests or evaluations are completed in a timely manner. Responsible: Nursing, QIDP, Administrative staff	

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	how long client #2 had been taking the Metformin, the LPN stated, "Its been a few years now." 9-3-6(a)			