

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/12/2014
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NAME OF PROVIDER OR SUPPLIER  TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 752 E MCKENZIE GREENFIELD, IN 46140
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(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	<p>This visit was for the PCR (Post Certification Revisit) to the fundamental annual recertification and state licensure survey completed on 11/21/13.</p> <p>Date of Survey: 6/12/14</p> <p>Facility Number: 000806 Provider Number: 15G287 AIMS Number: 100243520</p> <p>Surveyor: Keith Briner, QIDP</p> <p>This deficiency also reflects a state finding in accordance with 460 IAC 9. Quality Review completed 6/18/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (#3), the facility nurse failed to ensure client #3's laboratory orders were followed as</p>	W000331	<p>Upon further investigation of the lab testing, the Director of Compliance and Risk Management spoke with the Program Manager in the home.</p>	07/12/2014

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 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.

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	<p>directed by the physician.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 6/12/14 at 3:00 PM. Client #3's POF (Physician's Orders Form) dated 2/28/14 indicated client #3's Tegretol (Bipolar) levels should be checked every 6 months. Client #3's laboratory blood testing form dated 5/9/13 indicated client #3's Tegretol levels had been checked. Client #3's record did not indicate additional documentation of his Tegretol levels being checked since 5/9/13.</p> <p>Interview with the RN (Registered Nurse) #1 via phone call facilitated by HM (Home Manager) #1 was conducted on 6/12/14 at 3:50 PM. RN #1 indicated there was not additional documentation of completed laboratory blood work regarding client #3's Tegretol levels.</p> <p>This deficiency was cited on 11/21/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>The Program Manager informed this Director that lab testing for this client's Tegretol levels was present in the home for the month of November 2013. The Program Manager informed this Director that, at the time of the revisit, she had sent a request to the client's physician asking for any further lab testing on the client's Tegretol levels. After the revisit was closed with this Director, the Program Manager was able to receive lab testing that showed testing for the Tegretol levels in May 2014. In order for Tangram to be in compliance with future surveys, Tangram's RN will review physician standing orders for labs and coordinate with staff to ensure orders are followed and results received. In order to ensure that all documentation from doctor's appointments and lab testings, the Program Manager will also review client charts to ensure documentation from doctor's visits and testing results are present in client charts. The Program Manager in the home will work with staff to ensure that any received documentation from doctor's visits is placed in the appropriate chart for future reference. The Director of Compliance and Risk Management will continue planned chart audits in the home and also review for any missing documentation.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/09/2014

FORM APPROVED

OMB NO. 0938-0391

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