

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/27/2013
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NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408
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F000000	<p>This visit was for the Investigation of Complaint IN00129878.</p> <p>Complaint IN00129878 - Substantiated. Federal/state deficiencies related to the allegations are cited at F281, 309, and 328.</p> <p>Survey date: June 27, 2013</p> <p>Facility number: 002574 Provider number: 155677 AIM number: N/A</p> <p>Survey team: Kimberly Perigo, RN</p> <p>Census bed type: SNF: 69 Total: 69</p> <p>Census payor type: Medicare: 36 Other: 33 Total: 69</p> <p>Sample: 04</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>This plan of correction is to serve as Bell Trace Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Bell Trace Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. The Bell Trace Health and Living Center respectfully requests that Paper Compliance be granted for complaint number IN00129878.</p>	

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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F000281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on record review and interview, the facility failed to ensure removal of a used narcotic transdermal patch and failed to ensure a new narcotic transdermal patch had been administered as indicated by their policy and procedure for 1 of 2 residents reviewed. (Resident #A) (LPN #1)</p> <p>Findings include:</p> <p>Resident #A's clinical records were reviewed on June 27, 2013 at 11:30 a.m.</p> <p>Resident#A's diagnoses included, but were not limited to lung cancer with metastasis (manifestation of a malignancy from the primary growth to a secondary growth in a new location), difficulty in walking, debility, central pain syndrome, and spinal stenosis (narrowing of).</p> <p>Resident #A was admitted to the nursing home on May 09, 2013; and arrived at approximately 4:20 p.m.</p> <p>Admission physician orders indicated</p>	F000281	<p>F281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>I. Resident #A is no longer residing at the facility. LPN #1 was offered education regarding removal of a used narcotic trans-dermal patch when a new trans-dermal patch has been administered.</p> <p>II. All residents with trans-dermal patches were identified and reviewed for removal of a trans-dermal patch with the administration of a new trans-dermal patch. In addition, documentation was audited for removal of a trans-dermal patch with the administration of a new trans-dermal patch. Any concerns were addressed.</p> <p>III. The systemic change includes: · Trans-dermal patches will be noted on the medication administration record with date of delivery, date of removal and site of application of the patch. · The shift to shift narcotic count will include an audit of the off going nurse's narcotic sheets for proper removal and disposal of any</p>	07/24/2013

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	<p>fentanyl (opioid analgesic/schedule II controlled narcotic) duragesic patch 12 mcg/hr (dosage) to be administered at 9:00 a.m. every three days. Fentanyl/medication is placed in a special gel-like matrix that is applied to the skin via a patch and absorbed through the skin at the prescribed rate.</p> <p>Progress notes dated May 09, 2013 at 4:20 p.m.; indicated, "Resident admitted to facility at this time. ... Fentanyl patch to LUE [left upper extremity] in place. ..."</p> <p>A Controlled Drug Record indicated on May 11, 2013 at 9:00 a.m., LPN #1 had administered a fentanyl duragesic patch 12mcg/hr [site not documented]. The record further indicated, "USED PATCH DESTRUCTION: When a patch is removed, it must be immediately destroyed and witnessed with two nurse signatures. REMOVAL SIGNATURE [blank] WITNESS SIGNATURE [blank]."</p> <p>On June 27, 2013 at 4:00 p.m.; the Director of Nursing provided a non-dated facility policy titled, "Managing Removal & Destruction of Duragesic Patches." The provided policy indicated, "Policy: ...</p>		<p>Fentanyl duragesic patch removed.</p> <p>All new orders for trans-dermal patches will be reviewed at the daily (Monday through Friday) clinical meeting for correct set up of the medication administration record to include the date of delivery, date of removal and site of application of the patch.</p> <p>Education will be provided to licenses nurses regarding the systemic change, and repeated annually and with any newly hired nurses.</p> <p>IV.</p> <p>The Unit Manager or designee will audit the computerized Medication Administration Record daily, Monday through Friday, for proper documentation of transdermal patches with the date of delivery, date of removal and site of the application of the patch. Any concerns will be addressed. This audit will continue five days a week for 30 days, then weekly thereafter for a total of 12 months of monitoring.</p> <p>In addition, the Unit Manager or designee will review the narcotic count audit for removal and disposal of any Fentanyl duragesic patch removed daily for 30 days, then weekly thereafter for a total of 12 months of monitoring.</p> <p>The Unit manager or designee will complete visual check on 2 residents per unit weekly for proper</p>		

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	<p>Recommended Protocol: 1. Be sure to note the site of application on the MAR [Medication Administration Record] next to the drug entry. ... 7. Destruction requires the presence of another nurse. 8. NOTE: MAR format will have boxes dedicated for initials of the nurse applying the patch [ON], site of administration [SITE], initials of the nurse removing the patch [OFF] and initials for nurse witnessing the destruction [WITNESS]."</p> <p>Continued review of Progress Notes indicated on May 13, 2013; Resident #A was discharged to a local nursing facility.</p> <p>Resident #A's clinical records, from the local nursing facility, were reviewed on June 27, 2013 at 1:45 p.m. The admission skin assessment indicated Resident #A presented with two fentanyl duragesic patches. During review of the records, the admitting nurse was interviewed and indicated having observed one patch on an upper extremity and the second patch on the upper chest to shoulder area.</p> <p>The Director of Nursing was interviewed on June 27, 2013 at 4:00 p.m. During the interview the Director</p>		<p>application and removal of any trans-dermal patch. This review will continue weekly for 30 days, then every other week for 30 days, then monthly thereafter for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the facility Quality Assurance Committee meeting monthly for 12 months, and the plan of action adjusted accordingly until 100% compliance is achieved.</p> <p>Date of completion: July 24, 2013</p>				

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	<p>of Nursing indicated the facility did not have documentation which indicated LPN #1 had removed and administered fentanyl duragesic patches, as indicated by the facility's policy and procedures, for Resident #A on May 11, 2013 at 9:00 a.m.</p> <p>This Federal tag relates to Complaint IN00129878.</p> <p>3.1-35(g)(1)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure physician prescribed pain medication was available and administered for 1 of 3 residents reviewed for pain. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical records were reviewed on June 27, 2013 at 11:30 a.m.</p> <p>Resident #A's diagnoses included, but were not limited to lung cancer with metastasis (manifestation of a malignancy from the primary growth to a secondary growth in a new location), difficulty in walking, debility, central pain syndrome, and spinal stenosis (narrowing of).</p> <p>Resident #A was admitted to the nursing home on May 09, 2013; and arrived at approximately 4:20 p.m.</p> <p>Admission physician orders indicated,</p>	F000309	<p>F309 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>I. Resident #A no longer resides at the facility.</p> <p>II. All residents with physician prescribed pain medication were identified and reviewed to ensure that the medication was available and administered. Any concerns were addressed.</p> <p>III. The systemic change includes:</p> <ul style="list-style-type: none"> · If any pain medication is unavailable at the time of scheduled administration, the physician will be notified and an exchangeable medication will be ordered and obtained from the EDK. · All new pain medication orders that are needed on an urgent basis will be called in to the pharmacist. <p>Education will be provided to licensed nurses regarding the systemic change, and repeated annually and with any newly hired nurses.</p>	07/24/2013			

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	<p>"naproxen (naprosyn) [nonsteroidal anti-inflammatory drug] 500 mg, oral, twice a day." The Nursing Spectrum Drug Handbook date 2010; indicated, "Therapeutic class: nonopioid analgesic [pain relief] ... anti-inflammatory."</p> <p>On June 27, 2013 at 4:00 p.m., the Director of Nursing provided their Medication Administration Times. The provided documentation indicated, "Administration times are as follows: ... If medication is ordered as BID [twice daily] it [the medication] will be given ... [times provided were once in the morning and once in the evening, with a specific time to each resident room number]."</p> <p>Review of Resident #A's Medication Administration History indicated twice daily as 9:00 a.m. and 6:00 p.m. Documentation on the medication history indicated on the evening of May 09, 2013; Resident #A did not receive naproxen.</p> <p>Resident #A's primary emergency contact was interviewed on June 27, 2013 at 11:50 a.m. During the interview the contact indicated on the evening of May 09, 2013; Resident #A had asked for and did not receive naproxen. Not having received the</p>		<p>IV. The Unit Manager or designee will audit the computerized Medication Administration Record daily, Monday through Friday, for pain medications administered as ordered. Any concerns will be addressed. This audit will continue five days a week for 30 days, then weekly thereafter for a total of 12 months of monitoring. The results of these reviews will be discussed at the facility Quality Assurance Committee meeting monthly for 12 months, and the plan of action adjusted accordingly until 100% compliance is achieved. Date of completion: July 24, 2013</p>	

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	<p>naproxen upset Resident #A because, "The medication helps relieve _____ [name/Resident #A]'s lower back pain."</p> <p>The Director of Nursing was interviewed on June 27, 2013 at 4:00 p.m. During the interview the Director of Nursing indicated Resident #A had not received naproxen, because pharmacy had not delivered the medication and the medication was not available in the facility's emergency drug kit.</p> <p>On June 27, 2013 at 4:00 p.m., the Director of Nursing provided a copy of the facility's non-dated Admission & Readmission Orders. The provided document indicated, "... 4. If the medications are required the same day, but orders were not received until after 6 PM, call the admission orders to the pharmacist as well as FAX the orders to the pharmacy. Indicate to the pharmacist that the medications are needed on the next scheduled delivery. 5. Any admission or readmission medications needed on a more urgent basis should be called in to the pharmacist."</p> <p>This Federal tag relates to Complaint IN00129878.</p>			

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	3.1-37(a)			

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F000328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview, the facility failed to ensure a resident had timely received physician prescribed Parenteral fluids for 1 of 1 residents reviewed for Parenteral fluids.</p> <p>Findings include:</p> <p>Resident #A's clinical records were reviewed on June 27, 2013 at 11:30 a.m.</p> <p>Resident #A's diagnoses included, but were not limited to lung cancer with metastasis (manifestation of a malignancy from the primary growth to a secondary growth in a new location), difficulty in walking, debility, central pain syndrome, and spinal stenosis (narrowing of).</p> <p>Resident #A was admitted to the nursing home on May 09, 2013; and</p>	F000328	<p>F328 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>I. Resident #A no longer resides at this facility.</p> <p>II. All residents receiving physician prescribed parenteral fluids were identified and reviewed for timely administration of parenteral fluids. Any concerns were addressed.</p> <p>III. The systemic change includes:</p> <ul style="list-style-type: none"> · If a physician prescribed parenteral fluid is unavailable upon admission, or with a new order, the nurse will notify the physician for an alternate parenteral fluid order, available at the facility, until the prescribed parenteral fluid is available. · All new orders for parenteral fluids will be reviewed at the morning clinical meeting (Monday through Friday) for availability and/or proper and timely substitution per physician order. 	07/24/2013

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	<p>arrived at approximately 4:20 p.m.</p> <p>Resident #A was admitted with a PICC line (Peripherally inserted central catheter).</p> <p>Admission physician orders indicated Resident #A was to receive Clinimix E 5%/D20W Sulfit Free (amino acids 5%-lytes-ca-d20w) at 1700 ml [dosage] per day [nutrition/caloric Parenteral solution of electrolytic, caloric, and water balance] via PICC line, due to abnormal loss of weight.</p> <p>Progress Notes dated May 10, 2013 at 12:49 a.m. and Parenteral Solution documentation form dated May 10, 2013 at 1:00 a.m.; indicated the Parenteral solution had been initiated. The time indicated approximately eight and one-half (8 1/2) hours from time of admission. The record did not indicate any type of fluid was being infused via the PICC line, during the approximate 8 and 1/2 hours.</p> <p>On June 27, 2013 at 4:00 p.m.; the Director of Nursing provided the facility's Total Parenteral Nutrition Best Practice dated November 03, 2010. The provided practice indicated, "1.) When possible, please provide the Pharmacy with complete TPN [total Parenteral nutrition] orders</p>		<p>Education will be provided to licensed nurses regarding the systemic change, and repeated annually and with any newly hired nurses.</p> <p>IV.</p> <p>The Unit Manager or designee will audit all new orders for parenteral fluids for availability and/or proper and timely substitution per physician order daily for 30 days, then weekly for a duration of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the facility Quality Assurance Committee meeting monthly for 12 months, and the plan of action adjusted accordingly until 100% compliance is achieved.</p> <p>Date of completion: July 24, 2013</p>				

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	<p>24 hours in advance of the admission. This will allow ample time for the preparation of the product and to ensure all the Pharmacy has the proper ingredients for the prescribed formula. 2.) As soon as the admission is confirmed, please alert the Pharmacy via phone call with the expected time of arrival of the patient to the community. Please confirm at this time the prescribed formula ordered by the Physician has no changed if previous communications were made. 3.) Upon hospital discharge, request that the current bag of TPN be sent with the patient. ... 4.) Orders for TPN received after 4:00 PM will NOT be processed until the following day. If the community is to receive a patient with ordered TPN after that time and the amount to be sent with the patient from the hospital is not sufficient to last until our Pharmacy's amount is obtained, please OBTAIN A PHYSICIAN ORDER FOR D5 to be infused AT THE SAME RATE AS THE TPN until the TPN is available."</p> <p>On June 27, 2013 at 4:00 p.m. the Director of Nursing was interviewed. During the interview the Director of Nursing indicated the facility had agreed to admit Resident #A before the date of May 09, 2013. Transfer</p>						

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	<p>care arrangements had been made through the nursing facility's Admission Director and with admitting from the local acute care hospital. It had been agreed Resident #A would arrive from the hospital with enough TPN to maintain the resident until the pharmacy could mix the prescribed solution. At the time of Resident #A's admission to the nursing facility, Resident #A arrived without any TPN, pharmacy had not been contracted prior to the admission, and no fluids had been infused as indicated by the facility's Parenteral Nutrition Best Practice.</p> <p>This Federal tag relates to Complaint IN00129878.</p> <p>3.1-47(a)(2)</p>			