

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2015
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NAME OF PROVIDER OR SUPPLIER  ELMCROFT OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 N MORRISON RD MUNCIE, IN 47304
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 28 and 29, 2015</p> <p>Facility number: 010886 Provider number: 010886 AIM number: N/A</p> <p>Census bed type: Residential: 73 Total: 73</p> <p>Censor payor type: Other: 73 Total: 73</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p>	R 0000	The filing of the Plan of correction is complete as evidenced by the facility's desire to comply with Indiana's regulatory requirements and to continue providing quality care to our residents. This Plan of Correction serves as our allegation of substantial compliance. To assure regulatory compliance the facility has taken the following measures:	
R 0121  Bldg. 00	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read,</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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	<p>and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review, the facility failed to ensure newly hired employees were tested for tuberculosis using the 2 step method for 2 of 3 employee records reviewed for tuberculin testing (E#1, E#3).</p> <p>Findings include:</p>	R 0121	410 IAC 16.2-5-1(f)(1) Personnel Noncompliance It is the policy of Elmcroft of Muncie to "comply with state and industry regulations regarding medical testing to be completed before employment."1. Executive Director/HFA completed an audit of all employee medical files.2. Two-step non-compliant newly	08/31/2015			

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	<p>Employee records were reviewed on 7/29/15 at 10:00 a.m. The following employees, who had been hired in the last 6 months, did not have 2 step mantoux testing (TB):</p> <p>a. E#1, hired 6/11/15, had a first step TB test completed 6/4/15. She did not have a second step TB test completed within 21 days of the first test.</p> <p>b. E#3, hired 6/16/15, had a first step TB completed 6/7/15. She did not have a second step TB test completed within 21 days of the first test.</p> <p>During a 7/29/15, 9:55 a.m., interview the Administrator indicated there had been a vacancy in the position responsible for maintaining employee records for TB testing. During the vacancy second step TB tests for newly hired employees had not been completed. The Administrator indicated the facility had identified this concern when preparing the employee records for review. She additionally indicated the facility identified 5 employees in need of second step TB testing and would begin to correct the problem immediately.</p> <p>A current, February 2008, facility policy titled "Human Resources", which was</p>		<p>hired employees were identified.3. Baseline tuberculin skin testing administered4. Second step to be performed within 7 to 14 days of first step. 5. Business office manager to monitor all newly hired employees by utilizing a calendar internet reminder. 6. RSD will continue to monitor on a monthly basis for accuracy.</p>				

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R 0241 Bldg. 00	<p>provided by the Administrator on 7/29/15 at 2:10 p.m., indicated the following: "Senior Care will comply with state and industry regulations regarding medical testing to be completed before employment."</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to ensure the doctor was notified when blood sugar levels were above the parameters to administer sliding scale insulin coverage for 1 of 1 resident reviewed for sliding scale insulin coverage in a sample of 7 (Resident #R70).</p> <p>Findings include:</p> <p>Resident #R70's clinical record was reviewed on 7/28/15 at 9:45 a.m. The resident's diagnoses included, but were not limited to, insulin dependent diabetes mellitus and dementia.</p>	R 0241	410 IAC 16.2-5-4(e)(1) Health ServicesIt is the practice of Elmcroft of Muncie to ensure the safety of all diabetic residents under it's care by communicating directly with the resident's primary care physician directly when the blood sugar level falls or rises above the physician's pre-determined parameters for the individual diabetic resident. In-servicing regarding policy and procedure of physician notification has begun. All diabetic residents' charts were reviewed for physician notification regarding blood sugar parameters according to physician orders. Glucometer flow sheet documentation was also reviewed and checked for accuracy. The RSD or designee	08/31/2015

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	<p>The resident had a 4/23/15, physician's order for blood sugar checks four times daily with sliding scale insulin coverage. The resident had a 3/17/15, Humalog insulin 100/ml sliding scale coverage order to inject subcutaneous 5 units for blood sugars of 200 to 249 and 8 units for blood sugars of 250 to 299 and to call the medical doctor for blood sugars greater than 300. The order lacked an amount of coverage to be given for blood sugars of 300 or above.</p> <p>Review of the Medication Administration Record for May, 2015, indicated the resident had a blood sugar of 300 at 4:00 p.m. on the 13th and 8 units of Humalog insulin coverage was given. There was no indication the physician was notified and an order obtained to give 8 units of insulin in the clinical record. On May the 24th at 4:00 p.m., the residents blood sugar was 436 and the resident was given 8 units of Humalog insulin. There was no indication the physician was notified and an order obtained to give 8 units of insulin in the clinical record.</p> <p>Review of the Medication Administration Record for June, 2015, indicated the resident had a blood sugars of 300 at 9:00 p.m., on the 2nd and at 4:00 p.m. on the 3rd and the 4th. The resident received 8 units of Humalog insulin coverage each</p>		will continue to monitor all diabetic flow sheets, physician orders, physician notification regarding pre-determined blood sugar parameters. The RSD or designee will monitor daily x 2 weeks, weekly x 1 month then monthly prn for compliance.				

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	<p>time. There was no indication the physician was notified and an order obtained to give 8 units of insulin in the clinical record for the 2nd,3rd or 4th of June.</p> <p>Review of the Medication Administration Record for July, 2015, indicated the resident had a blood sugar of 300 at 9:00 p.m. on the 12th. The resident received 8 units of Humalog insulin coverage. There was no indication the physician was notified and an order obtained to give 8 units of insulin in the clinical record.</p> <p>During an interview with LPN #2 on 7/28/15 at 1:57 p.m., she indicated the resident did not have an order for insulin coverage above 299. She indicated the physician would need to be called if the blood sugar was 300 or above. She indicated the Humalog insulin order should have been clarified.</p> <p>The revised 3/8/12, "Hypo-Hyperglycemia Management" Policy, which was provided by the Administrator on 7/29/15 at 9:00 a.m., indicated the purpose of the policy was to assure residents with diabetes were managed appropriately when episodes of hypo/hyperglycemia occur. The policy indicated each resident would have blood</p>			

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	sugar parameters defined by the resident's physician. If the resident was on sliding insulin scale, the physician would identify sliding scale insulin orders that are complete with the drug to be used and dosage to be administered based on the finger stick blood sugar, and when to contact the physician.				