

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2014
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NAME OF PROVIDER OR SUPPLIER CASTLETON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7630 E 86TH ST INDIANAPOLIS, IN 46256
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F000000	<p>This visit was for the Investigation of Complaint IN00143626.</p> <p>Complaint IN00143626 substantiated. Federal/State deficiencies related to the allegations are cited at F279, F322, and F514.</p> <p>Survey dates: January 31, February 2, 3, 4, and 5, 2014</p> <p>Facility number 000149 Provider number 155245 AIM number 100266840</p> <p>Survey team: Chuck Stevenson, RN, TC</p> <p>Census bed type: SNF: 4 SNF/NF: 39 Total: 43</p> <p>Census payor type: Medicare: 6 Medicaid: 34 Other: 3 Total: 43</p> <p>Sample: 4</p> <p>These deficiencies also reflect State</p>	F000000	Submission of this Plan of Correction shall not constitute or be construed as an admission by Castleton Health Care Center that the allegations contained in the survey report are accurate or reflect accurately the provisions of Nursing Care and services to the residents of Castleton Health Care Center.	

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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F000279 SS=D	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 11, 2014, by Janelyn Kullik, RN.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview, and record review, the facility failed to ensure a health care plan was developed, updated, and individualized to meet</p>	F000279	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident B's Care Plan will be</p>	02/28/2014			

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	<p>the needs of a resident (Resident #B) who was dependent on an indwelling G- J tube (Gastrostomy-Jejunostomy tube; a double lumen tube used to instill feedings and medications) for all nutrition and medication administration needs, and who experienced frequent occlusion of the J tube, resulting in repeated trips to the hospital and feedings not being administered as ordered for 1 resident of 3 reviewed for care plans in a sample of 4.</p> <p>Findings include:</p> <p>The record of Resident #B was reviewed on 01/31/14 at 11:00 a.m. Diagnoses included, but were not limited to, pontine infarct with locked in syndrome, long term gastrostomy tube, hypertension, congestive heart failure, coronary artery disease, status post coronary artery graft, chronic obstructive pulmonary disease, deep vein thrombosis, tracheostomy, implanted cardiac pacemaker, and neuropathy.</p> <p>A Significant Chge Minimum Datat Set (MDS) Assessment dated 11/5/13, indicated Resident #B was unable to speak, was unable to complete the Brief Interview for</p>		<p>reviewed by the IDT and updated to reflect current condition and care provided by 2/28/14.II. How other residents having the potential to be affected by the same alleged deficient finding will be identified and what corrective action(s) will be taken? All care plans will be reviewed by the IDT by 2/28/14 to ensure Care Plans reflect the current condition and care provided. Updates will be made as appropriate. All Care Plans reviewed will be signed by D.O.N. or assigned designee.III. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice will not recur? D.O.N./designee will review physician orders in Morning Clinical Meeting for resident condition changes M-F. Resident Care Plans will be updated as appropriate. D.O.N./designee will audit3 Care Plans per week for 6 months to ensure Care Plan reflects the current condition of the resident and the care provided. IV. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place? D.O.N./designee will present results of the Audits to the QA Committee during Monthly QA Committee Meetings to ensure compliance.</p>		

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	<p>Mental Status, has impaired judgement making skills, was totally dependent on staff for all activities of daily living, was incontinent of bowel, and had an indwelling urinary catheter.</p> <p>An admission assessment dated 5/03/13 indicated Resident #B was admitted with a PEG tube (percutaneous endoscopic gastrostomy, or feeding tube) in place. Documentation indicates this was a double lumen tube, incorporating both J-tube and G-tube functions.</p> <p>Physician's orders related to Resident #B's G-J tube included, but were not limited to:</p> <p>11/25/13 (No time noted) "D/C (discontinue) Isosorce 1.5 (symbol for "at") 75 cc/hr (cubic centimeters per hour) Start Isosorce 1.5 (at) 55 ml/hr (milliliters per hour)."</p> <p>11/26/13 (No time noted) "Flush J tube (symbol for "with") 60cc warm water Q (every) 6 hrs (hours)."</p> <p>11/27/13 (No time noted) "Use G tube for feeding (symbol for "and") meds (medications) Make appt (appointment) with Interventional</p>			

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	<p>Radiology. Indication: J tube clogged."</p> <p>11/27/13 (No time noted) "FYI (For your information) G tube for meds only. No (double underlined) feeding."</p> <p>12/27/13 10:30 p.m. "Creon (a pancreatic enzyme used as a digestive aid; in this case used to help unclog the J tube) open 1 capsule dissolve in water with a small amount of baking soda put 1 ml (milliliter) of mixture in tube when clogged wait 30 mins (minutes) and flush repeat if necessary TID (three times per day PRN (as needed)."</p> <p>12/29/13 3:00 a.m. "Hold resident feeding if unable to unclog J Tube."</p> <p>An un-timed physician's visit note dated 1/08/14 indicated "...Unable to feed through J-tube...transfer to (name of acute care hospital) for J-tube replacement today...unable to flush through J-tube."</p> <p>Resident #B's care plans included a care plan titled "Feeding Tube-Continuous". Dates were noted as 5/29/13 and 11/21/13, a date which appeared to be overwritten the date 8/21/13. A "Next</p>				

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	<p>Review" date was noted as 2/21/14.</p> <p>Resident #B's need for a feeding tube was noted to be cognitive impairment, and "locked in syndrome."</p> <p>A single goal of "Resident will remain free of complications related to use of a feeding tube as evidenced by no s/s (signs or symptoms) aspiration, no nausea/vomiting, and no abdominal distention through next review." A target date was listed as "thru (through) next review." Approaches identified in their entirety were:</p> <p>Administer tube feeding formula and flushes as ordered.</p> <p>Report to the physician: Complications/side effects of tube feeding; Significant weight changes.</p> <p>Check tube placement by "draw back" aspiration and/or auscultation Q (every) shift.</p> <p>Check residual prior to resuming any enteral feeding, (that has been turned off for 1 hr (hour) or greater) Note: Do not pull back (symbol for "greater than") 150 cc's.</p>			

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	<p>Keep HOB (head of bed) elevated at least 30 degrees while tube feeding is infusing.</p> <p>Dietitian to monitor adequacy of tube feeding formula and free-water flushes at least quarterly, also PRN (as needed) with any change of status.</p> <p>While on continuous tube feeding monitor the following: Toleration of enteral feeding; Lung sounds; Bowel sounds and/or presence of distention; Absence or presence of drainage and/or signs or symptoms of infection at tube site.</p> <p>The care plan contained no indication of any updates or changes to problems, goals, or approaches since it's inception on 5/29/13.</p> <p>The care plan contained no reference to the dual lumen G-J Tube) nature of Resident #B's tube, and the different problems, goals, or interventions unique to each port.</p> <p>The care plan contained no documentation of the specific problem of Resident #B's J tube frequently clogging resulting in feedings being held and requiring trips to the hospital, and no specific</p>						

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	<p>approaches for this problem.</p> <p>The care plan was not reviewed and updated as needed and/or quarterly as specified in facility policy.</p> <p>Identified approaches do not indicate appropriate frequency as specified in facility policy.</p> <p>The care plan does not have the signature of the D.O.N. or designee as specified in facility policy.</p> <p>The care plan contained no documentation of implementation or effectiveness of approaches as specified in facility policy.</p> <p>A facility policy dated 06/01 received from the D.O.N. on 1/05/14 at 11:15 a.m. titled "Documentation Principles for Inpatient Medical Records Section VII: Patient Care Plans" indicated:</p> <p>"1. a. "The ultimate goal of all plans of care is one or both of the following: 1. To improve the functional level of the patient so that discharge is possible; 2. To maintain the highest practicable level of quality of life as long as the patient id in the center..."</p>				

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	<p>c. 3. Records the effectiveness of approaches, and evaluates the progress (or lack of progress) which the patient makes towards the goals.</p> <p>d. Each plan of care should be individualized to fit each patient's needs and situation.</p> <p>A. 4. a. Care plans should be updated as needed, but are reviewed and/or revised at least once a quarter...</p> <p>A. 4. c. Other changes: 1. New problems are handled as they arise, and may be added to the current care plan if the current condition is not considered significant enough for a complete revision."</p> <p>This Federal tag relates to Complaint IN00143626.</p> <p>3.1-35(a)</p>			

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F000322 SS=G	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on record review and interview, the facility failed to ensure a resident with an indwelling G- J tube (Gastrostomy-Jejunostomy tube; used to instill feedings and medications) received appropriate and effective care of the G-J tube, including the restarting of the medication Creon following a hospital stay as an intervention to unclog the tube, resulting in the J tube frequently becoming clogged requiring continuous feedings to be held, the resident being sent to the hospital for the G-J tube to be unclogged or replaced, and the resident potentially experiencing psycho social harm. 1 resident (Resident #B) of 3 reviewed for G</p>	F000322	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? On 2/5/14 an order for Creon was written. On 2/20/14 the Social Service Director assessed the resident for psycho-social well being related to his G-J tube issues and transfers to the hospital. He indicated he has no distress. Care Plan Meeting will be scheduled with family, Hospice Nurse and physician/N.P. to discuss family expectations and treatment plan for resident. GI consult will be scheduled for resident to address G-J tube management and nutritional management if agreeable with family. II. How other residents having the potential to be affected by the same alleged deficient</p>	02/28/2014

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	<p>Tube care in a sample of 4.</p> <p>Findings include:</p> <p>The record of Resident #B was reviewed on 01/31/14 at 11:00 a.m. Diagnoses included, but were not limited to, pontine infarct with locked in syndrome, long term gastrostomy tube, hypertension, congestive heart failure, coronary artery disease, status post coronary artery graft, chronic obstructive pulmonary disease, deep vein thrombosis, tracheostomy, implanted cardiac pacemaker, and neuropathy.</p> <p>A Significant Change Minimum Data Set (MDS) Assessment dated 11/15/13 indicated Resident #B was unable to speak, was unable to complete the Brief Interview for Mental Status, had impaired judgement making skills, was totally dependent on staff for all activities of daily living, was incontinent of bowel, and had an indwelling urinary catheter.</p> <p>Physician's orders related to Resident #B's G-J tube included, but were not limited to: 11/25/13 (No time noted) "D/C (discontinue) Isosorce 1.5 (symbol for "at") 75 cc/hr (cubic centimeters per hour)</p>		<p>finding will be identified and what corrective action(s) will be taken? Any resident with a G-J tube has the potential to be affected by the alleged deficient finding. Residents with G-J tubes were assessed and no resident was found to be affected by the alleged deficient finding. III. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice will not recur? On 2/25/14 licensed nurses will be in-serviced on G-J tube care and Admission/re-admission physician orders. The D.O.N./designee will observe G-J tube care 3 times per week for 6 months to ensure proper care. The D.O.N./designee will review the Admission/re-admission orders during Morning Clinical Meeting following the admission/re-admission for 6 months. IV. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place? The D.O.N./designee will present results of G-J tube care observations and admission/re-admission physician order audits to QA Committee during Monthly QA Committee Meetings.</p>		

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	<p>Start Isosorce 1.5 (at) 55 ml/hr (milliliters per hour)."</p> <p>11/27/13 (No time noted) "Use G tube for feeding (symbol for "and") meds (medications) Make appt (appointment) with Interventional Radiology. Indication: J tube clogged."</p> <p>11/27/13 (No time noted) "FYI (For your information) G tube for meds only. No (double underlined) feeding."</p> <p>12/06/13 11:00 p.m. "Transfer resident to (name of acute care hospital) for J-Tube repl. (replacement). Indication: Clogged"</p> <p>12/08/13 (No time noted) "Send to (name of acute care hospital) to Eval (evaluate). Indication: Clogged J tube."</p> <p>12/10/13 (No time noted) "Send out to (name of acute care hospital) to have JG Tube replaced."</p> <p>12/27/13 10:30 p.m. "Creon (a pancreatic enzyme used as a digestive aid; in this case used to help unclog the J tube) open 1 capsule dissolve in water with a small amount of baking soda put 1</p>			

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	<p>ml (milliliter) of mixture in tube when clogged wait 30 mins (minutes) and flush repeat if necessary TID (three times per day PRN (as needed)."</p> <p>12/29/13 3:00 a.m. "Hold resident feeding if unable to unclog J Tube."</p> <p>1/08/14 (No time noted "...Unable to feed through J-tube...transfer to (name of acute care hospital) for J-tube replacement today...unable to flush through J-tube."</p> <p>01/08/14 (No time noted) "Send to (name of acute care hospital) for Eval (evaluation) of Jtube/Gtube, Reinsertion of tube."</p> <p>1/19/14 1:30 a.m. "Per (name of Hospice service) on call nurse after hours (name of nurse) hold feeding, monitor resident, send resident to ER (emergency room) when morning shift starts to eval and treat GJ tube."</p> <p>Nurse Practitioner visit notes indicated:</p> <p>11/24/13: Has JT/GT (J tube/G tube). JT is clogged. He receives (feedings) thru (through) JT (symbol for "and") it is frequently clogged...Arrange JT replacement in</p>			

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	<p>a.m...hold (feedings) until JT replaced..."</p> <p>12/05/13: "Consider TPN (Total Parental Nutrition)...J tube functioning now. Has had frequent replacements due to clogging..."</p> <p>Interdisciplinary Team Notes indicated:</p> <p>11/23/13 "...Res feeding was held several times over last weeks D/T J-tube difficulties..."</p> <p>11/29/13 "... Res still having problems (symbol for "with") J tube on NOC (night) shift getting clogged. Suggest to turn off feeding Symbols for "at night"). Will consult with hospice..."</p> <p>12/06/13 "Resident continues with hospice services. Hospice requesting TPN D/T J tube clogging frequently..."</p> <p>A "Hospice IDG (abbreviation unknown) Comprehensive Assessment and Plan of Care Update Report" dated 1/22/14 indicated Resident #B had begun receiving Hospice services on 11/12/13, and the report related to a benefit period of 11/12/13 through</p>			

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	<p>2/09/14. It also indicated it was most recently reviewed at an IDG meeting on 1/21/14. The report contained this medication order:</p> <p>Start date: 12/27/13 DC Date: (None noted) Medication: Creon Oral Dose: 24,000-76,000-120,000 units Amount: 1 Capsule Route: J tube Frequency: 3 times daily prn Instructions: Open 1 capsule dissolve in small amount of water with small amount of sodium bicarb. Administer 1 ML into clogged J tube wait 30 minutes and flush. If tube remains clogged repeat.</p> <p>Nurse progress notes indicated:</p> <p>12/01/13 4:05 a.m. "...J tube clogged at time unable to declog. Feeding currently not running."</p> <p>12/02/13 9:00 p.m. "...J tube occluded...bowel sounds diminished..."</p> <p>12/03/13 2:10 a.m. "...J tube still clogged."</p> <p>12/03/13 1:00 p.m. "Res went out to (name of acute care hospital) to have J tube unclogged..."</p>			

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	<p>12/06/13 11:10 p.m. "...J tube clogged at 9:30 p.m. An order was received to transfer him to (name of acute care hospital) for J tube replacement..."</p> <p>12/07/13 3:00 a.m. "...hospital called and they have unclogged J tube and they are returning resident to facility...stated that some of clogging is positional, advised that amylase and sodium bicarb was used to unclog J tube."</p> <p>12/08/13 12:20 a.m. "...J tube currently clogged. Attempted several times to declog tube...tried to flush J tube (symbols for "with no") success."</p> <p>12/08/13 6:00 a.m. "Order to send to ER (name of acute care hospital) noted..."</p> <p>12/09/13 2:00 a.m. "...Went to flush G/J tube (symbol for "at") 11:50 p.m. and J tube completely clogged...Worked on J tube for an hour and 10 min (minutes)trying to unclog (symbol for "with") no success...Contacted (Hospice service) to let them know about clogged J tube...advised to hold feeding tonight and they would have</p>			

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	<p>case meeting tomorrow as resident has been to ER 2 (symbol for "times") this weekend."</p> <p>12/11/13 (Time unreadable) "Res. sent out to..IR (sic) to have GJ tube replaced..."</p> <p>12/20/13 3:30 a.m. "...noted that J tube needed more pressure to flush..."</p> <p>12/23/13 1:00 p.m. "...res (resident) had projectile vomiting accompanied by diarrhea...noted I had to put pressure when pushing flush through J tube. Hospice informed (symbol for "and") was told to hold feeding...stopped feeding..."</p> <p>12/24/13 4:45 a.m. "Res J tube clogged (symbol for "at") this time. Large raised area on abdomen where G/J tube is. Flushed tube and got some feeding flowing-res started having (symbol for "increased") amts (amounts) of foamy secretions out of trach...contacted hospice...they want feeding stopped for now. Hospice nurse will be visiting him and she is expected soon. Order will be given whether to turn feeding back on (symbol for "at") that time."</p> <p>12/24/13 6:30 a.m. "Hospice</p>			

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	<p>nurse...here and evaluating Res. Contacted (facility medical director)...they want for the dietitian to evaluate the feeding to see if it is diluted. Hold feeding until it is evaluated..."</p> <p>12/25/13 12:30 a.m. "Res J tube clogged...(facility MD's) office...OK'd order to send out...Res sent to...hospital..."</p> <p>12/27/13 10:00 p.m. "Resident's J tube clogged at 9:15 p.m. Hospice notified...Hospice staff is coming to unclog the tube tonight..."</p> <p>12/28/13 3:00 a.m. "Hospice nurse here (symbol for "with") meds to declog...Tried (symbol for "times") 3 for unclog..."</p> <p>12/28/13 11:00 p.m. "...Feeding was infusing up to 9:15 p.m. All efforts to unclog J tube failed. Hospice was notified. Hospice stated Cleon (sic) is now in use to declog the J tube..."</p> <p>12/29/13 3:00 p.m. "...efforts made to unclog J tube with no results Hospice notified...instructed to leave feeding off and will call facility back...with further instructions..."</p> <p>12/29/13 (time unreadable) "...J tube</p>			

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	<p>declogged (symbol for "with") Creon and baking soda as ordered...feeding restarted this shift..."</p> <p>12/31/13 2:00 a.m. "...2 a.m. tube clogged. Creon (symbol for "and") baking soda administered will flush and continue to monitor..."</p> <p>1/07/14 2:15 a.m. "Res has been vomiting since 5 a.m. off (symbol for "and") on. Checked on him and his eyes were back in his head-very hard to wake (symbol for "up") for response...J tube is blocked. Hospice called...order given for compazine suppository and stated that feeding should be held until suppository is given..."</p> <p>1/08/14 4:00 p.m. :Received orders to send Res to...hospital D/T (due to) clogged J tube..."</p> <p>1/19/14 12:45 a.m."This writer went to assess resident when alarm was sounding, feeding pump was turned off and reset and alarm continued to sound, attempts were made to flush J G tube, G tube flushed well, J tube was clogged, attempts were made to declog J tube (symbol for "with") warm H2O (water), J tube resisted and busted. This writer contacted</p>			

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	<p>(facility MD's) office and per (office nurse) this writer was given order to remove GJ tube, insert foley (urinary catheter) and feed and administer meds through foley. This writer informed (name of doctor) through (office nurse) that resident was to have no feeding via G tube D/T dx (diagnosis) gastro paresis, I felt it was out of my scope of practice and recalled (MD's office) to obtain new order to just hold feeding until morning shift arrived and could get resident to...ER, I again was given order to proceed with previous order...this writer contacted family (name of family member) and explained order that was given and family instructed to contact ...Hospice...Hospice instructed writer per (name of hospice nurse) after hours nurse of orders from (facility MD) and again this writer was instructed to disregard all previous orders from (facility MD) and to clamp resident off, make sure resident was not in distress and have morning shift send resident out to ER, this writer contacted (facility MD's nurse) with orders from...hospice. Will continue to observe and communicate (symbol for "with") oncoming nurse."</p> <p>A hospital Medicine Discharge</p>						

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	<p>Summary dated 1/22/14 at 1:45 p.m. indicated "Reason for admission G-J tube cracked...presented to the ED (emergency department) from ECF (extended care facility) for another broken G-J tube. Per daughter...the overnight nurse...tried to flush a clogged tube and it burst. The tube now has a fracture/broken lumen exterior to the skin insertion and needs replacement."</p> <p>Resident #B was interviewed twice, once on 1/31/14 at 1:30 p.m., and again on 2/03/14 at 10:00 a.m. Resident #B's record indicated he was alert and oriented and could communicate by raising his eyes up for "yes" and down for "no". On each occasion he was asked if the numerous trips to the hospital for maintenance of his G-J tube was stressful for him. He was also asked if the thought of continued problems with his G-J tube and subsequent trips to the hospital caused him to be afraid. On each occasion, and to each question, he appeared to raise his eyes twice, indicating a "yes" answer to the questions.</p> <p>Resident# B was admitted to hospice on 11/12/13. His assigned hospice nurse (hospice nurse #1)</p>			

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	<p>was interviewed on 02/03/14 at 1:05. She indicated she had been Resident #B's hospice nurse since his admission to hospice. She indicated that due to Resident #B's chronic and repeated incidents of his J tube becoming clogged, resulting in an inability to continue infusing feedings and requiring repeated trips to the hospital to have the tube unclogged or replace, she had recommended placement of a PICC line and administering TPN feedings. She indicated this had been discussed in a meeting with the facility's Director of Nursing (D.O.N.) and the facility medical director's Nurse Practitioner, and the resident's family, and all had agreed. She indicated the PICC line had been placed, and that "a day or two later" the facility medical director had indicated the PICC line was not to be used, was to be removed, and Resident B was to be sent back to the hospital for reinsertion of the J-G tube. The hospice nurse indicated she was uncertain exactly how many times Resident B's feedings had been interrupted, or for how long. She indicated "I know it's caused him to lose weight." She also indicated she was aware Resident B had developed new pressure sores while a resident at the facility, and</p>			

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	<p>indicated she believed these were due to the trauma of his numerous trips to the hospital and time spent laying on the hard pads of the gurneys used to transport the resident. She stated "Who knows how long he laid on those hard pads at the hospital."</p> <p>L.P.N. #2 was interviewed on 2/04/14 at 5:30 a.m. She indicated she was the nurse who had documented the nurse's note of 1/9/14 at 12:45 a.m. She reviewed this note and indicated it was an accurate depiction of events. She indicated she had received no specific training or direction concerning care of Resident B's G-J tube, but that as an experienced nurse, she felt competent to care for the resident, including his G-J tube. She indicated that when she found Resident B's J tube clogged, and the feeding not infusing, she read the order for Creon and looked for it to use to unclog the tube, as she had "heard from the other nurses" that it was effective in unclogging the tube. She indicated she was unable to find the Creon, and was told by another nurse that "they quit getting it."</p> <p>R.N. #3 was interviewed on 2/04/14 at 6:00 a.m. She indicated that she</p>						

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	<p>had used the Creon treatment to unclog Resident #B's J tube when it was available, had found it effective, and would continue to do so if it were available. She indicated she knew the Creon was not available because she had looked for it and it was not in the medications cart. She indicated she did not know why the Creon was no longer available, stating "Maybe they thought it was too expensive."</p> <p>The D.O.N. was interviewed on 2/04/14 at 9:10 a.m. She indicated she had reviewed Resident #B's record and the order for Creon had not been renewed upon Resident #B's return from the hospital on 1/13/14. She indicated no one from the facility had contacted the hospice nurse or physician to determine if the order for Creon should be renewed.</p> <p>The D.O.N. was interviewed on 2/05/14 at 10:35. She indicated no one from the facility had contacted the hospice nurse or doctor's office to determine if the Creon should be restarted.</p> <p>The hospice nurse was interviewed by phone on 2/05/14 at 11:00 a.m. She indicated the order for Creon</p>			

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	<p>should have been renewed when the resident returned from the hospital on 1/13/14. She indicated "It just got missed in the rewrite of orders. I should have caught it and didn't. He needs it, and I'm going to rewrite it the next time I am in the facility." She indicated that depending on schedule she anticipated being in the facility later that same afternoon.</p> <p>A facility policy dated 10/24/2011 titled "Gastric Tube Feedings" Received from the Director of Nursing on 2/03/14 at 10:25 a.m. indicated:</p> <p>"Purpose: To provide nourishment to the resident who is unable to obtain nourishment orally."</p> <p>This Federal tag relates to Complaint IN00143626.</p> <p>3.1-44(a)(2)</p>				

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview the facility failed to ensure complete and accurate records were maintained by not ensuring physician's orders included specific doses for ordered medications for 1 resident (Resident #B) of 4 reviewed for physician's orders in a sample of 4.</p> <p>Findings include: # The record of Resident B was reviewed on 01/31/14 at 11:00 a.m. Diagnoses included, but were not limited to, pontine infarct with locked in syndrome, long term gastrostomy tube, hypertension, congestive heart failure, coronary artery disease, status post coronary artery graft, chronic obstructive pulmonary</p>	F000514	<p>I. What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? On 2/5/14 an order for Creon was written with specific amounts of water and baking soda to be added.II. How other residents having the potential to be affected by the same alleged deficient finding will be identified and what corrective action(s) will be taken? All residents have the potential to be affected by the alleged deficient finding. The D.O.N./designee will review all residents physician orders by 2/28/14 to ensure completeness and accuracy. Any order found to be incomplete or inaccurate will be clarified as appropriate.III. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice will not</p>	02/28/2014	

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	<p>disease, deep vein thrombosis, tracheostomy, implanted cardiac pacemaker, and neuropathy.</p> <p>A physician's order dated 12/27/13 at 10:30 p.m. indicated "Creon (a pancreatic enzyme used as a digestive aid; in this case used to help unclog the J tube) open 1 capsule dissolve in water with a small amount of baking soda put 1 ml (milliliter) of mixture in tube when clogged wait 30 mins (minutes) and flush repeat if necessary TID (three times per day PRN (as needed))."</p> <p>A "Hospice IDG (unknown abbreviation) Comprehensive Assessment and Plan of Care Update Report" dated 1/22/14 indicated Resident B had begun receiving Hospice services on 11/12/13, and that the report related to a benefit period of 11/12/13 through 2/09/14. It also indicated it was most recently reviewed at an IDG meeting on 1/21/14. The report contained this medication order:</p> <p>"Start date: 12/27/13 DC Date: (None noted) Medication: Creon Oral Dose: 24,000-76,000-120,000 units Amount: 1 Capsule Route: J tube</p>		<p>recur? Licensed nursing staff will be in-serviced on complete and accurate physician orders on 2/25/14. D.O.N./designee will monitor all new physician orders during Morning Clinical Meeting M-F for completeness and accuracy on an ongoing basis. Any order found to be incomplete or inaccurate will be clarified as appropriate.IV. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place? Results from daily physician's order review will be presented by D.O.N./designee to QA Committee during monthly QA Committee Meeting.</p>	

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	<p>Frequency: 3 times daily prn Instructions: Open 1 capsule dissolve in small amount of water with small amount of sodium bicarb. Administer 1 ML into clogged J tube wait 30 minutes and flush. If tube remains clogged repeat."</p> <p>During an interview on 2/04/14 at 9:10 a.m. the Director of Nursing indicated she could not state what quantity a "small amount of baking soda" or a "small amount of water" indicated and that to be an accurate and complete physician's order these quantities should have been specific.</p> <p>This Federal tag relates to Complaint IN00143626.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				