

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155531	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2013
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NAME OF PROVIDER OR SUPPLIER OAKBROOK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 850 ASH ST HUNTINGTON, IN 46750
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F000000	<p>This visit was a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and Complaint investigation completed on 4/17/13.</p> <p>Complaint IN00126181 corrected</p> <p>Survey dates: July 18 and 19, 2013</p> <p>Facility number: 000569 Provider number: 155531 AIM number: 100267660</p> <p>Survey team: Toni Maley, BSW- TC Linn Mackey, RN</p> <p>Census bed type: SNF/NF: 34 Total: 34</p> <p>Census payor type: Medicare: 2 Medicaid: 32 Total: 34</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Submission of this Plan of correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</p>	
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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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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to ensure residents who received anti-psychotic medication had gradual dose reductions or a statement of contraindication for 1 of 3 residents reviewed for unnecessary medications (Resident #35).</p> <p>Findings include:</p> <p>Resident #35's record was reviewed on 6/18/13 at 3:09 p.m.</p>	F000329	<p>F 329</p> <p>1.) MD for Resident #35 was notified and antipsychotic medication dose reduction attempt ordered and initiated on 6/18/13.</p> <p>2.) A complete chart audit for all residents receiving any</p>	06/28/2013			

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	<p>Resident #35's diagnoses included, but were not limited to, Parkinson's disease and dementia.</p> <p>Resident #35 had a current, 2/8/13, physician's order for Zyprexa 2.5 mg-1 tablet daily for paranoia/hallucinations. This order originated 1/28/13.</p> <p>Resident #35 had a current, 2/8/13, care plan problem regarding hallucinations. An approach to this problem was to administer medication as ordered.</p> <p>Review of Resident #35's "Mood and Behavior Monthly Flow Record" for April, May and June (6/1/13 thru 6/18/13), 2013 indicated the resident had displayed two behaviors of hallucination/paranoia during this period on 5/20/13 and 6/3/13.</p> <p>Review of a 5/20/13, "Mood and Behavior Communication Memo" completed in conjunction to the flow record indicated the following: "Had spoken [with] Dtr [daughter name] regarding the resident and any incidents of paranoia or delusional thinking d/t [due to] Zyprexa use. Dtr told writer there had been an instance last week sometime where [resident]</p>		<p>psychoactive medication(s) was completed on 6.19.13. Any concerns regarding potential dose reduction and/or documented contraindication were addressed at the 6.25.13 behavior management meeting attended by Pharmacy Consultant, Social Services Director, HFA, DON, Psychiatric services FNP, and RN nurse consultant. The applicable physician was contacted regarding Gradual dose reduction attempts as appropriate, and said reduction attempts initiated or rationale documented, if said</p>	

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	<p>had stated 'Better keep your eyes open' pertaining to nothing in particular but seemed 'suspicious' per Dtr...Dtr states she was easily redirected...."</p> <p>Review of a 6/3/13, "Mood and Behavior Communication Memo" completed in conjunction to the flow record indicated the following: " ...Resident asked me if I would get that little boy that keeps running by her room because he is looking for his parents. I told the resident I would take care of it & not to worry about him. Res [Resident] then thanked me & continued to watch TV..."</p> <p>Review of Nursing Notes from 5/13/13 through 6/19/13 lacked any documentation of delusional behaviors.</p> <p>An undated pharmacy recommendation, which the Director of Nursing (DoN) indicated was completed on or shortly after 4/30/13, indicated the following: " *DOCUMENTATION REQUIRED* [Resident] is currently receiving Zyprexa 2.5 mg PO HS [orally at bedtime] for psychosis. This medication is due for a GDR [gradual dose reduction]...gradual dose reduction(s) are CLINICALLY</p>		<p>reduction attempt(s) contraindicated by the MD.</p> <p>Pharmacy consultant will continue to monitor monthly for response to recommendations from the prior medication regimen review, with notification of the DON and/or the Administrator, should concern be noted in regard to physician response and/or lack of response.</p> <p>3.) In an effort to ensure ongoing compliance with ensuring those residents who receive anti-psychotic medication have gradual dose reductions or a</p>		

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	<p>CONTRAINDICATED due to (select all that apply): [a check in the box selecting] impairment of resident function; [a check in the box selecting] de-stabilization by exacerbating and underlying medical or psychiatric disorder (see explanation below*)..." No explanation/ statement of contraindication was listed on the form. The doctor had signed the form on May 2013 (unable to read day, the DoN could also not read).</p> <p>The clinical record lacked any statement of contraindication for medication reduction.</p> <p>During a 6/18/13, 4:15 p.m., interview, the Director of Nursing indicated she could not find a statement of contraindication for a gradual dose reduction in the clinical record nor had the facility requested the doctor to complete the documentation/explanation in conjunction with the May pharmacy recommendation which had only check marks but no clinical rationalization.</p> <p>Review of a current, undated, facility policy titled "Antipsychotic Drug Use Policy," which was provided by the Social Services Director on 6/19/13 at</p>		<p>statement of contraindication, the following actions have been taken.</p> <p>Licensed nursing staff and Medical Director were in serviced on 6/19 and 6/20 regarding psychoactive medication use Policy and Procedure.</p> <p>Directed In-service Training will be completed with licensed nursing staff, HFA, and facility Social Services Director on 6/28/13 by Rebecca Bartle RN, MSN, HFA, Regulatory Affairs Director, Hoosier Owners and Providers for the Elderly.</p>				

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	<p>2:25 p.m., indicated the following: " ...Gradual dose reductions will be attempted, unless clinically contraindicated, in an effort to discontinue these drugs..."</p> <p>This Federal deficiency was cited on 4/17/13. The facility failed to implement a systemic plan of correct to prevent recurrence.</p> <p>3.1-48(a)(4) 3.1-48(b)(2)</p>		<p>The DON will monitor daily, on scheduled days of work, any newly ordered psychoactive medication and/or dose revision to ensure appropriate rationale for addition/revision is documented. Additionally, psychotropic drugs and resident behaviors shall be reviewed at the monthly behavior meetings, in an effort to ensure appropriate rationale is present and documented for revised dosage and/or addition of a psychoactive medication, as well as ensure continued compliance with attempted gradual</p>		

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			dose reduction, as indicated. Should lack of rationale be noted, corrective action shall be taken, including re-education and/or physician clarification obtained, as indicated. (Attachment G) 4.) As a means of quality assurance, the pharmacy consultant and/or designee will report the findings of monthly audits to the QA Committee meeting monthly X 3 months, then quarterly thereafter. The DON and/or designee will report findings of the psychoactive Monitoring Audits and any corrective actions taken to the QA committee meeting monthly X 3 months		

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