STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155400		07/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY VILLAGE	4600 E JACKSON ST MUNCIE, IN 47303

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F 0000 Bldg. 00	This visit was for the investigation of Complaints IN00177575 and IN00178436. Complaint IN00177575 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00178436 - Substantiated. Federal/State deficiencies related to the allegations are cited at F279, F282, and F309. Survey dates: July 23 and 24, 2015 Facility number: 000269 Provider number: 155400 AIM number: 100267720 Census bed type: SNF: 4 NF: 66 Total: 70 Census Payor type: Medicare: 4 Medicaid: 63 Other: 3 Total: 70 Sample: 6	F 0000	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 ofthe 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.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1			
F 0279 SS=D Bldg. 00	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. 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. 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).			
	Based on record review and interview, the facility failed to ensure a comprehensive plan of care was developed for a dialysis resident admitted with an arterial venous fistula to ensure pre and post dialysis assessments and care were provided for 1 of 3 residents	F 0279	The care plan for Resident D has been updated to include Hemodialysis, assessments, and monitoring of the dialysis access site. The care plan for Resident C has been updated to include the refusal of care including refusal to wear waffle boots.All residents have	08/05/2015

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	reviewed for heath care plan development and development of a comprehensive care plan related to the refusal of care for 1 of 3 residents reviewed in a sample of 6. (Resident C and Resident D) Findings include: 1. The clinical record for Resident D was reviewed on 7/23/15 at 9:30 a.m. Diagnoses for the resident included, but were not limited to, hemorrhagic cystitis, stage 3 decubitus ulcers, diabetes type 2, morbid obesity, end stage renal failure and hypertension. Review of the admission physician orders, dated 6/12/15, indicated Resident D had an order for dialysis on Mondays, Wednesdays and Fridays. The admission orders lacked any orders for care of the dialysis site or pre and post dialysis assessment. Review of the care plans indicated Resident D had a care plan for renal failure, dated 2/19/15, but the care plan lacked any interventions for the care or assessment of the dialysis site. Review of the nursing notes, dated 6/14/15 through 7/21/15, lacked any assessment documentation for the dialysis site.		the potential to be affected. Their comprehensive care plans have been reviewed and revised, if indicated, to include services that attain or maintain their highest practicable physical, mental, psychosocial well-being. If a resident refuses services, the care plan has been updated to reflect such decisions. The facility's policy for care plan development have been reviewed and no changes are indicated at this time. The Interdisciplinary team has been educated on the policy with a special focuse on dialysis services and refusal of care (See attachment A). A Care Plan monitoring form has been implemented (See attachment B).The DON or designee will be responsible for reviewing care plans to ensure they are comprehensive and reflect the resident. The DON/Designee will review 5 care plans on scheduled work days as follows: daily for two weeks, then weekly thereafter on an ongoing basis for a minimum of 6 months. Should a concern be found, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meeting and the plan adjusted if indicated.	

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	Review, on 7/23/15 at 5:14 p.m., of the medication administration record and the treatment record for June, 2015 and July, 2015 lacked any assessment pre or post dialysis of the dialysis site. During an interview on 7/23/15 at 5:00 p.m., the Assistant Director of Nursing (ADON) indicated she would look in the overflow chart for any care plan related to dialysis or end stage renal failure that would address the assessment and care of the dialysis site. The ADON indicated Resident D should have had a care plan with interventions to address the need for assessment of the dialysis site. The ADON was not sure how this concern had gone unnoticed. No further information was provided. 2. The clinical record for Resident C was reviewed on 7/23/15 at 9:30 a.m. Diagnoses for the resident included, but were not limited to, hypertension, protein calorie malnutrition, pressure ulcers, colostomy, and diabetes type 2. Review, on 7/24/15 at 9:53 a.m., of Resident C's physician orders indicated Resident C was to wear waffle boots. Review of the care plans, on 7/24/15 at 11:03 a.m., indicated no care plan for			

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	refusal of care was noted. During an interview on 7/24/15 at 10:18 a.m., Resident C was observed not wearing waffle boots. Resident C indicated he did not wish to wear the waffle boots and refused to do so every time staff attempted to apply them. "I don't like them and I am not wearing them." During an interview on 7/24/15 at 3:00 p.m., the ADON indicated she was aware Resident C did not wear his waffle boots and was going to get the order discontinued due to the resident's refusal to comply. The ADON indicated Resident C had a history of refusing care and that Resident C should have had a care plan for the behavior. During an interview on 7/24/15 at 10:30 a.m., RN #2 indicated Resident C would not wear the waffle boots. "He will throw them at you if you try to put them on him." A policy, dated 10/2014 and titled "Care Plan Development and Review", was provided LPN #1 on 7/24/15 at 3:25 p.m. The policy indicated: "Purpose: To ensure an interdisciplinary approach to plan for and meet resident's			

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	needs. Policy: Facility personnel will ensure development of a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing and mental and psychosocial needs. Procedure: ... 4. The comprehensive care plan is designed to: address the needs, strengths and preferences identified in the comprehensive resident assessment be oriented toward preventing avoidable declines in functioning or functional levels reflect standards of current professional practice identify the professional services that are responsible for each element of care incorporate risk factors associated with identified problems and ways to manage said risk factors...." This federal tag relates to Complaint #IN00178436. 3.1-35(a) 3.1-35(b)(2)			
F 0282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER			

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Bldg. 00	CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview and record review, the facility failed to ensure blood sugar monitoring was followed for 1 of 3 resident reviewed. (Resident B) Findings include: The clinical record for Resident B was reviewed on 7/23/15 at 9:13 a.m. Diagnoses for the resident included, but were not limited to, obesity, diabetes type 2, cerebrovascular accident, seizure disorder, dementia with delusions, and chronic kidney disease. Review of the physician orders for July 2015 indicated an order for blood sugar checks before meals and at bedtime. Review of the care plan for diabetes mellitus, dated 1/25/15, indicated an intervention to monitor blood sugar as ordered and more frequently as indicated. Review of the "Blood Glucose Monitoring Sliding Scale Insulin Record" for July 2015 indicated the following: no blood glucose monitoring noted for bedtime for the month of July 2015 except 7/23/15.	F 0282	Blood sugar checks and sliding scale insulin is being provided to Resident B per physician's orders.All diabetic residents have the potential to be affected. Their records have been reviewed and they are currently receiving blood sugar checks and sliding scale insulin per physician's orders.The facility's policy for Physician's Orders has been reviewed and no changes are indicated at this time. Nurses have been educated on the policy with a special focus on blood sugar checks and sliding scale insulin orders (See attachment A). A monitoring form for diabetic orders has been implemented (See attachment C).The DON or designee will be responsible for completing the monitoring form for diabetic orders on all diabetic residents on scheduled work days as follows: daily for two weeks then weekly thereafter on an ongoing basis for a minimum of six months to ensure blood sugar checks and sliding scale insulin is administered per MD orders. Should a concern be found, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly if indicated.	08/05/2015

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	Missing documentation of blood glucose levels on 7/11/15 at 4:30 p.m., 7/14/15 at 5:30 p.m., 7/22/15 at 4:30 p.m. On 7/7/15 at 4:30 p.m., the blood sugar was documented as 220, no insulin was documented as being given. The sliding scale indicated the resident should have received 2 units of humalog insulin. On 7/23/15 at 6:30 a.m., the blood sugar was documented as 211, no insulin was documented as being given. The sliding scale indicated the resident should have received 2 units of humalog insulin. On 7/23/14 at 4:30 p.m., the blood sugar was documented as 209, no insulin was documented as being given. The sliding scale indicated the resident should have received 2 units of humalog insulin. During an interview on 7/23/15 at 2:56 p.m., LPN #3 indicated all insulin given should be documented on the Blood Glucose Monitoring Sheet. LPN #3 indicated if there was ever a question regarding a sliding scale order, the nurse should call the physician for clarification. "You document the blood sugar and initial and then you document the amount of insulin the sliding scale says to give."			

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	On 7/24/15 at 4:00 p.m., a policy for insulin and diabetic care was requested. No policy was provided. This federal tag relates to Complaint #IN00178436. 3.1-35(g)(2)			
F 0309 SS=D Bldg. 00	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. Based on interview and record review, the facility failed to ensure a resident received pre-dialysis assessment and fistula monitoring for 1 of 1 resident reviewed for dialysis. (Resident D) Findings include: The clinical record for Resident D was reviewed on 7/23/15 at 9:30 a.m. Diagnoses for the resident included, but were not limited to, hemorrhagic cystitis, stage 3 decubitus ulcers, diabetes type 2, morbid obesity, end stage renal failure and hypertension.	F 0309	Resident D's fistula is being assessed and monitored per MD's orders.All residents receiving dialysis have the potential to be affected. Their records have been reviewed and their fistula is being assessed and monitored per MD's orders.The facility's policy for Dialysis Coordination / Facility Services has been reviewed and no changes are indicated at this time. The nurses have been educated on the policy (See attachment A). A monitoring form for Dialysis Orders/Assessment has been implemented (See attachment D).The DON or	08/05/2015

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	Review of the admission physician orders, dated 6/12/15, indicated Resident D had an order for hemodialysis on Mondays, Wednesdays and Fridays. The admission orders lacked any orders for care of the dialysis fistula for pre and post dialysis assessment. Review of the care plans indicated Resident D had a care plan for renal failure dated 2/19/15, but the care plan lacked any interventions for the care or assessment of the dialysis fistula. Review of the nursing notes, dated 6/14/15 through 7/21/15, lacked any assessment documentation for the dialysis fistula. Review, on 7/23/15 at 5:14 p.m., of the medication administration record and the treatment record for June, 2015 and July, 2015 lacked any assessment pre or post dialysis of the dialysis fistula. On 7/23/15 at 5:00 p.m., LPN #1 provided a "Post Dialysis Assessment". The assessment did not have an area to document the fistula assessment. The Assistant Director of Nursing (ADON) provided a different Post Dialysis Assessment form that the facility was not currently using. The new form had a		designee will be responsible for completing the monitoring form for Dialysis Orders/Assessment on scheduled work days as follows: Daily for two weeks then weekly thereafter on an ongoing basis for a minimum of six months to ensure fistulas are being assessed and monitored per MD orders. Should a concern be found, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly if indicated.	

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	complete assessment for any dialysis access. The ADON indicated she did not know why the facility was not using the newer form. During an interview on 7/23/15 at 5:00 p.m., the Assistant Director of Nursing (ADON) indicated she would look in the overflow chart for any care plan or care related to dialysis or end stage renal failure that would address the assessment and care of the dialysis site. The ADON indicated Resident D should have had a care plan with interventions to address these Resident's D need for assessment of the dialysis site. The ADON was not sure how this concern had gone unnoticed. No further information was provided. A policy, dated 10/2014 titled "Dialysis Coordination / Facility Services", was provided by the Administrator on 7/24/15 at 8:26 a.m. The policy indicated the following: "Purpose: To ensure effective communication between the facility and dialysis center providing services to the resident. Policy:...Review physician's orders for the resident receiving dialysis to confirm: Type of access site and location Orders for care or access site, if any specified			

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	Dialysis days... Procedure:...3. Upon return from dialysis, resident's access site and physical status shall be evaluated by a licensed nurse with evaluation documentation ...7. Licensed nursing personnel will monitor the resident with a shunt/access or central line utilized for dialysis every shift. Notation shall be made on the medication administration record to denote bruit (heard) and thrill (palpated) each shift...." This federal tag relates to Complaint #IN00178436. 3.1-37(a)			