

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155066	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/27/2015
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NAME OF PROVIDER OR SUPPLIER  EDGEWATER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 23, 24, 25, 26 and 27, 2015</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Census bed type: SNF/NF: 69 Total: 69</p> <p>Census payor type: Medicare: 9 Medicaid: 55 Other: 5 Total: 69</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
F 0356 SS=C Bldg. 00	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> </ul>			

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>o The current date.</p> <p>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the list of "nursing staff on duty" was posted and updated on a daily basis as required. This deficient practice had the potential to effect 69 of 69 residents who resided in the facility.</p> <p>Findings include:</p> <p>During the initial tour of the facility on</p>	F 0356	<p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible evidence and request a desk review in lieu of post recertification on or after 9/14/15.</p> <p>F356 - What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? To assure that nurse staffing data is posted daily, a new wall mounted display has been</p>	09/04/2015

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	<p>8/23/15 at 11:16 a.m., the "nursing staff on duty" posting was observed on the ledge of the front desk. The posting was dated 8/21/15.</p> <p>During an interview with the Administrator, on 8/23/15 at 12:30 p.m., he indicated 69 residents currently resided in the facility.</p> <p>During an interview with the Staffing Coordinator, on 8/27/15 at 9:50 a.m., she indicated she was not aware the list of "nursing staff on duty" posted was dated 8/21/15. She further indicated the list of "nursing staff on duty" should have been updated daily. The weekend manager was responsible for updating the "nursing staff on duty". The weekend managers were scheduled 10:00 a.m. to 2:00 p.m. on Saturday and Sunday.</p> <p>During an interview with the Business Office Manager (BO), on 8/27/15 at 10:00 a.m., she indicated on 8/23/15 she arrived at facility at 10:30 a.m., the "nursing staff on duty" was changed around 11:00 a.m.</p> <p>3.1-17(a)</p>		<p>installed in front lobby area. The Hours will be posted by the scheduler daily and in advance on weekends and holidays. Staffing level will be changed by the charge nurse assigned to the LTC hallway in the event the staffing level changes. An in-service will be completed by 9/11/15 to assure nursing staff is aware of practice. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Resident council will be made aware of deficient practice on 9/4/15. A comment stating where daily nursing hours are posted will be added to the next resident's statement mailing on 10/1/15. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? A 3 sheet posting board has been installed to post scheduled hours in advance on weekends and holidays. Hours will be posted in advance by scheduler on weekends and holidays. Staffing will be adjusted by charge nurse assigned to LTC hallway in the event staffing levels change. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? ED or designee will verify staffing levels are changed daily for 2 weeks,</p>	

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F 0431 SS=E Bldg. 00	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package</p>		<p>weekly review for 4weeks, and monthly complete a monthly CQI reviewed in the QA meeting for 6months. By what date will the systemic changes will be completed? Systemic changes are in place as of 9/4/15.</p>	

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	<p>drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 2 medication refrigerators temperatures were maintained in proper ranges for medication storage. This deficient practice impacted 17 of 17 residents who had medication stored in the 100 hall refrigerator. This deficient practice had the potential to impact 47 residents residing on the 100 hall. (100 hall Medication Room and Resident #'s 41, 90, 39, 94, 4, 30, 59, 65, 13, 7, 96, 71, 22, 25, 21, 126 and 18)</p> <p>Findings include:</p> <p>The 100 hall Medication Room was observed on 8/27/15 at 10:25 a.m., with LPN #2. The medication refrigerator thermometer indicated the interior temperature was 46 degrees and the open freezer area had a heavy build up of ice. The refrigerator temperature monitoring log indicated the refrigerator temperature had been 48 degrees at 12:00 a.m. on 8/26/15 and 8/27/15. During an interview with LPN #2 at the time of the observation, she indicated 3rd shift monitored the temperatures.</p> <p>The refrigerator temperature was</p>	F 0431	<p>F431 - What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The refrigerator was replaced and old refrigerator was disposed of. Nursing records refrigerator temperature on log daily. New Temperature log created that identifies appropriate temperature range and to notify maintenance if refrigerator temperature is outside of acceptable range. Staff in-serviced on proper medication storage temperature. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Procedure will be used for both medication storage refrigerators to alleviate any other residents from being affected. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? No residents were affected by this deficient practice. A log was changed to identify correct temperature range for medication storage. Nursing will check and record temperature daily and notify maintenance if outside of acceptable range. Log was implemented on both medication storage refrigerators to prevent any</p>	09/04/2015			

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	<p>rechecked 8/27/15 at 10:46 a.m., using a thermometer. The temperature was 60 deg Fahrenheit. LPN #2 indicated the facility was going to purchase a new refrigerator. She indicated the medications should have been moved into another refrigerator.</p> <p>A list of medications stored in the refrigerator was provided by the Director of Nursing on 8/27/15 at 12:30 p.m. The refrigerator contained the following medications: Neurotin liquid (central nervous system medication), Metoprolol liquid (for blood pressure), Vancomycin liquid (antibiotic), Mary's Magic Mouthwash, Tylenol (for pain) rectal suppositories, amlodipine (for blood pressure), lansoprazole liquid (to treat acid reflux), Bisacodyl (for constipation) rectal suppositories, Brovana liquid (for asthma), Anusol rectal suppositories, Lantus insulin (for blood sugar), Novolog insulin (for blood sugar), and Levimer insulin (for blood sugar). The list indicated Resident #'s 41, 90, 39, 94, 4, 30, 59, 65, 13, 7, 96, 71, 22, 25, 21, 126 and 18 had medication stored in the 100 Hall Refrigerator on 8/27/15.</p> <p>During an 8/27/15, 1:45 p.m., interview, the Director of Nursing indicated 47 residents resided on the 100 hall on 8/27/15. She indicated that any of these</p>		<p>resident from being affected.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? DNS or designee will monitor log for accuracy weekly x 4 weeks, Monthly x 2 months and quarterly x 6 months.</p> <p>By what date will the systemic changes will be completed? Corrective actions are complete effective 9/4/15.</p>		

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	<p>residents could have a refrigerated medication at any time if they received such an order and the medication would be stored in the 100 hall refrigerator.</p> <p>The 2/2014, revised "Medication Storage Requirements" policy was provided by the Director of Nursing on 8/27/15 at 12:30 p.m. The policy indicated all drugs and biologicals were stored in the designated locked cabinets and under proper temperature controls. Items that require refrigeration were to be stored at 36 to 46 degrees Fahrenheit.</p> <p>3.1-25(m)</p>			