STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155566	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARSAW MEADOWS	300 E PRAIRIE ST WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00134012. Complaint IN00134012 - Substantiated. Federal deficiencies related to the allegations are cited at F514. Survey date: August 26, 2013 Facility number: 000359 Provider number: 155566 AIM number: 100274920 Survey team: Shelley Reed RN TC Census bed type: SNF/NF: 69 Total: 69 Census payor type: Medicare: 8 Medicaid: 47 Other: 14 Total: 69 Sample: 5 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.	F000000	Warsaw Meadows Care Center respectfully requests that the following plan of correction be accepted as proof of compliance and render a revisit unnecessary. This plan of correction is to serve as Warsaw Meadows Care Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Warsaw Meadows Care Center or its management company that the allegation contained in the survey is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegation.	

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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	Quality review completed by Debora Barth, RN.			

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F000514 SS=D	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. 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. Based on interview and record review, the facility failed to document monitoring following the administration of a medication for 1 of 5 residents reviewed for assessments related to a change in condition in a sample of 5. (Resident C) Findings include: During record review on 8/26/13 at 10:30 a.m., nursing notes, dated 8/2/13 at 4:45 a.m., indicated Resident (C) complained of not feeling well and was "throwing up/dry heaving" since dinner. At 4:45 a.m., an order was received for Zofran (medication used to prevent nausea and vomiting) 8 mg every 6 hours as needed. The next documented assessment was on 8/2/13 at 7:00	F000514	F514 RESIDENT RECORDS COMPLETE/ACCURATE/ACCESSIBLE What corrective action(s) will be accomplished for those residents found to have been effected by the alleged deficient practice; It is the intent of Warsaw Meadows Care Center to maintain complete, accurate, and accessible records in accordance with State and Federal guidelines. Resident C was treated with the appropriate medication that was prescribed by the physician with no ill effects noted. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; The facility realizes that all residents have the potential to be affected. The facility is addressing this contingency by the systems described below. What measures	09/09/2013

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	p.m. The assessment indicated Resident (C)'s wife was at bedside, lung sounds with bilateral wheezes and rhonchi throughout. Resident (C) denied any pain or discomfort. Review of the current Medication Administration Record (MAR) for August, Zofran was listed on the MAR, but contained no documentation the medication had been given to Resident (C) or a post assessment following the administration of the medication. A new physician's order dated 8/2/13 at 4:00 p.m., included an order for Zofran 4 mg every 8 hours as needed for nausea. During an interview on 8/26/13 at 4:45 p.m., the Director of Nursing (DoN) indicated the nurse on duty pulled two Zofran tablets from the Emergency Drug Kit (EDK) and gave to Resident (C). She indicated the nurse should have documented the medication given and the response from the resident following the administration of the medication. Review of a current job description policy, undated, titled "Preparation and General Guideline", which was provided by the Administrator on		will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur; The facility has a clear policy on documentation of PRN or one time dosages of medications. All nurses and Qualified Medicine Aides will be in-serviced and will pass a post test by September 9th, 2013. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Director of Nursing or designee will audit medication administration and documentation of PRN or one time dosages of medications weekly for four weeks, with the results shared with the Administrator to determine further need of audits. Further auditing will be ordered if necessary and documentation will be reviewed once a month for the following three months with the results shared with the interdisciplinary team via the quarterly Quality Assurance Committee Meeting. DATE OF COMPLETION: 9 September 2013	

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	8/2613 at 4:55 p.m., indicated the following; "C. Documentation 5) When PRN medications are administered, the following documentation is provided: a. Date and time of administration, dose, route of administration (if other than oral), and, if applicable, the injection site. b. Complaints or symptoms for which the medication was given. c. Results achieved from giving the dose and the time the results were noted. This Federal tag relates to Complaint IN00134012 3.1-35(g)(1)			