

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155755	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/20/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLEIN RD FORT WAYNE, IN 46815
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 15, 16, 17, & 20, 2012</p> <p>Facility number: 000282 Provider number: 155755 AIM number: 100287520</p> <p>Survey team: Sue Brooker RD TC Rick Blain RN Diane Nilson RN Angie Strass RN Tim Long RN (August 16 & 17, 2012) Julie Wagoner RN (August 16 & 17, 2012)</p> <p>Census bed type: SNF/NF: 101 Residential: 29 Total: 130</p> <p>Census payor type: Medicare: 3 Medicaid: 72 Other: 55 Total: 130</p> <p>Residential sample: 7</p>	F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This Plan of Correction is prepared and submitted because of requirements under State law. This provider respectfully requests that the Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after September 19, 2012. Since we request a desk review our documents for verification of compliance are being delivered via USPS to Ms. Kim Rhoades. This includes the Attachments specified throughout the Plan of Correction.</p>	

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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/24/12 by Suzanne Williams, RN</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure physician orders for medication and laboratory tests were followed for 1 of 4 residents reviewed who met the criteria for hospitalization (Resident #59).</p> <p>Findings include:</p> <p>The record for resident #59 was reviewed on 8/20/12 at 10:45 A.M. Diagnoses included, but were not limited to, hypertension (high blood pressure) and congestive heart failure.</p> <p>A form entitled "Current Medications", dated 3/21/2012, which listed the current medications from the resident's primary physician, indicated the resident was to be administered a combination medication consisting of lisinopril (medication used to treat high blood pressure) 20 mg (milligrams) and hydrochlorothiazide (a diuretic medication that is used treat high blood pressure by ridding the body of excess fluid) 12.5 mg</p>	F0282	<p>It is the practice of this facility to provide and arrange services by qualified persons in accordance with each resident's written plan of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Effective 4/11/2012, Resident #59 is no longer in the facility. Effective 5/7/2012, the employee involved with the alleged deficient practice is no longer employed at this facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? -All residents who are newly admitted or readmitted from the hospital have the potential to be affected by the alleged deficient practice. -All residents charts who were newly admitted or readmitted from the hospital since the alleged finding were audited and have been deemed accurate in following and documenting physician orders and lab orders. Labs were entered into the online lab services. These were audited and completed by the Director of</p>	09/19/2012	

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	<p>daily. The "Current Medications" list also indicated the resident was to be administered potassium chloride (a supplement used to treat low potassium) 20 meq (milliequivalents) daily "when taking diuretic." A form entitled "Admission Orders Long Term Care Facility", also dated 3/21/2012, indicated a basic metabolic profile (a laboratory test that includes, but is not limited to, testing for potassium levels) was to be obtained at the next lab draw.</p> <p>The facility admission physician orders, dated 3/24/2012, transcribed from the "Current Medications" form by the admitting nurse at the long term care facility at the time of admission, indicated the resident was to be administered lisinopril 12.5 mg daily instead of 20 mg daily. The order did not indicate the resident was also to be administered hydrochlorothiazide. The potassium chloride 20 meq daily was transcribed onto the orders.</p> <p>A nursing note, dated 3/25/12 at 12:30 A.M., indicated "eve (evening) nurse stated she had reviewed med list c (with) Dr. (on call physician's name) et (and) orders faxed to pharmacy." There was no documentation in the note to indicate</p>		<p>Nursing Services and/or Community Nurse Leader.-All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following on or before 9/19/2012 (Refer to Attachment C):>Newly created admission/readmission checklist systems>Policy and Procedure regarding admission/readmission checklist systems (Refer to Attachment E) -The Director of Nursing Services and Community Nurse Leaders have been granted access to the online lab services so inputting of labs can be completed upon receipt and lab results can be viewed and verified as completed.</p> <p>-The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? -All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following on or before 9/19/2012 (Refer to Attachment C):>Newly created admission/readmission checklist systems>Policy and Procedure regarding</p>				

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	<p>the nurse had discussed the change of dose for the lisinopril, the discontinuation of the hydrochlorothiazide, or continuing the potassium chloride while not administering the hydrochlorothiazide, with the physician.</p> <p>The medication administration record (MAR) for March 2012 indicated the resident was started on lisinopril 12.5 mg daily and potassium 20 meq daily on 3/25/2012. The hydrochlorothiazide was not listed on the MAR.</p> <p>There was no documentation in the record to indicate the facility had obtained a basic metabolic profile as ordered.</p> <p>A nursing note dated 3/29/12 at 1:00 P.M. indicated the resident had been found on the floor of his room and indicated he had "passed out." The record indicated the physician was notified and orders were obtained to have the resident transported to a local hospital emergency room for treatment.</p> <p>A hospital emergency room "History and Physical" summary, dated 3/29/12, indicated the resident had been seen in the emergency room</p>		<p>admission/readmission checklist systems (Refer to Attachment E) -The Director of Nursing Services and Community Nurse Leaders have been granted access to the online lab services so inputting of labs can be completed upon receipt and lab results can be viewed and verified as completed.</p> <p>-The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders. 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? -The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders.</p> <p>-Administrator or designee will monitor continued compliance through weekly random audits of new admissions or readmissions physician orders and lab orders as well as review and validation of the completed checklist systems and online lab services x 6 months. -The Administrator or designee will document findings on our Quality Improvement Tool (Refer to Attachment D) and report the results to the quarterly meeting of the Quality Assurance committee who will determine the necessity of any future systemic changes. Compliance</p>		

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	<p>due to syncopal episodes (fainting). The laboratory tests obtained at the hospital at that time included, but were not limited to, potassium levels. The history and physical report and laboratory report from the emergency room indicated the potassium levels of the resident were 5.7 at the time of admission (reference range 3.5 to 4.9). A discharge summary from the hospital dated 4/1/2012 indicated the resident's admission diagnoses included, but were not limited to, hyperkalemia (high potassium levels), syncope (fainting), and possible transient ischemic attack.</p> <p>A hospital "Discharge Summary" dated 4/01/2012 indicated the resident's diagnoses at the time of discharge from the hospital included, but were not limited to, left lower lobe pneumonia, congestive heart failure, and chronic kidney disease. A laboratory report dated 4/01/2012 indicated the resident's potassium levels had returned to within normal limits at 3.7.</p> <p>The facility Director of Nursing (DON) was interviewed on 8/20/12 at 2:30 P.M. During the interview, the DON indicated the admitting nurse had not transcribed the orders for the lisinopril/hydrochlorothiazide correctly from the "Current Medications" list</p>		<p>date: September 19, 2012</p>	

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	<p>provided by the resident's physician and the resident was not on a diuretic while being administered the potassium chloride.</p> <p>The facility DON and RN #2 were both interviewed on 8/20/12 at 3:00 P.M. During the interview, RN #2 indicated the first routine lab draw following the resident's admission to the facility would have been on 3/27/2012. During the interview, the DON was unable to locate documentation in the resident's record to indicate the basic metabolic profile had been completed as ordered. The DON also accessed the laboratory's computer database and was unable to furnish documentation that the lab work had been completed as ordered.</p> <p>3.1-35(g)(2)</p>				

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F0329 SS=D	<p>483.25(l) 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 record review and interview, the facility failed to ensure medications were monitored and laboratory levels were obtained as ordered by the physician for 1 of 10 residents reviewed for unnecessary medications (Resident #59).</p> <p>Findings include:</p> <p>The record for resident #59 was reviewed on 8/20/12 at 10:45 A.M. Diagnoses included, but were not</p>	F0329	<p>It is the practice of this facility to ensure each resident's drug regime is free from unnecessary drugs. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Effective 4/11/2012, Resident #59 is no longer in the facility. Effective 5/7/2012, the employee involved with the alleged deficient practice is no longer employed at this facility. How will you identify other residents having the potential to be affected by the</p>	09/19/2012	

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	<p>limited to, hypertension (high blood pressure) and congestive heart failure.</p> <p>A form entitled "Current Medications", dated 3/21/2012, which listed the current medications from the resident's primary physician, indicated the resident was to be administered potassium chloride (a supplement used to treat low potassium) 20 meq (milliequivalents) daily. A form entitled "Admission Orders Long Term Care Facility", also dated 3/21/2012, indicated a basic metabolic profile (a laboratory test that includes, but is not limited to, testing for potassium levels) was to be obtained at the next lab draw.</p> <p>The facility admission physician orders, dated 3/24/2012, transcribed from the "Admission Orders Long Term Facility" form by the admitting nurse at the long term care facility at the time of admission, indicated the resident was to be administered potassium chloride 20 meq daily.</p> <p>The medication administration record (MAR) for March 2012 indicated the resident was started on potassium 20 meq daily on 3/25/2012.</p> <p>There was no documentation in the</p>		<p>same deficient practice and what corrective action will be taken? -All residents who are newly admitted or readmitted from the hospital have the potential to be affected by the alleged deficient practice. -All residents charts who were newly admitted or readmitted from the hospital since the alleged finding were audited and have been deemed accurate in following and documenting physician orders and lab orders. Labs were entered into the online lab services. These were audited and completed by the Director of Nursing Services and/or Community Nurse Leader.-This facility's contracted pharmacist reviews all residents medical records monthly for unnecessary medications and makes recommendations to appropriate physicians when required.-This facility's behavior management team meets monthly to review antipsychotic drug therapy and appropriate gradual dose reductions as deemed appropriate.-All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following on or before 9/19/2012 (Refer to Attachment C):>Newly created admission/readmission checklist systems>Policy and Procedure regarding admission/readmission checklist systems (Refer to Attachment</p>		

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	<p>record to indicate the facility had obtained a basic metabolic profile as ordered.</p> <p>A nursing note dated 3/29/12 at 1:00 P.M. indicated the resident had been found on the floor of his room and indicated he had "passed out." The record indicated the physician was notified and orders were obtained to have the resident transported to a local hospital emergency room for treatment.</p> <p>A hospital emergency room "History and Physical" summary, dated 3/29/12, indicated the resident had been seen in the emergency room due to syncopal episodes (fainting). The laboratory tests obtained at the hospital at that time included, but were not limited to, potassium levels. The history and physical report and laboratory report from the emergency room indicated the potassium levels of the resident were 5.7 at the time of admission (reference range 3.5 to 4.9).</p> <p>A discharge summary from the hospital dated 4/1/2012 indicated the resident's admission diagnoses included, but were not limited to, hyperkalemia (high potassium levels), syncope (fainting), and possible transient ischemic attack. A hospital</p>		<p>E) -The Director of Nursing Services and Community Nurse Leaders have been granted access to the online lab services so inputting of labs can be completed upon receipt and lab results can be viewed and verified as completed.</p> <p>-The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? -All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following on or before 9/19/2012 (Refer to Attachment C):>Newly created admission/readmission checklist systems>Policy and Procedure regarding admission/readmission checklist systems (Refer to Attachment E) -The Director of Nursing Services and Community Nurse Leaders have been granted access to the online lab services so inputting of labs can be completed upon receipt and lab results can be viewed and verified as completed.</p> <p>-The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions</p>				

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	<p>"Discharge Summary" dated 4/01/2012 indicated the resident's diagnoses at the time of discharge from the hospital included, but were not limited to, left lower lobe pneumonia, congestive heart failure, and chronic kidney disease. A laboratory report dated 4/01/2012 indicated the resident's potassium levels had returned to within normal limits at 3.7.</p> <p>The facility DON and RN #2 were both interviewed on 8/20/12 at 3:00 P.M. During the interview, RN #2 indicated the first routine lab draw following the resident's admission to the facility would have been on 3/27/2012. During the interview, the DON was unable to locate documentation in the resident's record to indicate the basic metabolic profile had been completed as ordered. The DON also accessed the laboratory's computer database and was unable to furnish documentation that the lab work had been completed as ordered.</p> <p>3.1-48(a)(3)</p>		<p>physician orders and lab orders. 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? -The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders. -The facility's contracted pharmacist and behavior management team will continue with current systems in place. -Administrator or designee will monitor continued compliance through weekly random audits of new admissions or readmissions physician orders and lab orders as well as review and validation of the completed checklist systems and online lab services x 6 months. -The Administrator or designee will document findings on our Quality Improvement Tool (Refer to Attachment D) and report the results to the quarterly meeting of the Quality Assurance committee who will determine the necessity of any future systemic changes. Compliance date: September 19, 2012</p>		

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE 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 clinical records were accurately documented 1 of 34 residents reviewed for clinical records (Resident #59).</p> <p>Findings include:</p> <p>The record for resident #59 was reviewed on 8/20/12 at 10:45 A.M. Diagnoses included, but were not limited to, hypertension (high blood pressure) and congestive heart failure.</p> <p>A form entitled "Current Medications", dated 3/21/2012, which listed the current medications from the resident's primary physician, indicated the resident was to be administered a</p>	F0514	<p>It is this facility's practice to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Effective 4/11/2012, Resident #59 is no longer in the facility. Effective 5/7/2012, the employee involved with the alleged deficient practice is no longer employed at this facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? -All residents who are newly admitted or readmitted from the hospital have the</p>	09/19/2012			

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	<p>combination medication consisting of lisinopril (medication used to treat high blood pressure) 20 mg (milligrams) and hydrochlorothiazide (a diuretic medication that is used treat high blood pressure by ridding the body of excess fluid) 12.5 mg daily, and potassium chloride (a supplement used to treat low potassium) 20 meq (milliequivalents) daily. A form entitled "Admission Orders Long Term Care Facility", also dated 3/21/2012, indicated a basic metabolic profile (a laboratory test that includes, but is not limited to, testing for potassium levels) was to be obtained at the next lab draw.</p> <p>The facility admission physician orders, dated 3/24/2012, transcribed from the "Current Medications" form by the admitting nurse at the long term care facility at the time of admission, indicated the resident was to be administered lisinopril 12.5 mg daily instead of 20 mg daily. The order did not indicate the resident was also to be administered hydrochlorothiazide. The potassium chloride 20 meq daily was transcribed onto the orders.</p> <p>A nursing note, dated 3/25/12 at 12:30 A.M., indicated "eve (evening) nurse stated she had reviewed med</p>		<p>potential to be affected by the alleged deficient practice. -All residents charts (clinical records) who were newly admitted or readmitted from the hospital since the alleged finding were audited and have been deemed accurate in following and documenting physician orders and lab orders. Labs were entered into the online lab services. These were audited and completed by the Director of Nursing Services and/or Community Nurse Leader.-All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following on or before 9/19/2012 (Refer to Attachment C):>Newly created admission/readmission checklist systems>Policy and Procedure regarding admission/readmission checklist systems (Refer to Attachment E) -The Director of Nursing Services and Community Nurse Leaders have been granted access to the online lab services so inputting of labs can be completed upon receipt and lab results can be viewed and verified as completed.</p> <p>-The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders. What measures will be put into place or what systemic</p>		

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	<p>list c (with) Dr. (on call physician's name) et (and) orders faxed to pharmacy." There was no documentation in the note to indicate the nurse had discussed the change of dose for the lisinopril, the discontinuation of the hydrochlorothiazide with the physician.</p> <p>The medication administration record (MAR) for March 2012 indicated the resident was started on lisinopril 12.5 mg daily and potassium 20 meq daily on 3/25/2012. The hydrochlorothiazide was not listed on the MAR.</p> <p>The facility Director of Nursing (DON) was interviewed on 8/20/12 at 2:30 P.M. During the interview, the DON indicated the admitting nurse had not transcribed the orders for the lisinopril/hydrochlorothiazide correctly from the "Current Medications" list provided by the resident's physician.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>		<p>changes you will make to ensure that the deficient practice does not recur? -All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following on or before 9/19/2012 (Refer to Attachment C):>Newly created admission/readmission checklist systems>Policy and Procedure regarding admission/readmission checklist systems (Refer to Attachment E) -The Director of Nursing Services and Community Nurse Leaders have been granted access to the online lab services so inputting of labs can be completed upon receipt and lab results can be viewed and verified as completed.</p> <p>-The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders. 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? -The Interdisciplinary Team meets Mon-Fri excluding holidays to review and act upon new admissions or readmissions physician orders and lab orders. -Administrator or designee will monitor continued compliance through weekly random audits of new admissions or readmissions</p>		

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R0000	The following residential findings are cited in accordance with 410 IAC 16.2-5.	R0000	<p>physician orders and lab orders as well as review and validation of the completed checklist systems and online lab services x 6 months. -The Administrator or designee will document findings on our Quality Improvement Tool (Refer to Attachment D) and report the results to the quarterly meeting of the Quality Assurance committee who will determine the necessity of any future systemic changes. Compliance date: September 19, 2012</p> <p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This Plan of Correction is prepared and submitted because of requirements under State law. This provider respectfully requests that the Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after September 19, 2012. Since we request a desk review our documents for verification of compliance are being delivered via USPS to Ms. Kim Rhoades. This includes the Attachments specified throughout the Plan of Correction.</p>		

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R0036	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to notify the physician of a need to clarify and discontinue a medication order for 1 resident (Resident #150) of 7 residents reviewed.</p> <p>Finding includes:</p> <p>1. The clinical record for Resident #150 was reviewed on 08/16/12 at 2:00 P.M. Resident #150 was admitted to the residential facility from a skilled long term care facility on 01/26/12 with diagnoses including, but not limited to, history of falls with compression fractures and osteoporosis.</p> <p>The medication regimen, ordered by the physician and administered by the facility included an order for the medication, Fosamax 70 mg to be given once a week to treat</p>	R0036	<p>It is the practice of this facility to immediately consult the resident's physician and the resident's legal representative when we have noticed: 1) a significant decline or 2) a need to alter treatment significantly. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? For Resident #150, the medication change was recommended by personal physician per a progress note written while hospitalized on 12/22/2011. The resident was admitted to a long term care facility following hospital discharge then transferred to this facility on 1/27/2012. Therefore, resident #150's physician and legal representative were immediately notified prior to admission to this facility. From the time resident was admitted to this facility, Fosamax continued to be the medication the resident was prescribed and what the resident preferred. The resident's</p>	09/19/2012	

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	<p>osteoporosis.</p> <p>A physician's initial examination, completed on 02/10/12, indicated a note at the bottom of the exam to discontinue the Fosamax due to its ineffectiveness and start the medication, Miacalcin nasal spray.</p> <p>An order clarification, dated 02/10/12, indicated the following: "Continue Fosamax until Miacalcin nasal spray supply arrives, then will D/c Fosamax and start nasal spray."</p> <p>A nurse's note, dated 02/10/12 at 12:10 P.M. indicated the resident's POA (power of attorney) had concerns about medication orders and costs. The note indicated the Miacalcin order was sent to a third party supplier.</p> <p>Review of the February, March, and April 2012 Medication Administration Records indicated the Miacalcin nasal spray was never administered and the Fosamax had continued to be administered.</p> <p>A physician's order, written by the nurse practitioner, on 04/30/12, discontinued the Miacalcin spray.</p> <p>Interview with the Administrator, on</p>		<p>personal physician was aware and approved Fosamax treatment despite his original recommendation stated in the progress note on 12/22/2011. This facility's Nurse Practitioner changed the Fosamax to Miacalcin on 2/10/2012 only because of the progress note written in the hospital on 12/22/2011 not realizing this issue had been resolved prior to arriving to this facility. Resident #150's physician and family were immediately notified for further clarification of the situation described. Resident #150 received no negative outcome and was exerting the right to refuse suggested treatment as the resident does not like using nasal spray. Resident #150 continues to receive the medication this resident chose to take and never went without personal preferred form of treatment. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? -All residents that do not use this facility's house pharmacy have the potential to be affected by the alleged deficient practice. -All residents medication and treatment records have been audited by the Director of Nursing Services and Community Nurse Leader to ensure all medications are available as</p>				

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	08/17/12 at 9:30 A.M. indicated the Resident's power of attorney did not want to pay for the Miacalcin medication and the third party supplier did not cover the medication. It was unclear why the physician was not notified promptly of the need to clarify the medication orders further. The Administrator indicated the nurse practitioner was notified of the situation on 04/30/12 and discontinued the Miacalcin spray. She indicated there was no order needed for the Fosamax as the medication had never been discontinued.		ordered. -All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following system changes on or before 9/19/2012 (Refer to Attachment C):>New medication delivery manifest created to track outside medication ordering and delivery (Refer to Attachment A)>The Policy and Procedure for when receiving orders for new medications (Refer to Attachment B) -The Community Nurse Leader and/or designee will review all new physician orders Mon-Fri excluding holidays to verify all medications are available as ordered. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? -All Licensed Nurses and QMA's (Qualified Medication Assistant's) have been trained by the Director of Nursing Services and/or designee on the following system changes on or before 9/19/2012 (Refer to Attachment C):>New medication delivery manifest created to track outside medication ordering and delivery (Refer to Attachment A)>The Policy and Procedure for when receiving orders for new medications (Refer to Attachment B) -The Community Nurse Leader and/or designee will review all new physician orders Mon-Fri excluding holidays to verify all		

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			medications are available as ordered. 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? -Administrator or designee will monitor continued compliance through random weekly audits of new physician orders and medication delivery manifests x 6 months. -The Administrator or designee will document findings on our Quality Improvement Tool (Refer to Attachment D) and report the results to the quarterly meeting of the Quality Assurance committee who will determine the necessity of any future systemic changes. Compliance date: September 19, 2012		