

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155232	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/22/2015
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NAME OF PROVIDER OR SUPPLIER  TWIN CITY HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 627 E NORTH ST GAS CITY, IN 46933
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F 0000  Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on November 5, 2015.</p> <p>Survey dates: December 21 and 22, 2015.</p> <p>Facility number: 000137 Provider number: 155232 AIM number: 100266140</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicaid: 54 Other: 8 Total: 62</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on December 22, 2015.</p>	F 0000	<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>	
F 0323	483.25(h)			

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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SS=D Bldg. 00	<p><b>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</b></p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure medications were securely stored for 1 of 3 treatment carts in the facility. This practice had the potential to affect 6 cognitively impaired residents of 14 residents residing on the "C" hall and 29 cognitively impaired residents of 62 residents residing in the facility.</p> <p>Findings include:</p> <p>On 12/21/15 at 9:29 a.m., a treatment cart was observed sitting unlocked and unattended at the far end of the "C" hall. There were no staff members observed in the area.</p> <p>During an observation of the treatment cart with the nurse consultant, beginning at 9:41 a.m., the following was observed, but was not limited to:</p> <p>Lantiseptic (lanolin skin protectant) cream A&amp;D ointment analgesic cream antibiotic ointment</p>	F 0323	<p>F 323 There were no residents affected by this alleged deficient practice but there was a potential for all cognitively impaired residents to be affected. See corrective actions below. The facility's policy for Storing Drugs was reviewed and no changes are indicated at this time. A representative from Hoosier Owners and Providers for the Elderly has conducted a directed in-service for the nurses and QMAs on storage of medications and treatments with a special focus on ensuring medication and treatment carts remained locked when not attended. A Facility Review monitoring tool has been implemented. (Attachment #1) The Administrator or designee will complete the Facility Review tool three times daily on alternating shifts on scheduled work days to ensure all medications and treatments are securely stored. Should a concern be found, immediate corrective action will occur. Results of these reviews will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>	12/31/2015

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	<p>hydrocortisone 1 % cream Skin Prep Resinol (medicated skin protectant) ointment clotrimazole (an antifungal) 1% cream Aspercreme 10% Bio Freeze Calazime (skin protectant) paste hemorrhoidal ointment nystatin (an antifungal) 100,000 units/gram powder nystatin (an antifungal) 100,00 units/gram cream Calmoseptine (moisture barrier) ointment stoma paste antiseptic wash T-Gel shampoo razors denture adhesive Epsom salt</p> <p>Review of an undated policy titled "Storing Drugs", obtained from the Nurse Consultant on 12/21/15 at 2:58 p.m., indicated the following: "...Drugs and biologicals will be stored in a safe, secured, and orderly manner at proper temperatures and accessible only to licensed nursing and and pharmacy personnel or staff members lawfully authorized to administer medications...."</p> <p>The Nurse Consultant indicated, at the time of the observation, that the treatment</p>			

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F 0329 SS=D Bldg. 00	<p>carts were to be locked at all times.</p> <p>During an interview on 12/22/15 at 12:19 p.m., the DON indicated there were 6 cognitively impaired residents residing on the "C" hall.</p> <p>3.1-45(a)(1)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 were</p>	F 0329	F 329	12/31/2015	

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	<p>free from unnecessary medications for 1 of 3 residents reviewed (Resident #57).</p> <p>Findings include:</p> <p>Review of the facility plan of correction, dated 12/5/15, for the annual recertification survey 11/5/15, indicated the following:</p> <p>"...1. The records for Residents #54 and #57 were reviewed and the Behavioral Health Clinician was notified for reduction or discontinuation of unnecessary medications without indication of use... 2. All residents receiving psychoactive medications have had their records reviewed to ensure proper documentation to indicate the use of, or increase in the medication...."</p> <p>Review of Resident #57's clinical record began on 12/21/15 at 11:00 a.m. An order, dated 11/16/15, indicated to decrease Resident #57's Seroquel to 12.5 mg daily for a gradual dose reduction attempt.</p> <p>Review of a "Medication Record", dated December 2015, indicated Resident #57 received Seroquel 25 mg daily at bedtime from 12/5/15 through 12/20/15.</p> <p>During an interview, on 12/21/15 at 1:43</p>		<p>Resident #57 did not experience any negative outcomes related to this alleged deficient practice. The clinical record was reviewed, the physician was contacted, and Resident #57 is receiving all medications as ordered by the physician.</p> <p>All residents have the potential to be affected. The clinical records have been reviewed. If a concern was found, the physician was contacted. All residents are receiving all medications as ordered by the physician.</p> <p>A representative from Hoosier Owners and Providers for the Elderly has conducted a directed in-service for the nurses on Physician Order with a special focus on order transcription. ( See Attachment 3) A Daily Order Review monitoring tool has been implemented.(Attachment 2)</p> <p>The DON or designee will be responsible for completing the Daily Order review tool on scheduled work days to ensure orders are transcribed appropriately. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if</p>				

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	p.m., RN #3 indicated the order was signed off as per facility routine, but another staff member was to have documented the new order on the medication administration record and was to have pulled and reordered the new medication dosage.  3.1-48(a)(4)		indicated.		