

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
---	---

(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
--------------------	--	---------------	---	----------------------

F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00197304.</p> <p>Complaint IN00197304 - Substantiated. Federal/State deficiencies related to the allegations are cited at F 425.</p> <p>Survey dates: April 11, 12, 2016</p> <p>Facility number: 000121 Provider number: 155215 AIM number: 100290940</p> <p>Census bed type: SNF: 17 SNF/NF: 71 Total: 88</p> <p>Census payor type: Medicare: 13 Medicaid: 48 Other: 27 Total: 88</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 15, 2016</p>	F 0000	Facility respectfully requests a desk review. Preparation and/or execution of the plan of correction does not constitute admission or agreement of the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and state law	
------------------------	---	--------	---	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
---	---

(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
F 0425 SS=D Bldg. 00	<p>by 29479.</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on record review and interview, the facility failed to ensure ordered medications were available for administration for 1 of 3 residents reviewed for medication availability (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 4/11/16 at 12:00 p.m.. Resident B's diagnoses included, but were not limited</p>	F 0425	<p>1. DON or designee will implement corrective actions for resident B affected by this practice including in-servicing nursing staff on medication administration on April 19, 2016.</p> <p>2. DON or designee will assess residents having the potential to be affected by this practice including MAR audits on all residents completed on April 12, 2016, no other residents were affected.</p> <p>3. DON or designee will implement measures to ensure that this practice does not recur,</p>	04/22/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
---	---

(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
	<p>to, paraplegia, contractures, and muscle spasms.</p> <p>The April, 2016, Recapitulation of Physician's Orders indicated Resident B should have received Baclofen (skeletal muscle relaxant) 10 mg (milligrams) three times a day, ordered on 2/11/16. Resident B also had current orders for Albuterol Sulfate (bronchodilator) Nebulization Solution 2.5 mg/3 ml (milliliters) inhale per nebulizer every 4 hours as needed for wheezing - ordered 12/10/15; Claritin (antihistamine) Tablet 10 mg 1 as needed for seasonal allergies daily - ordered 12/10/15; and MiAcid Suspension (antacid) 30 ml every 4 hours as needed for indigestion - ordered 12/10/15.</p> <p>The April, 2016, MAR (Medication Administration Record) indicated the number "5" in the square for documentation of medication administration on 4/5/16 at 9:00 a.m. The code "5" in the box indicated "Hold/See Progress Notes." The Progress Note on 4/5/16 at 9:09 a.m. indicated the Baclofen was "not in stock."</p> <p>During an observation of Resident B's medications available on the medication cart on 4/12/16 at 10:20 a.m., with RN #1 and the DON (Director of Nursing) it was</p>		<p>including random MAR audits 2 times weekly for 6 weeks, then every 2 weeks for 6 weeks, then monthly for 6 months. On April 19, 2016 nursing staff was in-serviced on the following: Medication administration, back up pharmacy protocol and EDK usage if medications are unavailable. 4. DON or designee will monitor corrective actions to ensure the effectiveness of these actions, including review during monthly QA meeting.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
---	---

(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
	<p>discovered no doses of Albuterol Sulfate, Claritin, or MiAcid available were.</p> <p>During an interview with RN #1 on 4/12/16 at 10:05 a.m., she indicated she did not know why the 9:00 a.m. dose of Baclofen was not given on 4/5/16 since she gave the 2:00 p.m. dose and the medication was present.</p> <p>A current facility policy, dated 12/2012, titled "Medication Administration" was provided by the DON on 4/12/16 at 2:40 p.m. The policy indicated: "Medications shall be administered in a safe and timely manner, and as prescribed."</p> <p>This federal tag relates to Complaint IN00197304.</p> <p>3.1-25(a)</p>			