

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155115	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/26/2014
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NAME OF PROVIDER OR SUPPLIER  CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617
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F000000	<p>This survey was for the Investigation of Complaint IN00145856.</p> <p>Complaint IN00145856 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282, F333 and F502.</p> <p>Survey dates: March 24-26, 2014</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF/NF: 112 Total: 112</p> <p>Census payor type: Medicare: 10 Medicaid: 74 Other: 28 Total: 112</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March</p>	F000000	<p><b>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. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after April 25, 2014.</b></p>	
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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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	28, 2014, by Brenda Meredith, R.N.			

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F000282 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 interviews, the facility failed to ensure staff followed physician orders by obtaining and administering medication in a timely manner following an evening admission for 1 of 3 residents reviewed for medications in a sample of 8. (Resident "B")</p> <p>Findings include:</p> <p>The record of resident "B" was reviewed on 03/24/14 at 10:30 a.m. Resident "B" was admitted to the facility's dementia unit, from another ECF (Extended Care Facility: nursing home) late evening on 03/07/14, with diagnoses including, but not limited to, dementia, memory loss, COPD (Chronic Obstructive Pulmonary Disease) and HTN (Hypertension). The resident was discharged from the facility and transferred to a psychiatric hospital for evaluation of increased behaviors on 03/19/14.</p> <p>Review of the Admission Orders indicated Resident "B" was to</p>	F000282	<p><b>F282 – Services by Qualified Persons/Per Care Plan</b></p> <p>It is the practice of this provider that 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><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> <i>Resident B</i> –has been discharged from the facility.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> All newly admitted/re-admitted residents have the potential to be affected by this finding. A facility audit will be conducted by the DNS/Nurse Management Team. This audit will include review of all newly admitted/re-admitted Resident Transfer Medication Orders. These Transfer Orders will be reviewed and compared to the MAR to ensure that all newly admitted/re-admitted residents have been receiving medications per physician order. Any medication</p>	04/25/2014
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	<p>continue the medications as she had been receiving. Review of the Physician's orders included, but were not limited to:</p> <p>"Ativan 0.5 mg [milligram] give 1 tab [tablet] p.o. [Per Os: by mouth] QID [4 times daily] for senile dementia. 12:00 a.m., 6:00 a.m., 12:00 p.m., 6:00 p.m." ( Medication for agitation.)</p> <p>"Depakote Sprinkles 125 mg. Give 1 cap [capsule] p.o. BID [twice daily] for dementia c [with] behaviors. 8:00 a.m., 8:00 p.m."</p> <p>"Metoprolol-Hydro 50-25 mg. Give 1 tab p.o. q [every] evening." (Medication for blood pressure.)</p> <p>Review of the MAR (Medication Administration Record), dated 03/07/14, indicated Resident "B" did not receive medications as follows:</p> <p>Ativan 0.5 mg: 03/08/14: 12:00 a.m.: 0 06:00 a.m.: 0 12:00 p.m. : 0 06:00 p.m.: 0</p> <p>03/09/14: 12:00 a.m.: 0 06:00 a.m.: 0</p>		<p>discrepancies/concerns noted during this audit will be clarified and corrected at the time noted.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> A mandatory nursing in-service will be conducted on or before 4/25/14 by the DNS/designee. This in-service will include review of the facility policy related to the admission/re-admission of a resident. All nursing staff will be re-educated on the process of clarifying admission/re-admission medication orders as well as ordering, obtaining and administering medications timely per physician's order. In addition, the DNS and/or member of the Nurse Management Team will be responsible for assisting with and review of all new admission/re-admission physicians orders at the time of admission. All newly admitted/re-admitted resident's medications will be ordered through the pharmacy and available for administration to ensure all residents receive their medications timely and as ordered. The DNS/designee will be responsible for checking to be sure medications for newly admitted/re-admitted residents are received timely from the pharmacy and administered as ordered.</p>				

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	<p>12:00 p.m.: 0 06:00 p.m.: 0</p> <p>03/10/14: 12:00 a.m.: 0 06:00 a.m.: given 12:00 p.m.: given 06:00 p.m. 0 The resident missed 10 of 12 doses.</p> <p>Depakote Sprinkles 25 mg: 03/08/14 08:00 a.m.: 0 08:00 p.m.: 0</p> <p>03/09/14 08:00 a.m.: 0 08:00 p.m.: 0</p> <p>03/12/14 08:00 a.m.: given 08:00 p.m.: 0</p> <p>03/13/14 08:00 a.m.: given 08:00 p.m. 0</p> <p>03/14/14 08:00 a.m.: given 08:00 p.m.: 0 The resident missed 7 of 10 doses.</p> <p>Metoprolol-Hydro 50-25 mg: 03/08/14 08:00 a.m.: 0</p>		<p><b>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:</b> Ongoing compliance with this corrective action will be monitored through the facility CQI program. The DNS/designee will be responsible for completion of the CQI Audit tool titled, "Admission/Re-admission Review" no less than 5 times per week for 3 weeks and then monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b> Compliance date = 4/25/14.</p>				

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	<p>03/09/14 08:00 a.m.: 0 The resident missed 2 of 2 doses.</p> <p>Confidential interviews were conducted during the survey, from 03/24/14 through 03/26/14.</p> <p>Nurse #5 indicated the facility had procedures in place to ascertain resident's medications are obtained in a timely manner, 24 hours a day, 7 days a week. Nurse #5 was aware Resident "B" did not receive medications upon admission and indicated Resident "B" had an increase in behaviors during her stay and was sent out of the facility for further evaluation.</p> <p>Nurse #7 indicated the facility has access to pharmacy services by phone and fax if medication is not available in the facility's EDK (Emergency Drug Kit). Nurse #7 indicated medication could be obtained and administered timely if staff follow facility procedures.</p> <p>The DNS (Director Nursing Services) and the Regional Nurse were interviewed on 03/26/14 at 10:30 a.m. The DNS indicated she was on vacation when Resident "B" was</p>			
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	<p>admitted and unaware of the medication errors. The Regional Nurse indicated Resident "B" was admitted during the late evening hours on 03/07/14, a Friday. The Regional Nurse was made aware the resident did not receive her Ativan and other medications when she was in the facility on Monday, 03/10/14.</p> <p>The Regional Nurse provided, at the time of the interview, an undated &amp; untitled Policy &amp; Procedure to address medication ordering, which indicated: "NEWLY ADMITTED RESIDENTS: PURPOSE: To ensure that newly admitted resident's receive their medications in a timely manner. PROCEDURE: Nursing personnel will accurately provide the pharmacy with the following information upon a resident's admission: The residents full first and last name,...Physician's orders...[15 resident specific items listed]...."</p> <p>"PHYSICIAN'S ORDERS/TELEPHONE ORDERS AFTER BUSINESS HOURS: PURPOSE: To ensure that the pharmacy is notified and the resident(s) receives medications and treatments as ordered by the physician in a timely fashion.</p>			
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	<p>PROCEDURE: ...Any order needed before the next scheduled delivery time must be faxed to the pharmacy AND the pharmacist on call must be paged..."</p> <p>This Federal tag relates to Complaint IN00145856.</p> <p>3.1-35(g)(2)</p>			
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F000333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>Based on record review and interviews, the facility failed to ensure medications that were to be started on admission were ordered, received and administered timely for 1 of 3 residents reviewed for medications in a sample of 8. (Resident "B")</p> <p>Findings include:</p> <p>The record of resident "B" was reviewed on 03/24/14 at 10:30 a.m. Resident "B" was admitted to the facility's dementia unit, from another ECF (Extended Care Facility: nursing home) late evening on 03/07/14, with diagnoses including, but not limited to, dementia, memory loss, COPD (Chronic Obstructive Pulmonary Disease) and HTN (Hypertension). The resident was discharged from the facility and transferred to a psychiatric hospital for evaluation of increased behaviors on 03/19/14.</p> <p>Review of the Admission Orders indicated Resident "B" was to continue the medications as she had been receiving. Review of the Physician's orders included, but were not limited to:</p>	F000333	<p><b>F333 – Residents Free of Significant Med Errors</b></p> <p>It is the practice of this provider to ensure that residents are free of any significant medication errors.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p><i>Resident B</i> - has been discharged from the facility.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All newly admitted/re-admitted residents have the potential to be affected by this finding. A facility audit will be conducted by the DNS/Nurse Management Team. This audit will include review of all newly admitted/re-admitted Resident Transfer Medication Orders. These Transfer Orders will be reviewed and compared to the MAR to ensure that all newly admitted/re-admitted residents have been receiving medications per physician order. Any medication discrepancies/concerns noted during this audit will be clarified and corrected at the time noted.</p> <p><b>What measures will be put into</b></p>	04/25/2014			

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	<p>"Ativan 0.5 mg [milligram] give 1 tab [tablet] p.o. [Per Os: by mouth] QID [4 times daily] for senile dementia. 12:00 a.m., 6:00 a.m., 12:00 p.m., 6:00 p.m." ( Medication for agitation.)</p> <p>"Depakote Sprinkles 125 mg. Give 1 cap [capsule] p.o. BID [twice daily] for dementia c [with] behaviors. 8:00 a.m., 8:00 p.m."</p> <p>"Metoprolol-Hydro 50-25 mg. Give 1 tab p.o. q [every] evening." (Medication for blood pressure.)</p> <p>Review of the MAR (Medication Administration Record), dated 03/07/14, indicated Resident "B" did not receive medications as follows:</p> <p>Ativan 0.5 mg: 03/08/14: 12:00 a.m.: 0 06:00 a.m.: 0 12:00 p.m. : 0 06:00 p.m.: 0</p> <p>03/09/14: 12:00 a.m.: 0 06:00 a.m.: 0 12:00 p.m.: 0 06:00 p.m.: 0</p> <p>03/10/14:</p>		<p><b>place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> A mandatory nursing in-service will be conducted on or before 4/25/14 by the DNS/designee. This in-service will include review of the facility policy related to the admission/re-admission of a resident. All nursing staff will be re-educated on the process of clarifying admission/re-admission medication orders as well as ordering, obtaining and administering medications timely per physician's order. In addition, the DNS and/or member of the Nurse Management Team will be responsible for assisting with and review of all new admission/re-admission physicians orders at the time of admission. All newly admitted/re-admitted resident's medications will be ordered through the pharmacy and available for administration to ensure all residents receive their medications timely and as ordered. The DNS/designee will be responsible for checking to be sure medications for newly admitted/re-admitted residents are received timely from the pharmacy and administered as ordered.</p> <p><b>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:</b></p>		

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	<p>12:00 a.m.: 0 06:00 a.m.: given 12:00 p.m.: given 06:00 p.m. 0 The resident missed 10 of 12 doses.</p> <p>Depakote Sprinkles 25 mg: 03/08/14 08:00 a.m.: 0 08:00 p.m.: 0</p> <p>03/09/14 08:00 a.m.: 0 08:00 p.m.: 0</p> <p>03/12/14 08:00 a.m.: given 08:00 p.m.: 0</p> <p>03/13/14 08:00 a.m.: given 08:00 p.m. 0</p> <p>03/14/14 08:00 a.m.: given 08:00 p.m.: 0 The resident missed 7 of 10 doses.</p> <p>Metoprolol-Hydro 50-25 mg: 03/08/14 08:00 a.m.: 0</p> <p>03/09/14 08:00 a.m.: 0 The resident missed 2 of 2 doses.</p>		<p>Ongoing compliance with this corrective action will be monitored though the facility CQI program. The DNS/designee will be responsible for completion of the CQI Audit tool titled, "Admission/Re-admission Review" no less than 5 times per week for 3 weeks and then monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b> Compliance date = 4/25/14.</p>		

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	<p>Confidential interviews were conducted during the survey, from 03/24/14 through 03/26/14.</p> <p>Nurse #5 indicated the facility had procedures in place to ascertain resident's medications are obtained in a timely manner, 24 hours a day, 7 days a week. Nurse #5 was aware Resident "B" did not receive medications upon admission and indicated Resident "B" had an increase in behaviors during her stay and was sent out of the facility for further evaluation.</p> <p>Nurse #7 indicated the facility has access to pharmacy services by phone and fax if medication is not available in the facility's EDK (Emergency Drug Kit). Nurse #7 indicated medication could be obtained and administered timely if staff follow facility procedures.</p> <p>The DNS (Director Nursing Services) and the Regional Nurse were interviewed on 03/26/14 at 10:30 a.m. The DNS indicated she was on vacation when Resident "B" was admitted and unaware of the medication errors. The Regional Nurse indicated Resident "B" was admitted during the late evening</p>			
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	<p>hours on 03/07/14, a Friday. The Regional Nurse was made aware the resident did not receive her Ativan and other medications when she was in the facility on Monday, 03/10/14.</p> <p>The Regional Nurse provided, at the time of the interview, an undated &amp; untitled Policy &amp; Procedure to address medication ordering, which indicated: "NEWLY ADMITTED RESIDENTS: PURPOSE: To ensure that newly admitted resident's receive their medications in a timely manner. PROCEDURE: Nursing personnel will accurately provide the pharmacy with the following information upon a resident's admission: The residents full first and last name,...Physician's orders...[15 resident specific items listed]...."</p> <p>"PHYSICIAN'S ORDERS/TELEPHONE ORDERS AFTER BUSINESS HOURS: PURPOSE: To ensure that the pharmacy is notified and the resident(s) receives medications and treatments as ordered by the physician in a timely fashion. PROCEDURE: ...Any order needed before the next scheduled delivery time must be faxed to the pharmacy AND the pharmacist on call must be</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155115	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/26/2014
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NAME OF PROVIDER OR SUPPLIER  CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617
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	<p>paged..."</p> <p>This Federal tag relates to Complaint IN00145856.</p> <p>3.1-48(c)(2)</p>			
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F000502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interviews, the facility failed to obtain a BMP (Basic Metabolic Profile) as ordered for 1 of 3 residents reviewed for laboratory tests in a sample of 8. (Resident "C")</p> <p>Finding includes:</p> <p>The record of Resident "C" was reviewed on 03/24/14 at 1:30 p.m. Resident "C" was admitted to the facility on 08/21/12 with diagnoses including, but not limited to, anemia, impaired renal function, HTN (Hypertension), diabetes, and muscle weakness. Review of the record indicated Resident "C" had episodes of and was monitored, as ordered, for Hyperkalemia (elevated potassium in blood plasma).</p> <p>Review of the resident's lab (laboratory) reports, indicated the resident had a BMP drawn on 03/10/14. Review of the report indicated the lab results were received on 03/11/14 at "0014" [12:14 a.m.] with an abnormal K+ (Potassium) of 6.2 with a "Reference</p>	F000502	<p><b>F 502 – Administration</b></p> <p>It is the practice of this provider to obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p><i>Resident C</i> – The physician was notified regarding this resident's lab values and new orders were received for routine and follow up labs. The family is aware of this resident's current status.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>Any resident requiring laboratory services has the potential to be affected by this finding. A facility audit will be completed by the DNS/ Nurse Management Team. This audit will review all residents with lab orders to ensure all labs and specimens have been obtained and are scheduled as ordered. Any discrepancies will be corrected and/or clarified when noted. Physician orders will be reviewed daily by the Nurse</p>	04/25/2014			

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	<p>Range [normal range] 3.5-5.3". The facility's NP (Nurse Practitioner) was notified and the following phone order was written: "03/11/14 2:15 a.m.: Give Kayexalate [a medication to decrease the K+] 30 grams p.o. [Per Os: by mouth] stat [immediately] &amp; [and] check BMP in the morning."</p> <p>Review of the 03/2014 MAR (Medication Administration Record) indicated Resident "C" received the Kayexalate on 03/11/14 at 3:00 a.m.</p> <p>Review of the record indicated there were no lab results to indicate the follow-up BMP was drawn on 03/11/14 or at a later date.</p> <p>The LPN-Unit Manager was interviewed on 03/26/14 at 9:30 a.m. The Unit Manager was unaware the lab order had been written and could not locate any BMP result after the 03/10/14 lab result. The Unit Manager could not find any evidence the BMP was ordered and indicated any lab results received are to be reviewed and placed on the residents chart.</p> <p>The DNS and the Regional Nurse were interviewed on 03/26/14 at 10:30 a.m. and both were unaware</p>		<p>Management Team. All physician orders related to labs will be cross checked to the Lab Tracking Form by the DNS/Nurse Management Team to ensure labs and specimens are obtained as ordered. The Lab Tracking Form will be reviewed daily by the Nurse Management Team and cross checked to the actual lab report to ensure that all lab results have been obtained and that physicians have been notified timely of each result.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> A nursing in-service will be held on or before 4/25/14. The DNS/designee is responsible for conducting this in-service. This in-service will include review of the procedure related to ordering and obtaining labs and specimens and will emphasize the importance of ensuring labs and specimens are obtained timely and as ordered. All physician orders related to labs will be cross checked to the Lab Tracking Form by the DNS/Nurse Management Team to ensure labs and specimens are obtained as ordered. The Lab Tracking Form will be reviewed daily by the Nurse Management Team and cross checked to the actual lab report to ensure that all lab results have been obtained as ordered and that physicians have</p>				

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	<p>the lab had been missed. The Regional Nurse provided, at the time, an undated Policy &amp; Procedure, titled, "GUIDELINES FOR LAB TRACKING", which indicated:</p> <p>"...*When ordering lab-fax orders to lab, then place it in separate binder at nurses's station. *When lab comes to draw lab-nurse to sign lab slip upon arrival and upon departure... *When lab result come in -notify MD of results-note date/time/signature that lab was faxed to MD. NOTE: CRITICAL [SIC] LABS SHOULD BE REPORTED BY TELEPHONE TO THE MD. *Monthly-review lab tracking binder at the time of completion of the rewrites to ensure lab orders and MD orders match..."</p> <p>This Federal tag relates to Complaint IN00145856.</p> <p>3.1-49(a)</p>		<p>been notified timely of each result. <b>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:</b> Ongoing compliance with this corrective action will be monitored through the facility CQI Program. The DNS/designee will be responsible for completion of the CQI Tool related to "Lab Diagnostics" daily for 3 weeks and weekly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. <b>By what date the systemic changes will be completed:</b> Compliance date = 4/25/14.</p>		