

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155782	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2013
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NAME OF PROVIDER OR SUPPLIER WHITE OAK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 814 S 6TH ST MONTICELLO, IN 47960
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F000000	<p>This visit was for the Investigation of Complaints IN00129615 and IN00130743.</p> <p>Complaint IN00129615 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00130743 - Substantiated, Federal deficiencies related to allegation at F282 and F333.</p> <p>Survey date: June 24, 2013</p> <p>Survey team: Shelley Reed, RN TC Deb Barth, RN</p> <p>Census bed type: SNF: 34 SNF/NF: 16 Other: 36 Total: 86</p> <p>Census payor type: Medicare: 18 Medicaid: 14 Other: 54 Total: 86</p> <p>Sample: 6</p>	F000000	Submission of this plan of correction and credible allegation does not constitute an admission by the provider that the allegations are a true and accurate portrayal of the provisions of care in this facility. Please accept this plan as the same and our credible allegation of compliance.	

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 completed on June 26, 2013, by Janelyn Kulik, RN.</p>				

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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 interview and record review, the facility failed to properly transcribe physician medication order's for 1 of 6 residents reviewed for physician orders which resulted in the resident not receiving the medication as ordered. (Resident G)</p> <p>Findings include:</p> <p>During record review on 6/24/13 at 2:04 p.m., Resident (G)'s diagnoses included, but were not limited to: mild dementia, congestive heart failure, anemia, coronary artery disease, hypertension and atrial fibrillation. Resident (G) was admitted to the facility on 5/17/13 following a hospital admission. Resident (G)'s admission orders included, but were not limited to; Furosemide (a diuretic used to treat congestive heart failure) 80 mg, 1 tablet daily.</p> <p>During review of the May 2013 Medication Administration Record (MAR), Furosemide had been omitted from the MAR and the medication had</p>	F000282	<p>1. Resident G is no longer at the facility. 2. Residents receiving medications from nursing staff have the potential of being at risk of alleged deficient practice. Current residents will have physician medication orders reviewed for accuracy. Any errors will result in physician notification, nurse education and/or counseling and completion of incident/accident report and initiation of medication error circumstance form as appropriate for monitoring. 3. Nurses and Qualified Medication Aides will be in-serviced by Director of Health Services (DHS) or designee on transcription process for physician medication orders and revised recapitulation process. New admission charts will be triple checked by licensed nurse to ensure all physician medication orders have been accurately transcribed. Monthly recapitulation medication orders will be reviewed by a licensed nurse who will review orders and add new orders. The next step will occur on the last shift of the month prior to the new month's recapitulation orders being in place. There will be a medication administration record (MAR)</p>	07/24/2013			

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	<p>not been given on 5/18, 5/19, 5/20, 5/21 and 5/22. A medication error circumstance assessment and intervention, dated 5/23/13 at 7:50 p.m., indicated a new order was received from the physician to give Furosemide 80 mg by mouth daily. A general assessment indicated Resident (G) was noted to have shortness of breath on exertion. The medication was given daily on 5/23-5/31/13.</p> <p>A Basic Metabolic Panel (BMP) was collected on 5/24/13. The results indicated the following levels were outside the normal range; urea nitrogen 86 mg/dL (range 5 to 20 mg/dL) and creatinine 2.22 mg/dL (range 8.5 to 10.5 mg/dL),</p> <p>During review of the June 2013 Medication Administration Record (MAR), Furosemide had been omitted from the MAR and the medication had not been given on 6/1 and 6/2/13. A medication error circumstance assessment and intervention, dated 6/2/13 at 4:05 p.m., indicated a new order was received from the physician to give Furosemide 80 mg by mouth daily. The medication was given on</p>		<p>review to MAR review with two licensed nurses who will compare current month's medication orders to the next month's medication orders for accuracy.</p> <p>4. New admission records will be audited by DHS or designee within 24-48 hours of admission for proper transcription of physician medication orders. Monthly recapitulation orders will be audited by DHS or designee in the beginning of the month for accuracy of physician medication orders. New physician orders received during a resident's stay will be compared to MAR within 24-48 hours for accuracy by DHS or designee. Audit results will be brought to monthly Quality Assurance (QA) meetings. Trends will be reviewed by QA Committee x 6 months or until 100% compliance is achieved.</p>				

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	<p>6/3, 6/4, 6/5 and 6/6. Resident (G) was discharged on 6/6/13.</p> <p>The Minimum Data Set (MDS) 14-day assessment indicated Resident (G) scored a 11 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 11 indicated the resident was moderately cognitively impaired.</p> <p>During an interview on 6/24/13 at 3:20 p.m., the HFA (Health Facility Administrator) and DoN (Director of Nursing) indicated the resident did not receive the medication on the noted dates. The DoN indicated the person, who transcribed the admission orders, omitted the Furosemide on the May MAR and it was again omitted on the June MAR.</p> <p>3.1-35(g)(1)</p>			

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F000333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. Based on interview and record review, the facility failed to ensure the facility was free of a significant medication error for 1 of 6 residents reviewed for medication administration. (Resident G)</p> <p>Findings include:</p> <p>During record review on 6/24/13 at 2:04 p.m., Resident (G)'s diagnoses included, but were not limited to: mild dementia, congestive heart failure, anemia, coronary artery disease, hypertension and atrial fibrillation. Resident (G) was admitted to the facility on 5/17/13 following a hospital admission. Resident (G)'s admission orders included, but were not limited to; Furosemide (a diuretic used to treat congestive heart failure) 80 mg, 1 tablet daily.</p> <p>During review of the May 2013 Medication Administration Record (MAR), Furosemide had been omitted from the MAR and the medication had not been given on 5/18, 5/19, 5/20,</p>	F000333	<p>1. Resident G is no longer at the facility. 2. Residents receiving medications from nursing staff have the potential of being at risk of alleged deficient practice. Current residents will have physician medication orders reviewed for accuracy. Any errors will result in physician notification, nurse education and/or counseling and completion of incident/accident report and initiation of medication error circumstance form as appropriate for monitoring. 3. Nurses and Qualified Medication Aides will be in-serviced by Director of Health Services (DHS) or designee on transcription process for physician medication orders and revised recapitulation process. New admission charts will be triple checked by licensed nurse to ensure all physician medication orders have been accurately transcribed. Monthly recapitulation medication orders will be reviewed by a licensed nurse who will review orders and add new orders. The next step will occur on the last shift of the month prior to the new month's orders being in place. There will be a medication administration record (MAR) review to MAR review with two licensed nurses who will compare current month's</p>	07/24/2013	

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	<p>5/21 and 5/22. A medication error circumstance assessment and intervention, dated 5/23/13 at 7:50 p.m., indicated a new order was received from the physician to give Furosemide 80 mg by mouth daily. A general assessment indicated Resident (G) was noted to have shortness of breath on exertion. The medication was given daily on 5/23-5/31/13.</p> <p>A Basic Metabolic Panel (BMP) was collected on 5/24/13. The results indicated the following levels were outside the normal range; urea nitrogen 86 mg/dL (range 5 to 20 mg/dL) and creatinine 2.22 mg/dL (range 8.5 to 10.5 mg/dL),</p> <p>During review of the June 2013 Medication Administration Record (MAR), Furosemide had been omitted from the MAR and the medication had not been given on 6/1/13 and 6/2/13.</p> <p>A medication error circumstance assessment and intervention, dated 6/2/13 at 4:05 p.m., indicated a new order was received from the physician to give Furosemide 80 mg by mouth daily. The medication was given on 6/3, 6/4, 6/5 and 6/6. Resident (G)</p>		<p>medication orders to the next month's medication orders for accuracy. 4. New admission records will be audited by DHS or designee within 24-48 hours of admission for proper transcription of physician medication orders. Monthly recapitulation orders will be audited by DHS or designee in the beginning of the month for accuracy of physician medication orders. New physician orders received during a resident's stay will be compared to MAR for accuracy within 24-48 hours by DHS or designee. Audit results will be brought to monthly Quality Assurance (QA) meetings. Trends will be reviewed by QA Committee x 6 months or until 100% compliance is achieved.</p>		

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