

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E244	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/07/2011
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218		
(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	
F0000	<p>This visit was for the Investigation of Complaint IN00087331.</p> <p>Complaint IN00087331 substantiated, Federal/State deficiencies are cited at F-282.</p> <p>Survey date: April 07, 2011</p> <p>Facility number: 000388 Provider number: 15E244 AIM number: 100454140</p> <p>Survey team: Debra Skinner RN</p> <p>Census bed type: NF: 41 Total: 41</p> <p>Census payor type: Medicaid: 41 Total: 41</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4-8-11 Cathy Emswiller RN</p>	F0000	<p>This plan of correction is to serve as Rural Health Care's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Rural Health Care or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We are in full compliance as of 4/22/2011 and respectfully request paper review.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E244	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/07/2011
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218		
(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	
F0282 SS=D	<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 follow physician's orders regarding the drawing of blood for high potassium and low sodium levels and then failed to administer medication for the high potassium level. The facility also failed to reduce the feeding tube water flushes secondary to the low sodium level. This deficient practice affected 1 resident reviewed for medications and lab values in a sample of 3 (Resident #C).</p> <p>Findings include:</p> <p>Review on 04/07/11 at 2:15 p.m., of Resident #C's clinical record indicated:</p> <p>Resident #C had the diagnoses which included, but were not limited to, cerebral palsy, profound mental retardation, dysphagia with gastronomy tube placement, anemia, and Peripheral Vascular Disease.</p> <p>A telephone order dated 03/30/11, indicated the following orders: the resident was to have both sodium and potassium levels drawn on 04/04/11, due to low sodium and high potassium levels; the resident was to have kayexalate 30</p>	F0282	<p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS PER CARE PLAN It is the practice of Rural Health Care to provide services by qualified persons in accordance with each resident's written plan of care. I. The lab tests for Resident C had been requested by the facility, however the lab did not draw the specimen. Upon discovery that the lab tests (sodium and potassium level) for Resident C had not been completed the physician was notified. An order was received for a sodium and potassium level. These levels were within normal values. It should be noted that Resident C did indeed receive the Kaexalate as ordered. This was written on a separate medication administration record that was not reviewed by the surveyor. The order to decrease the G tube water flush was completed on March 30 and 31, however the order did not get carried over to the April medication administration record. This was corrected immediately upon discovery. As indicated in the survey report, Resident C had been assessed by facility licensed and registered nurses as well as her physician during this time with no adverse consequences noted. II. Resident clinical records</p>	04/22/2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E244	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/07/2011
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218		
(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>grams per g-tube (gastronomy tube) "today" (03/30/11) due the high potassium level of 6.0; the resident was to have reduced water flushes of 100 cc (cubic centimeters) q (every) 6 hours instead of flushes to the g-tube of 100 cc q 4 hours from 03/30/11 to 04/04/11.</p> <p>No documentation was found to indicate these orders dated 03/30/11 had been transcribed to the MAR's (medication administration records) or that the kayexalate had been administered, nor was there documentation found to indicate the water flushes had been reduced to 100 cc q 6 hours. Also, there were no lab reports found to indicate the resident's blood had been drawn for sodium and potassium levels as ordered on 04/04/11. There was no documentation in the nurse's notes to indicate the orders for labs, medications, or changes in the g-tube flushes which had been given on 03/30/11, had been honored. The nurse's notes after 03/30/11, did indicate the resident had not suffered adverse consequences from the lack of staff's having followed these orders. The resident had been examined by the physician on 04/01/11, and on 04/06/11, with no documentation having been found regarding the resident having had signs/symptoms of hyperkalemia (high potassium blood level) or hyponatremia</p>		<p>have been audited to ensure that physician orders are being followed. No issues were found. III. Licensed nurses have been re-educated that transcription of medication and treatment orders received at the end of the month must also be transcribed to the next month's medication and treatment administration records. A new lab log record has been established to further ensure that lab tests are completed as ordered. Licensed nurses have been educated on this process. In addition, all physician orders are being reviewed daily during morning clinical meeting to further ensure orders are transcribed correctly. IV. The DON or her designee is conducting random audits of clinical records to further ensure that physician orders are followed and transcribed correctly to the MAR and lab log record. 10 records are being reviewed weekly for 30 days; then 5 records weekly for 30 days; then 5 records monthly for 6 months. Results of all audits are being reported to the facility's QA Committee monthly. COMPLETION DATE: 04/22/11</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		<input checked="" type="checkbox"/> (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E244		<input checked="" type="checkbox"/> (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		<input checked="" type="checkbox"/> (X3) DATE SURVEY COMPLETED 04/07/2011	
NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1747 NORTH RURAL STREET INDIANAPOLIS, IN46218			
(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>(low sodium blood level) in either of the physician's progress notes for 04/01/11 or 04/06/11.</p> <p>During interview on 04/07/11 at 3:50 p.m., the Assistant Director of Nursing (ADON) indicated he could find no documentation regarding the orders given on 03/30/11, concerning the sodium and potassium labs to be drawn on 04/04/11, the administration of kayexalate on 03/30/11, or regarding the orders for the reduction of water flushes per g-tube having been followed by staff. The ADON indicated he had called the lab, with the lab having indicated they had processed no labs for sodium and potassium levels on Resident #C on 04/04/11. The ADON indicated "it had been staff's oversight" which had resulted in these physician's orders not having been followed by staff, and that we "would have to assume none of the orders given on 03/30/11, had been followed".</p> <p>This Federal tag relates to Complaint IN00087331.</p> <p>3.1-37(a)</p>						