

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155824	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2014
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 52565 STATE ROAD 933 SOUTH BEND, IN 46637
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F000000	<p>This survey was for the Investigation of Complaint IN00158219.</p> <p>Complaint IN00158219 - Substantiated. Federal/State deficiencies related to the allegations are cited at F333.</p> <p>Survey dates: 10/23/14, 10/24/14 and 10/27/14</p> <p>Facility number: 013302 Provider number: 155827 AIM number: N/A</p> <p>Survey team: Honey Kuhn, RN, TC Sharon Ewing, RN</p> <p>Census bed type: SNF: 13 Residential: 14 Total: 27</p> <p>Census payor type: Medicare: 7 Other: 6 Total: 13</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F000000		

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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F000333 SS=D	<p>16.2-3.1.</p> <p>Quality Review completed on October 31, 2014, by Brenda Meredith, R.N.</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS 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 a warfarin (an anticoagulant: blood thinner) was administered as ordered by the physician for 1 of 4 residents in a sample of 4 reviewed for medications. (Resident "D")</p> <p>Finding includes:</p> <p>The record of resident "D" was reviewed on 10/27/14 at 9:30 a.m. Resident "D" was admitted to the facility, on 09/29/14, with diagnoses including, but not limited to, atrial fibrillation, dementia, anorexia, congestive heart failure and malnutrition.</p> <p>A physician's order, dated 10/15/14, indicated Resident "D" was to receive: "1. DC current Coumadin orders.</p>	F000333	<p>This plan of correction is to serve as Wellbrooke of South Bend's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Wellbrooke of South Bend 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 compliance as of 11/10/2014 and respectfully request paper review.</p> <p>F333 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MEDICATION ERRORS It is the practice Wellbrooke of South Bend to ensure that Residents are free of any significant medication errors. What corrective action will be</p>	11/10/2014	

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	<p>2. Coumadin [warfarin] 2.5 mg [milligram] po [per os: by mouth] QD [every day] @ [at] 4 p.m. on Monday, Wednesday and Saturday.</p> <p>3. Coumadin 5 mg po qd @ 4 p.m. on Sunday, Tuesday, Thursday & Friday."</p> <p>Review of the MAR's [Medication Administration Record] for 10/2014, indicated Resident "D" did not receive the Coumadin 2.5 mg dose on Saturday, 10/18/14, or the Coumadin 5 mg dose on Sunday, 10/19/14.</p> <p>On 10/27/14 at 1:50 p.m., the DNS (Director Nursing Services) was interviewed. The DNS indicated being aware Resident "D" had missed the doses of medication and the physician was notified.</p> <p>This Federal tag is related to Complaint IN00158219.</p> <p>3.1-48(c)(2)</p>		<p>accomplished for those residents found to have been affected by the deficient practice? As indicated in the survey report, the missed doses of the medication had been identified by the Health and Wellness director prior to this survey. At the time of the event, the resident had been assessed with no concerns noted and the resident's physician had been notified. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All other residents receiving Coumadin have the potential to affected . All residents receiving Coumadin were reviewed. No other residents were affected by this alleged deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? A new PT/INR flow sheet was implemented. In addition, an anticoagulant therapy protocol has been developed. Licensed nurses have been educated on this new flow sheet and protocol. PT/INR flow sheets are reviewed during the daily clinical meeting Monday through Friday. The nurse in charge reviews the flow sheets on week-ends. How the corrective action will be</p>		

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R000000	Wellbrooke of South Bend, Residential, was found to be in compliance with 410 IAC 16.2-5, in regard to the Investigation of Complaint IN00158219.	R000000	monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The Health and Wellness Director or her designee is conducting quality improvement audits of medication administration including Coumadin therapy. This audit is being completed 2 times weekly for 30 days; then weekly for 30 days; then monthly for 6 months. Additional quality improvement audits will be completed based upon the level of compliance. The results of all audits will be reported to the Quality Assurance Improvement Committee monthly for additional recommendations as necessary.		