

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155501	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/19/2012
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NAME OF PROVIDER OR SUPPLIER  MEADOWVALE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1529 W LANCASTER ST BLUFFTON, IN 46714
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F0000	<p>This visit was for the PSR ( Post Survey Revisit) to Recertification and State Licensure Survey completed on 5/31/12.</p> <p>This visit was in conjunction with a PSR ( Post Survey Revisit) to the Investigation of Complaint IN00109491 completed on 6/18/12.</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Survey dates: July 18 and 19, 2012</p> <p>Survey Team: Linn Mackey, RN- TC Shelly Reed, RN Virginia Terveer, RN Julie Call, RN 7/19/12</p> <p>Census bed type: SNF/NF: 62 Total : 62</p> <p>Census payor source: Medicare: 6 Medicaid: 47 Other: 9 Total: 62</p> <p>Sample: 17</p>	F0000	The facility requests that this plan of correction be considered it's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by 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 provisions 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.

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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 25, 2012 by Bev Faulkner, RN</p>			

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F0242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.	F0242	F242D Self Determination-Right to Make ChoicesThis facility will ensure that residents have the right to choose activities, schedules and health care consistent with his or her interests. They may also make choices about aspects of his or her life in the facility that are significant to the resident.1. Resident #7 is still in the facility. This resident had been assessed to determine ADL preferences prior to survey. However, resident has since been re-assessed to ensure ADL preferences are up to date. Resident's care plan has been reviewed and updated to reflect resident's preferences.Unit Manager did speak with nurse on duty at the time the shower was provided. The Unit Manager also addressed the inappropriate timing of the shower with the CNA in question and there were no further reoccurrences after this isolated episode.2. All residents have the potential to be affected. Therefore, this plan of correction applies to all residents. Residents or responsible parties have been	08/13/2012

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	Based on interview and record review, the facility failed to ensure 1 of 1 resident interviewed was provided the right to choose a shower schedule in a sample of 17 reviewed. (Resident #7).		interviewed to determine ADL preferences. Care plans and CNA assignment sheets have been updated to reflect resident preferences.3. Nursing center staff will receive re-education relative to a residents right to make choices, including but not limited to, assessment of preferences and previous customs.IDT will assess each resident at the time of admission and at least quarterly, on an ongoing basis, to determine ADL preferences and develop an individualized plan of care. Any identified concerns will be promptly reviewed with responsible individuals and notifications made accordingly.SSD and DNS, or designee, shall be responsible to ensure that interviews are conducted with preferences communicated to appropriate staff. A Performance Improvement tool has been devised to monitor compliance.4. DNS or designee, will review findings monthly and report to the PI Committee outcomes for 6 months. Outcomes will determine the need for continued monitoring thereafter.5. Completion date: 8/13/12		

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	<p>Findings include:</p> <p>During an interview on 7/19/12 at 11:20 a.m., Resident #7 indicated she was woke up on 7/19/12 at 2:30 a.m. for a shower. The resident indicated she had recently been ill and had refused a shower on her previous shower day, but had been asking for a shower for the past couple of days. Resident #7 indicated a new CNA came into her room on 7/19/12 at 2:30 a.m., and asked if she would like to get her shower at this time. Resident #7 indicated since she had missed a shower earlier in the week, she felt she would not have another opportunity to receive a shower, so she willingly accepted the shower at 2:30 a.m.</p> <p>During record review 7/19/12 at 11:40 a.m., the Minimum Data Set (MDS), dated 7/15/12, indicated Resident #7 scored a 15 of 15 for the Brief Interview Mental Status (BIMS). Resident #7's diagnoses included but was not limited to, neurogenic bladder, paralytic ileus, generalized weakness, COPD and Crohn's Disease.</p> <p>During record review on 7/19/12 at 11:55 a.m., the Director of Nursing</p>			
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	<p>(DoN) provided a resident assessment sheet with Resident #7's name. No date, time or person completing the assessment was indicated on the form. The form failed to identify shower assessment preference time for Resident #7.</p> <p>During an interview on 7/19/12 at 12:20 p.m., the DoN indicated the CNA's do not chart a time that a shower is given only the date a shower has been given. She also indicated that no assessment was done on admission for resident preferences for a time a shower or bath would like to be received.</p> <p>During an interview on 7/19/12 at 3:20 p.m., the DoN indicated she spoke to the CNA who did indicate she had given Resident #7 a shower at approximately 3:30 a.m.</p> <p>3.1-3(u)(1)</p>				

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>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.</p> <p>Based on observation, interview and record review, the facility failed to ensure staff followed the facility policy and procedure regarding verification that medication was taken for 1 of 1 residents in a sample of 17 observed for medication administration. (Resident #4).</p> <p>Findings include:</p> <p>During observation on 7/19/12 at 9:25 a.m., Resident #4 was in bed with a medication cup on the bedside table. The medication cup contained 1 empty vial and 1 full vial of Duoneb (a</p>	F0425	F425D Pharmaceutical Service-Accurate ProceduresThis facility will ensure that staff will 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.1. Resident #4 is still a resident of the facility. Resident #4 did not incur a negative outcome as a result of the event cited. Lpn #3 was counseled regarding this concern and importance of following proper medication administration procedures.2. All residents have the potential to be affected by this	08/12/2012			

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	<p>medication used to open the airway).</p> <p>During an interview on 7/19/12 at 9:46 a.m., Resident #4 indicated that she found the medication at the bedside when she awoke. She was uncertain what to do with the medication but thought that it was to be nebulized in her compressor. She indicated that the cup contained her medication and she had spilled her breakfast tray and all the contents on the table spilled onto the floor.</p> <p>During an interview on 7/19/12 at 9:46 a.m., LPN #3 indicated that she did leave the 8 a.m. medications at the bedside and Resident #4 was working on taking the medications. She indicated she "messed up" and did not witness the resident taking all the medication as prescribed. She indicated she was unaware if she received her 6 a.m. dose of Duoneb because the night shift nurse would have given it to her. The night shift nurse was no longer on duty in the facility. The MAR (Medication Administration Record) indicated the 6:00 a.m. medication had been given, but the resident could not verify that she had or had not received the medication.</p> <p>Review of a current facility policy and</p>		<p>practice. Therefore, this plan of correction applies to all residents.3. Nursing staff will receive re-education relative to pharmaceutical services, accurate procedures, including but not limited to following facility policy and procedure for medication administration and verification that medication is taken upon administration.SDC, or designee, will conduct random medication administration observations, across all three (3) shifts, at least three (3) times a week for four (4) weeks.Any identified concerns will be promptly addressed with the responsible individual.Thereafter, SDC or designee, will conduct random medication administration observations at least three (3) times during the week prior to our monthly Performance Improvement meeting. These observations will be completed for five (5) months. Any identified concerns will be promptly addressed with the responsible individual.Findings of the audits will be forwarded to the DNS for review and discussion at monthly Performance Improvement meetings.4. DNS or designee, will review findings monthly and report to the Performance Improvement Committee monthly for 6 months to determine need for continued monitoring thereafter.5. Completion date: 8/13/12</p>		

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	<p>procedure, dated 10/31/10, titled "Oral Medication Administration: was provided by the Director of Nursing (DoN) on 7/19/12 at 9:40 a.m., indicated the following:</p> <p>"23. Verify that the medication was actually taken. It may be necessary to check the patient's mouth or pockets."</p> <p>During record review on 7/19/12 at 10:10 a.m., a patient nursing evaluation, dated 6/8/12, was provided by the DoN, which indicated Resident #4 was not to self-administer medications.</p> <p>3.1-25(b)</p>				

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F0465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure electrical outlets were properly functioning in 3 of 48 rooms observed (Room#'s 401, 412 and 413). The facility failed to ensure the functioning of a water faucet in Room 307, failed to ensure a string was attached to a call light in Room 502, failed to ensure window blinds were in good repair in Rooms 12 and 610, and failed to ensure plastered, patched areas were painted in 2 of 48 rooms observed (Rooms 12 and 14).</p> <p>Findings include:</p> <p>On 7/18/12 at 8:55 a.m., during an environmental tour, Room #'s 401, 412 and 413 were found to have outlets that were loose and would not maintain connection with a plug during contact. Room #'s 401 and 412 were found to have residents that were oxygen dependent. The oxygen had alarms, as well as battery reservoir for safety.</p> <p>During the same environmental tour, Room #307 was found to not have a</p>	F0465	<p>F465E This facility is committed to providing a safe, functional, sanitary and comfortable environment for all residents. 1. Electrical outlets in Rooms 401, 412 and 413 have been repaired. Water faucet handle in Room 307 has been repaired. Window blind in Room 12 has been replaced. Bathroom wall in Room 12 was painted at the time of survey. Shower room wall in Room 14 was painted. Call cord in Room 502 has been replaced. Window blind in Room 610 has been replaced. 2. Maintenance Supervisor and Executive Director will make facility wide round in an effort to identify any other rooms requiring repair of electrical outlets, repair of faucets, replacement of window blinds, areas in need of painting, and repair of call light cords. Any identified concerns will be corrected. 3. Maintenance staff has been re-educated relative to safe/functional/sanitary/comfortable environment, including but not limited to ensuring timely repair of an identified concerns and ensuring preventive maintenance schedules are in place and are followed. Maintenance Supervisor or designee, will make rounds daily, on scheduled days of work,</p>	08/13/2012			

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	<p>cold water faucet handle. The water was unable to be turned on in the residents room.</p> <p>During an interview on 7/19/12 at 10:32 a.m., the Housekeeper indicated that she had reported the improperly working outlets in Room #'s 401 and 412 approximately 1 month ago by filling out a maintenance request form and placing it in the maintenance request box.</p> <p>During an interview on 7/19/12 at 10:55 a.m., the Maintenance Director indicated that he had not been given a maintenance request for any of the rooms identified except for Room #307 which was requested on 7/14/12.</p>		<p>for one (1) month to monitor window blinds to ensure all are in good repair. Any identified concerns will be promptly corrected. These rounds will be documented on a preventive maintenance checklist. Thereafter, Maintenance Supervisor or designee, will make weekly rounds to monitor window blinds to ensure all are in good repair. Any identified concerns will be promptly corrected. These rounds will be documented on a preventive maintenance checklist. Additionally, Maintenance Supervisor or designee will make rounds weekly to monitor for any other environmental concerns requiring repairs, including electrical outlets, water faucets, walls in need of painting and call cord concerns. Any identified concerns will be promptly corrected. These rounds will be documented on a preventive maintenance checklist. Maintenance Supervisor will be responsible for communicating findings to the Executive Director for review and discussion at monthly Performance Improvement meetings. The Executive Director or designee will make weekly environmental rounds for one (1) month with Maintenance Supervisor. Thereafter, the Executive Director or designee will make monthly rounds for a minimum of five (5) months with the Maintenance Supervisor</p>		

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	<p>During an observation on 7/18/12 at 9:55 a.m., in Room 12, four slats were missing from the window blind. The bathroom in Room 12 had a patch of white plaster on the wall.</p> <p>In the shower room of Room 14, a large brown, plaster patch was observed.</p> <p>During an observation on 7/18/12 at 10:45 a.m., in Room 502 no string was on the call light in the resident's bathroom.</p> <p>During an observation on 7/18/12 at 2:00 p.m., in Room 610, four slats were missing from the window blind.</p> <p>3.1-19(f)</p>		<p>during the week prior to the monthly Performance Improvement meetings.4. The Executive Director or designee will review findings monthly and will report outcomes to Performance Improvement Committee for six (6) months to determine need for continuing monitoring thereafter.5. Completion date: 8/13/12</p>	