

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/05/2013
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NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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F000000	<p>This visit was for the Investigation of Complaints IN00130458 and IN00131628.</p> <p>Complaint: IN00130458 Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F328, F425 and F514.</p> <p>Complaint IN00131628 Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282, F328, F456 and F514.</p> <p>Survey dates: July 3 & 5, 2013</p> <p>Facility Number: 000070 Provider Number: 155149 AIM Number: 100266190</p> <p>Survey Team: Mary Jane G. Fischer RN Gloria L. Bond RN</p> <p>Census Bed Type: SNF: 10 SNF/NF: 92 Total: 102</p> <p>Census Payor Type:</p>	F000000	<p>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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests paper compliance review in lieu of a Post Survey Review on or after July 26, 2013.</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.

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	<p>Medicare: 15 Medicaid: 80 Other: 7 Total: 102</p> <p>Sample: 11</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on July 12, 2013.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation and record review the facility failed to ensure a resident's physician and family member were notified, in that when a nurse determined a resident required</p>	F000157	<p>F157 Notify of changes (injury/decline/room, etc) It is the practice of this provider to immediately inform the resident, consult with the resident's physician, and if known, notify the</p>	07/26/2013			

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	<p>the use of oxygen therapy, the nurse failed to ensure the physician and family member were notified of the intervention of 1 of 11 sampled residents. (Resident "F").</p> <p>Findings include:</p> <p>The record for Resident "F" was reviewed on 07-03-13 at 12:50 p.m. Diagnoses included, but were not limited to, cerebral vascular accident, congestive heart failure, left rotator cuff tear, Diabetes Mellitus, morbid obesity and right hemiparesis. The resident was admitted to the facility on 06-26-13. These diagnoses remained current at the time of the record review.</p> <p>Observation on 07-03-13 at 9:00 a.m., with the Director of Nurses in attendance, Resident "F" was observed seated in a wheelchair, in room, with an oxygen tank suspended via straps, from the back of the wheelchair. The resident did not have the nasal cannula in place and the Director of Nurses assisted the resident with replacing the cannula into the resident's nares.</p> <p>A review of the "Resident Assessment," dated 06-25-13, and the Hospital Discharge Instructions,</p>		<p>resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> · Resident F no longer resides at the facility <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Residents with a change of condition have the potential to be affected by the alleged deficient practice. · Licensed staff will be re-educated to physician and family/responsible party notification related to resident change of condition, by July 26, 2013 by the Staff Development Coordinator/designee. · Residents Change are reviewed for change of condition in the morning interdisciplinary team meeting Monday through 		

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	<p>dated 06-26-13 indicated the resident did not require oxygen therapy.</p> <p>However a nursing progress note, dated 06-27-13 at 7:05 a.m. indicated, "Resident alert and oriented, able to make needs known, resp [respirations] 24, O2 [oxygen] sat [saturation] 88%, O2 @ [at] 2 L [liters] added, sats at this time 94 %, breath sounds clear, no s/s [signs or symptoms] of resp. [respiratory] distress, totally dependent on staff at this time of ADL's [activity's of daily living], turned and repositioned QHS [every bedtime], no c/o [complaints of] pain or discomfort at this time, will continue to monitor."</p> <p>A 06-30-12 progress note, at 10:11 a.m., indicated "Resident 2L of oxygen O2 sats are 96%, will continue to monitor during this time."</p> <p>A review of the resident's clinical record lacked a physician order for the oxygen therapy.</p> <p>A review of a "Employee Coaching and Counseling," report dated 07-03-13 indicated Licensed Nurse #9 was counseled via telephone in regard to the "policy/procedure/performance action violated - oxygen use, notification of</p>		<p>Friday (excluding holidays) to review for resident change of condition and physician notification.</p> <ul style="list-style-type: none"> · DNS/designee reviews the physician orders and The Facility Activity Report, Monday through Friday (excluding Holidays) for documentation to support that physician/family have been notified. · The Nurse Manager on call is notified of acute change in condition on the weekend and holiday to ensure that family and physician have been notified . · DNS/Administrator is notified as necessary. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · Residents Change of condition is reviewed in the morning interdisciplinary team meeting Monday through Friday (excluding holidays) to reviewfor resident change of condition and Physician and family/responsible party notified. · DNS/designee reviews the physician orders and Facility Activity Report Monday through Friday (excluding Holidays) for documentation to support that physician and family/responsible party have been notified. · The Nurse Manager on call is notified of acute change in 				

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	<p>physician and family." An additional notation documented by Licensed Nurse #12 indicated Licensed Nurse #9 was "educated about the importance of notifying family and physician to clarify orders for oxygen - [name of Licensed Nurse #9] stated that she did notify but forgot to include that in her documentation."</p> <p>Further review of the resident's record contained a physician order dated 07-03-13 at 10:10 a.m., after the Initial Tour of the facility, and written by the Director of Nurses which indicated "O2 [oxygen] PRN [as needed] titrated to keep sats [saturation] at or above 90 % via nasal cannula PRN SOB [shortness of breath]." This order indicated the family member was notified of the oxygen therapy on 07-03-13.</p> <p>Review of the facility policy on 07-05-13 at 8:40 a.m., titled "Resident Change of Condition," dated as "revised 03-2010, indicated the following:</p> <p>"Policy [bold type] It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely and effective intervention occurs... 3.</p>		<p>condition on the weekend and holiday to ensure that family and physician will be notified.</p> <ul style="list-style-type: none"> · Licensed staff will be re-educated to physician and family/responsible party notification related to resident change of condition, by July 26, 2013 by the Staff Development Coordinator/designee. · Noncompliance with the facility policy and procedures may result in employee education and /or disciplinary action up to and including termination. · DNS/Designee to monitor compliance for physician/family notification. <p>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</p> <ul style="list-style-type: none"> · A Change of Condition CQI tool will be utilized weekly x 4, monthly x 2, and quarterly thereafter. · If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. · Data will be submitted to the CQI Committee for review and follow up. Team will review CQI data for at least 6 months. <p>Compliance date: July 26, 2013</p>				

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	<p>Routine Medical Change - All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly. The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted...."</p> <p>This Federal tag relates to Complaint IN00131628.</p> <p>3.1-5(a)(2)</p>			

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F000282 SS=E	<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 observation, interview and record review, the facility failed to follow physician orders and the resident's plan of care for 5 of 11 sampled residents. (Residents "A", "B", "C", "D" and "E").</p> <p>Findings included:</p> <p>1. The record for Resident "A" was reviewed on 07-03-13 at 11:50 a.m. Diagnoses included, but were not limited to, depressive disorder, osteoporosis, stage three kidney disease, hypertension, pneumonia and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p> <p>At the time the resident was admitted to the facility, the resident had physician orders for oxygen at 4 liters continuously.</p> <p>Review of the resident's current plan of care, originally dated 06-19-13 indicated "Resident has potential for impaired gas exchange related to</p>	F000282	<p>F282 Comprehensive Care Plans</p> <p>This provider ensures the services provided or arranged by the facility is provided by qualified persons in accordance with each resident's written plan of care.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Resident A no longer resides at the facility · Resident B no longer resides at the facility · Resident E's chart was reviewed, physician orders clarified, care plan updated and resident care sheet updated · Resident D no longer resides at the facility · Resident C's chart was reviewed, physician orders clarified, care plan updated and resident care sheet updated <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	07/26/2013	

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	<p>COPD [chronic obstructive pulmonary disease]." An "approach" to this "problem" instructed the nursing staff to "administer oxygen as ordered. Monitor oxygen sat. [saturation] rates as needed/ordered."</p> <p>During an interview on 07-03-13 at 2:00 p.m., the resident indicated she had two episodes where the staff did not provide the oxygen as ordered. The resident indicated a nurse had left her for 40 minutes without oxygen. The resident indicated the second time she was in therapy, and indicated she wasn't getting the correct amount of oxygen. "I've been on oxygen for years and I know if it's working or not. It didn't seem to be flowing. It took the therapist getting at least three different oxygen tanks to get one to work the right way."</p> <p>During an interview on 07-05-13 at 8:00 a.m., the Director of Nurses verified she had been notified of the incident where the resident indicated she had been left without oxygen for 40 minutes. The Director of Nurses further indicated an employee counseling report had been written in regards to LPN #11 "but she hasn't come in to sign the counseling report." A review of the employee file indicated "06-16-(2013), second shift</p>		<ul style="list-style-type: none"> · All Residents have the potential to be affected by the alleged deficient practice. · Licensed staff will be re-educated to admission orders/EDK's, MAR's and TAR's (PICC and dressing changes) and following MD orders, by July 26, 2013 by the Staff Development Coordinator/designee. · Licensed Staff and Therapy staff have been re-educated on filling oxygen tanks by SDC/designee by July 26, 2013. · The Facility Activity report, physician orders and new admissions/re-admissions are reviewed in the morning interdisciplinary team meeting to ensure services are provided per physicians orders and care plans (to reflect physician orders) · DNS/designee reviews the physician orders and The Facility Activity Report daily to ensure services are provided per plan of care and per physician orders · A chart audit will be conducted to ensure pain medication is administered as prescribed by the physician by DNS/designee. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Licensed staff will be re-educated on resident change of condition, admission orders/EDK's, MAR's and TAR's (PICC and dressing changes) and 				

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	<p>- written warning "resident [initials documented] stated she was left for 40 minutes without oxygen. Order states for resident to have oxygen continuously."</p> <p>During an interview on 07-03-13 at 1:30 p.m., the Therapy Assistant #4 indicated "I was the one who stayed with her when her oxygen saturation levels dropped while she was in here with the therapist. We went through 3 or 4 tanks before they got one to work. They [in regard to the oxygen tanks] froze up."</p> <p>During an interview on 07-05-13 at 9:40 a.m., the Physical Therapist #5 indicated "It happens sometimes - the tank is full but it doesn't feel like the right amount is coming out. We check the gauge and double check the equipment and sometimes they get frozen. [Name of resident "A"] was in therapy at her scheduled time. With pulmonary patient's their hands are cold so sometimes it's difficult to get the saturation level. She said she didn't think she was getting oxygen, so I went to the oxygen room and grabbed a tank - by the time I got it to the therapy department, I realized it was frozen. Sometimes you can turn it on, and the oxygen just won't come out. I got a second tank and it was</p>		<p>following MD orders, by July 26, 2013 by the Staff Development Coordinator/designee.</p> <ul style="list-style-type: none"> · All copies of physician orders will be checked for transcription errors by Nurse Managers during clinical meeting daily. · Weekly audits of MAR's/TAR's will be completed by Nurse Managers · The IDT will review the physician orders at the clinical meeting daily. The IDT determines if further interventions or changes to the plan of care is necessary. · All admissions orders are to be verified by Nurses. · Staff who are noncompliant may be re-educated and /or receive disciplinary action up to and including termination. · Director of Nursing/designee is to monitor for compliance. <p>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?</p> <ul style="list-style-type: none"> · An admission/re-admission CQI and Care Plan updating CQI will be utilized monthly x 2, quarterly thereafter. · The CQI committee will review the data collected. If a 95% threshold is not achieved, an action plan will be 				

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	<p>frozen too, but the third one worked."</p> <p>A review of the physical therapy notations lacked continuous monitoring of the resident's oxygen saturation levels, when the staff when unable to ensure a proper functioning oxygen tank.</p> <p>2. The record for Resident "B" was reviewed on 07-03-13 at 10:50 a.m. Diagnoses included, but were not limited to, acute renal failure, diabetes mellitus, anxiety, respiratory failure, pain, and bowel resection. These diagnoses remained current at the time of the record review.</p> <p>During an interview on 07-03-13 at 12:14 p.m., a concerned family member indicated she had been told by the resident that there was a problem with pain medication, and the resident felt as though she was not getting the medication "as prescribed."</p> <p>At the time the resident was admitted to the facility, physician orders, dated 05-20-13 included "Fentanyl [a narcotic pain medication] 100 mcg [micrograms] per hour patch - transderm, changed every three days."</p>		<p>developed. Team will review CQI data for at least 6 months.</p> <p>Compliance date: July 26, 2013</p>				

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	<p>A subsequent physician order, dated 06-06-13 instructed the nursing staff to continue to apply the transdermal patch every three days, but with a reduction in dosage to 75 mcg/hour.</p> <p>A review of the Medication Administration Record for June 2013, and after the 06-06-13 physician order indicated the resident received the transdermal patch on 06-09-13, a refusal by the resident on 06-12-13, received the pain medication on 06-14-13 with a dosage of 100 mcg/hour, and on 06-20-13 the Medication Administration Record indicated the resident received 75 mcg/hour, however the controlled drug record indicated the resident received 100 mcg/hour on 06-21-13.</p> <p>The "controlled drug record," lacked documentation of the pain medication, in declining inventory for administration on 06-17-13, 06-20-13 or 06-23-13.</p> <p>The physician changed the pain medication on 06-25-13 to increase the dosage to 100 mcg/hour and to change the transdermal patch to every 48 hours. Review of the Medication Administration Record for June 2013, lacked documentation the resident received the pain medication</p>			

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	<p>as ordered by the physician.</p> <p>3. The record for Resident "E" was reviewed on 07-03-13 at 11:30 A.M. Diagnoses included, but were not limited to, legal blindness, left 5th toe amputation, osteomyelitis. These diagnoses remained current at the time of the record review.</p> <p>The record indicated Resident "E" was cognitively intact, had an infection of his foot and experienced chronic pain related to diabetic neuropathy and amputation of his left 5th digit.</p> <p>Treatment orders for Resident "E" indicated the following treatment was to be done daily : "treatment to left 5th digit : cleanse with normal saline, do not scrub or use excessive force, pat dry. Apply Silver Alginate, cut to size of wound bed then cover with dry gauze [kerlix]."</p> <p>The Treatment Administration Record indicated the treatment was done on 07-01-13, but not on 07-02-13 and no explanation on the back of the treatment order sheet was given as to why it was not done.</p> <p>An observation on 07-05-13 at 2 P.M., of Resident "E's" dressing to his</p>						

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	<p>left foot, the dressing date indicated that it was last changed on 07-03-13.</p> <p>Resident "E's" record lacked documentation as to why his dressing was not changed on 07-04-13.</p> <p>During an interview with Resident "E" on 07-05-13 at 3:15 P.M., regarding his dressing, the resident indicated he wanted his dressing changed and wanted to be informed of what it looked like.</p> <p>During an interview on 07-05-13 at 3:18 P.M., with the Assistant Director of Nursing, she indicated she did not know why the dressing was not changed.</p> <p>4. The record for Resident "D" was reviewed on 07-03-13 at 11:10 A.M. Diagnoses included, but were not limited to, stage III C clear cell endometrial cancer, colostomy, post hysterectomy. These diagnoses remained current at the time of the record review.</p> <p>A progress note by LPN # 8 dated 07-02-13 at 3:42 P.M., indicated the resident had arrived via ambulance with an IV (intravenous catheter) line and a urinary catheter. An additional progress note by LPN # 9 on</p>						

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	<p>07-03-13 at 3:07 P.M., indicated the resident also had a colostomy.</p> <p>During an interview with Resident "D" on 07-03-13 at 12:20 P.M., she indicated she had not received her medication until the morning of 07-03-13. She indicated she was under the understanding the facility was ready for her but this was not the case when she arrived on 07-02-13 and was not given her medications.</p> <p>A review of the Hospital "Discharge Report," dated 07-02-13 indicated the following medications which required medication administration on the date the resident was admitted to the facility:</p> <p>Cardizem (a cardiac medication) 60 mg 1 by mouth - due 07-02-13 at 4:00 p.m.</p> <p>Diphenhydramine (a medication used on the skin for itching) 2 % topical cream 1 application topically 3 times a day - due 07-02-13 at 4 p.m.</p> <p>Lasix (a diuretic) 80 mg 1 tablet by mouth two times a day - due 07-02-13 at 5:00 p.m.</p> <p>Levemir (insulin) 100 units/ml (milliliters) subcutaneous solution 10</p>			

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	<p>unit(s) subcutaneous once a day (at bedtime) - due 07-02-13 at bedtime.</p> <p>Lopressor (a blood pressure medication) 50 mg (milligrams) oral tablet 1 by mouth two times a day - due 07-02-13 at 7:00 p.m.</p> <p>Marinol (a medication for nausea) 10 mg oral capsule 1, give with meals - next dose due dinner.</p> <p>NovoLog FlexPen (insulin) 100 units subcutaneous solution unit(s) subcutaneous 4 times a day (before meals and at bedtime); 3 units if BG (blood glucose) 131 - 150, 4 units if BG 151 - 200, 8 units if BG 201 - 250, 11 units if BG 251 - 300, CALL MD (medical doctor) if BG 300 - due before meals and bedtime.</p> <p>Senokot S (a stool softener) 50 mg - 8.6 mg by mouth 1 orally two times a day - due 07-02-13 at 9 p.m.</p> <p>Zaroxolyn (an antihypertensive medication) 5 mg oral tablet 1 orally - give 30 minutes before Lasix ! - due 07-02-13 at 4:30 p.m.</p> <p>The Medication Administration Record indicated Resident "D" did not receive any medications on 07-02-13 at this facility. The record lacked</p>			

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	<p>documentation as to why the medications were not given.</p> <p>Review of the "Emergency Drug Kits" on 07-05-13 at 3:00 p.m., indicated 3 of the medications ordered were available for administration. These included insulin, a pain medication and a nausea medication.</p> <p>5. The record for Resident "C" was reviewed on 07-03-13 at 10:00 A.M. Diagnoses included, but were not limited to, seizure disorder, weakness, hypothyroid. These diagnoses remained current at the time of the record review.</p> <p>The Treatment Administration Record indicated to apply a lidoderm patch (pain patch) daily to the right wrist and to wrap it with Kerlix, for support, after applying the patch.</p> <p>During an observation of Resident "C" on 07-03-13 at 10:15 A.M., the resident was out in the court yard with one of the physical therapist, a lidoderm pain patch was observed on the resident's right wrist, but no kerlix for support was observed over the patch as was ordered.</p> <p>This Federal tag relates to Complaint IN00130458.</p>			

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	This Federal tag relates to Complaint IN00131628. 3.1-35(g)(1)				

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F000328 SS=E	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>A. Based on observation, interview and record review the facility failed to ensure a resident received appropriate nursing care, in that when a resident had a peripherally inserted central catheter (PICC) line, the nursing staff failed ensure complete assessment and unimpeded view of the insertion site per facility policy for 2 of 3 residents reviewed with a PICC line in a sample of 11. (Residents "A" and "H").</p> <p>B. Based on observation, interview and record review, the facility failed to ensure residents reviewed for oxygen therapy, received the proper treatment and care for oxygen usage for 3 of 11 sampled residents. (Residents "A", "F", and "K").</p> <p>Findings include: A1. The record for Resident "A" was</p>	F000328	<p>F328 Treatment/care for Special Needs It is the practice of this provider to ensure residents receive proper treatment and care for the following special services: Injections, parenteral and enteral fluids; colostomy, ureterostomy, or ileostomy care; tracheostomy care; tracheal suctioning; respiratory care; foot care; and prostheses.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> · Resident A no longer resides at the facility. · Resident H's PICC is now visible at the insertion sight. · Resident A's PICC has a routine dressing changed per physician orders. · Resident F no longer resides at the facility. · Resident K oxygen tank is 	07/26/2013

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	<p>reviewed on 07-03-13 at 11:50 a.m. Diagnoses included, but were not limited to, depressive disorder, osteoporosis, stage three kidney disease, hypertension, pneumonia and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p> <p>During an interview on 07-05-13 at 9:15 a.m., an interested family member expressed a concern in regard to the resident's PICC line. The interested family member indicated the resident required the PICC line for iron infusion, and the PICC line had been placed after the resident had been admitted to the facility. The family member indicated the nursing staff was unable to view the insertion site, due to the placement of a "piece of gauze."</p> <p>The resident's "Catheter Insertion Record," dated 06-27-13 (the actual insertion date), indicated "Change dressing in 24 hours if gauze is present after insertion."</p> <p>Observation on 07-05-13 at 10:35 a.m., with the Assistant Director of Nurses in attendance, Resident "A's" PICC line was observed. The insertion site could not be observed</p>		<p>monitored to ensure the water for humidification is working properly</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents with PICC lines have been reviewed to ensure dressing changes are completed per MD orders by DNS/designee. All residents with PICC line dressings have the potential to be affected by the alleged deficient practice. · All residents with PICC lines and Oxygen have the potential to be affected · All residents on Oxygen tanks, oxygen tanks are monitored to ensure residents are receiving proper oxygen care by DNS/designee · All residents with PICC lines have been assessed by DNS/designee to ensure the view of the insertion sight is visible · Licensed staff will be re-educated to filling oxygen tanks, MAR's and TAR's (PICC and dressing changes) and following MD orders, by July 26, 2013 by the Staff Development Coordinator/designee · Licensed Staff, C.N.A. and Therapy staff have been re-educated on filling oxygen tanks by SDC/designee by July 26, 2013 · The facility activity report, physician orders and new admissions/re-admissions are reviewed in the morning meeting by the 		

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	<p>due to the placement of a gauze dressing. The Assistant Director of Nurses indicated a piece of gauze should not be present, and further indicated a clear dressing was required over the insertion site for the nurses to be able to assess for infection.</p> <p>A2. During an interview on 07-05-13 at 10:30 a.m., the Assistant Director of Nurses identified another resident who currently had PICC lines.</p> <p>Additional observation on 07-05-13 at 10:45 a.m., with the Assistant Director of Nurses in attendance, Resident "H's" PICC line was observed. The resident had been admitted to the facility due to cellulitis and had physician orders for Rocephin (an antibiotic), 50 ml (milliliters) every 24 hours. During this observation the insertion site was not visible due to a piece of gauze had been placed over the insertion site.</p> <p>Review of facility policy on 07-05-13 at 9:50 a.m., dated 09-2012, and titled "Peripherally Inserted Central Catheter (PICC) Management Guidelines," indicated the following:</p> <p>"All PICC's are maintained by nursing associates trained in the care and</p>		<p>interdisciplinary team (IDT) meeting to ensure services are provided per the plan of care</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the alleged deficient practice . · The facility activity report, physician orders and new admissions/re-admissions are reviewed in the morning meeting by the interdisciplinary team (IDT) meeting to ensure services are provided per the plan of care · Licensed staff will be re-educated to filling oxygen tanks, MAR's and TAR's (PICC and dressing changes) and following MD orders, by July 26, 2013 by the Staff DevelopmentCoordinator/designee. · Licensed Staff, C.N.A. and Therapy staff have been re-educated on filling oxygen tanks by SDC/designee by July 26, 2013 · DNS/designee will check dressings/treatments and oxygen tanks daily to ensure they are applied per physician's orders <p>How the corrective action(s) will be monitored to ensure the</p>	

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	<p>management. Residents admitted with a central venous catheter will have an [sic] nurse assessment of the insertion site and dressing change as indicated. Dressing and securement device is to be changed every 7 days or PRN [as needed] using sterile technique. If gauze is placed during insertion, change dressing and securement device in 24 hours. PICC insertion site should be assessed every eight hours for signs of redness, edema, pain, drainage or venous cord [red or hard outline of vein tracing upward on upper arm]."</p> <p>Review of an "Interdisciplinary Clinical Practice Manual, Infection Control, Vascular Access Device (VAD), Policy," dated 05-01-2007, and reviewed on 07-05-13 at 5:00 p.m., indicated the following:</p> <p>"Dressing/Site Care - A semi-permeable polyurethane sterile transparent dressing in the appropriate size shall be used and is changed every 7 days or when it becomes damp, loose, soiled or if the patient develops problems at the site that requires further inspection."</p> <p>B1. The listing of current residents was reviewed on 07-05-13 at 1:00 P.M. The Assistant Director of Nurses</p>		<p>deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <ul style="list-style-type: none"> · A wound/skin & oxygen CQI audit tool will be utilized monthly x 3, then quarterly thereafter for at least 6 months. · If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. · Data will be submitted to the CQI Committee for review and follow up. Team will review CQI data for at least 6 months. <p>Compliance date: July 26, 2013</p>				

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	<p>identified residents who currently received oxygen therapy at this time and 3 randomly selected residents were observed for proper treatment and care of their oxygen usage needs.</p> <p>B2. The record for Resident "A" was reviewed on 07-03-13 at 11:50 a.m. Diagnoses included, but were not limited to, depressive disorder, osteoporosis, stage three kidney disease, hypertension, pneumonia and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p> <p>The resident had physician orders at the time of admission (06-10-13) for continuous oxygen therapy due to exacerbation of chronic obstructive pulmonary disease. The physician orders required the oxygen setting to be at 4 liters.</p> <p>During an interview on 07-03-13 at 2:00 p.m., the resident indicated she had two episodes where the staff did not provide the oxygen as ordered. The resident indicated a nurse had left her for 40 minutes without oxygen. The resident indicated the second time she was in therapy, and indicated she wasn't getting the</p>				

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	<p>correct amount of oxygen. "I've been on oxygen for years and I know if it's working or not. It didn't seems to be flowing. It took the therapist getting at least three different oxygen tanks to get one to work the right way."</p> <p>During an interview on 07-03-13 at 1:30 p.m., the Therapy Assistant #4 indicated "I was the one who stayed with her when her oxygen saturation levels dropped while she was in therapy. We went through 3 or 4 tanks before they got one to work. They [in regard to the oxygen tanks] froze up."</p> <p>During an interview on 07-05-13 at 9:40 a.m., the Physical Therapist #5 indicated "It happens sometimes - the tank is full but it doesn't feel like the right amount is coming out. We check the gauge and double check the equipment and sometimes they get frozen. [Name of resident "A"] was in therapy at her scheduled time. With pulmonary patient's their hands are cold so sometimes it's difficult to get the saturation level. She said she didn't think she was getting oxygen, so I went to the oxygen room and grabbed a tank - by the time I got it to the therapy department, I realized it was frozen. Sometimes you can turn it on, and the oxygen just won't come</p>				

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	<p>out. I got a second tank and it was frozen too, but the third one worked."</p> <p>During an interview on 07-05-13 at 8:00 a.m., the Director of Nurses verified she had been notified of the incident where the resident indicated she had been left without oxygen for 40 minutes. The Director of Nurses further indicated an employee counseling report had been written in regards to LPN #11 "but she hasn't come in to sign the counseling report." A review of the employee file indicated "06-16-(2013), second shift - written warning "resident {initials documented] stated she was left for 40 minutes without oxygen. Order states for resident to have oxygen continuously."</p> <p>B3. The record for Resident "F" was reviewed on 07-03-13 at 12:50 p.m. Diagnoses included, but were not limited to, cerebral vascular accident, congestive heart failure, left rotator cuff tear, Diabetes Mellitus, morbid obesity and right hemiparesis. The resident was admitted to the facility on 06-26-13. These diagnoses remained current at the time of the record review.</p> <p>Observation on 07-03-13 at 9:00 a.m., with the Director of Nurses in</p>						

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	<p>attendance, Resident "F" was observed seated in a wheelchair, in room, with an oxygen tank suspended via straps from the back of the wheelchair. The resident did not have the nasal cannula in place and the Director of Nurses assisted the resident with replacing the tubing into the resident's nares.</p> <p>During this observation the Director of Nurses indicated the oxygen canister was "empty."</p> <p>B4. During an observation on 07-05-13 at 1:20 p.m., Resident "K" , indicated he had his oxygen concentrator on and was observed wearing the nasal cannula and received the oxygen needed, but the water for humidification on the oxygen unit had run out and needed to be replaced with a full bottle. The resident indicated he had turned on the call light and 15 minutes later the Social Service Director came and spoke with him in regard to what he needed. The resident indicated that shortly after the Social Service Director had come in to the room, her assistant came and spoke with the resident.</p> <p>A follow up observation was made at 1:45 P.M., 25 minutes after the</p>				

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	<p>resident's initial call for assistance, and the humidification had not been replaced.</p> <p>In an interview with LPN #10, he indicated he had not received the message regarding the resident's need for the humidification.</p> <p>This Federal tag relates to Complaints IN00130458 and IN00131628</p> <p>3.1-47(a)(2) 3.1-47(a)(6)</p>			

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F000425 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. Based on record review and interview the facility failed to ensure periodic reconciliation of controlled medications, in that when the facility had a resident who had physician orders for scheduled pain medication, the nursing staff failed to ensure the medications were dispensed and documented for 1 of 3 residents reviewed for controlled medications in a sample of 11. (Resident "B").</p> <p>Findings include:</p> <p>The record for Resident "B" was reviewed on 07-03-13 at 10:50 a.m.</p>	F000425	<p>F425 Pharmaceutical Svc-Accurate procedure, RHP</p> <p>It is the practice of this provider to ensure residents receive routine and emergency drugs and biological to its residents. It is the practice to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet the needs of each resident.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p>	07/26/2013			

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	<p>Diagnoses included, but were not limited to, acute renal failure, diabetes mellitus, anxiety, respiratory failure, pain, and bowel resection. These diagnoses remained current at the time of the record review.</p> <p>During an interview on 07-03-13 at 12:14 p.m., a concerned family member indicated she had been told by the resident that there was a problem with pain medication, and the resident felt as though she was not getting the medication "as prescribed."</p> <p>At the time the resident was admitted to the facility, physician orders, dated 05-20-13 included "Fentanyl [a narcotic pain medication] 100 mcg [micrograms] per hour patch - transderm, changed every three days."</p> <p>A subsequent physician order, dated 06-06-13 instructed the nursing staff to continue to apply the transdermal patch every three days, but with a reduction in dosage to 75 mcg/hour.</p> <p>A review of the Medication Administration Record for June 2013, and after the 06-06-13 physician order indicated the resident received the transdermal patch on 06-09-13, a</p>		<ul style="list-style-type: none"> · Resident B no longer resides at the facility. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents receiving scheduled controlled substances have the potential to be effected by the alleged deficient practice · A chart audit will be conducted to ensure pain medication is administered as prescribed by the physician by DNS/designee. · The facility activity report, physician orders and new admissions/re-admissions are reviewed in the morning meeting by the interdisciplinary team (IDT) meeting to ensure pain medication is provided per the physicians order <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · The facility activity report, physician orders and new admissions/re-admissions are reviewed in the morning meeting by the interdisciplinary team (IDT) meeting to 	

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	<p>refusal by the resident on 06-12-13, received the pain medication on 06-14-13 with a dosage of 100 mcg/hour, and on 06-20-13 the Medication Administration Record indicated the resident received 75 mcg/hour, however the controlled drug record indicated the resident received 100 mcg/hour on 06-21-13.</p> <p>The "controlled drug record," lacked documentation of the pain medication, in declining inventory for administration on 06-17-13, 06-20-13 or 06-23-13.</p> <p>The physician changed the pain medication on 06-25-13 to increase the dosage to 100 mcg/hour and to change the transdermal patch to every 48 hours. Review of the Medication Administration Record for June 2013, lacked documentation the resident received the pain medication as ordered by the physician.</p> <p>A review of the facility policy on 07-05-13 at 3:23 p.m., titled "Medication Administration Guidelines," and dated as revised 07-2011, indicated the following:</p> <p>"PURPOSE [bold type] To ensure that: the right resident get the right medication at the right time, in the</p>		<p>ensure services are provided per the plan of care</p> <ul style="list-style-type: none"> DNS/designee will review MAR's to ensure medication is administered per physician's order Licensed staff will be re-educated to physician and family/responsible party notification related to resident change of condition, admission orders/EDK's, MAR's (medication administration documentation) and TAR's (PICC and dressing changes) and following MD orders, by July 26, 2013 by the Staff DevelopmentCoordinator/designee. <p>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</p> <ul style="list-style-type: none"> A MAR/TAR will be utilized monthly x 3, then quarterly thereafter for at least 6 months. If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. Data will be submitted to the CQI Committee for review and follow up. Team will review CQI data for at least 6 months. <p>Compliance date: July 26, 2013</p>	

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	<p>right dosage, via the right route. To ensure medications are dispensed in a sanitary manner. to comply with State and Federal Guidelines for administration of medications."</p> <p>"PROCEDURE: MEDICATION PASS: Inventory is maintained as to disposition of controlled substances on the sheet supplied by [name of Long Term Care Pharmacy] with each Scheduled Controlled Substance."</p> <p>This Federal tag relates to Complaint IN00130458.</p> <p>3.1-25(b)(3) 3.1-25(e)(2) 3.1-25(e)(3)</p>			

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F000456 SS=E	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on observation, interview and record review, the facility failed to maintain the oxygen equipment for the residents using oxygen, in safe operating condition in 1 of 2 oxygen equipment rooms. This deficient practice had the potential to affect 13 of 13 residents who currently received oxygen.</p> <p>Findings include:</p> <ol style="list-style-type: none"> During an interview with PT (Physical Therapist) #5 on 07-05-13 at 9:30 A.M., he indicated there were problems with the portable oxygen tanks "freezing up". He indicated the oxygen would come out but would not feel or sound like it was coming out at the dialed rate. It sounded like it "froze up". He indicated an incident had occurred where several portable oxygen units were tried before one was found that worked properly. During an observation with RN (Registered Nurse) #7 on 07-05-13 at 10:05 A.M., of one (Willow Bend unit) of two oxygen rooms, a portable unlabeled oxygen unit was on the 	F000456	<p>F456 Essential equipment, safe operating condition</p> <p>It is the practice of this provider to ensure all essential mechanical, electrical, and patient care equipment are in safe operating condition.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> No residents were identified Licensed Nurses, C.N.A.'s and Therapy staff have been educated on filling oxygen tanks <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents with oxygen have the potential to be affected by the alleged deficient practice. Licensed Nurses, C.N.A.'s and Therapy staff have been educated on filling oxygen tanks 	07/26/2013	

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	<p>floor by the door. RN #7 lifted it up and put it on the shelf in the room. During this observation, the RN indicated the portable oxygen tank should not have been on the floor.</p> <p>A second observation of the Willow Bend oxygen room was conducted with CNA (Certified Nursing Assistant) #6 on 07-05-13 at 10:10 A.M. After determining that one of the portable oxygen units on the shelf was empty, CNA #6 proceeded to fill the tank up according to the facilities procedure and was not able to fill it up. Indications were that it was not filling up properly due to a problem with the portable oxygen unit. The CNA indicated the units should be labeled according to their status of empty or full, working or not working.</p> <p>3. A review of the facility policy on 07-05-13 at 12:00 p.m., and provided by the Executive Director, indicated the following:</p> <p>"GENERAL SAFETY PROCEDURES" document, indicated "Full and empty cylinders must be stored separately. Empty cylinders will be labeled as such."</p> <p>This Federal tag relates to Complaint IN00131628.</p>		<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · Licensed Staff and Therapy staff have been re-educated on filling oxygen tanks by SDC/designee by July 26, 2013 · DNS/designee will check dressings/treatments and oxygen tanks daily to ensure they are applied per physician's orders · Oxygen tanks are checked prior to applying oxygen to the resident by licensed staff to ensure oxygen is being administered per physician's order. <p>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</p> <ul style="list-style-type: none"> · An Oxygen CQI audit tool will be utilized monthly x 3, then quarterly thereafter for at least 6 months. · If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. · Data will be submitted to the CQI Committee for review and follow up. Team will review CQI data for at least 6 months. 				

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	3.1-19(bb)		Compliance date: July 26, 2013	

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, record review and interview the facility failed to ensure complete and accurate clinical records for 3 of 11 sampled resident's. (Residents "A", "B" and "F").</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 07-03-13 at 11:50 a.m. Diagnoses included, but were not limited to, depressive disorder, osteoporosis, stage three kidney disease, hypertension, pneumonia and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p> <p>The resident had physician orders</p>	F000514	<p>F514 Clinical Records It is the practice of this provider to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete: accurately documented; readily accessible; and systematically organized.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Resident A no longer resides at the Facility · Resident B no longer resides at the Facility · Resident F no longer resides at the Facility <p>How will you identify other</p>	07/26/2013			

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	<p>dated, 06-25-13 for Venofer (iron) 200 mg (milligrams) IV (intravenous) over 15 minutes daily times 5 days.</p> <p>A review of the Medication Administration Record for June 2013 and July 2013 lacked documentation the resident received the physician ordered iron treatment on June 29, 2013 and June 30, 2013.</p> <p>In addition, at the time the resident was admitted to the facility, the resident had physician orders for oxygen at 4 liters continuously.</p> <p>Review of the resident's current plan of care, originally dated 06-19-13 indicated "Resident has potential for impaired gas exchange related to COPD [chronic obstructive pulmonary disease]." An "approach" to this "problem" instructed the nursing staff to "administer oxygen as ordered. Monitor oxygen sat. [saturation] rates as needed/ordered."</p> <p>During an interview on 07-03-13 at 2:00 p.m., the resident indicated she had two episodes where the staff did not provide the oxygen as ordered. The resident indicated a nurse had left her for 40 minutes without oxygen. The resident indicated the second time she was in therapy, and</p>		<p>residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents receiving scheduled medications and oxygen have the potential to be effected by the alleged deficient practice · All residents on oxygen tanks are monitored to ensure residents are receiving proper oxygen by DNS/designee · Licensed staff will be re-educated to filling oxygen tanks, MAR's, and TAR's and following MD orders by July 26, 2013 by SDC/designee · Licensed staff, C.N.A.'s and Therapy staff have been re-educated on filling oxygen tanks by SDC/designee by July 26, 2013 · A chart audit will be conducted to ensure pain medication is administered as prescribed by the physician by DNS/designee. · The facility activity report, physician orders and new admissions/readmissions are reviewed in morning meeting by the interdisciplinary team meeting to ensure services are provided per the plan of care to ensure the documentation is accurate regarding oxygen and medication administration. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p>		

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	<p>indicated she wasn't getting the correct amount of oxygen. "I've been on oxygen for years and I know if it's working or not. It didn't seem to be flowing. It took the therapist getting at least three different oxygen tanks to get one to work the right way."</p> <p>During an interview on 07-03-13 at 1:30 p.m., the Therapy Assistant #4 indicated "I was the one who stayed with her when her oxygen saturation levels dropped while she was in therapy. We went through 3 or 4 tanks before they got one to work. They [in regard to the oxygen tanks] froze up."</p> <p>During an interview on 07-05-13 at 9:40 a.m., the Physical Therapist #5 indicated "It happens sometimes - the tank is full but it doesn't feel like the right amount is coming out. We check the gauge and double check the equipment and sometimes they get frozen. [Name of resident "A"] was in therapy at her scheduled time. With pulmonary patient's their hands are cold so sometimes it's difficult to get the saturation level. She said she didn't think she was getting oxygen, so I went to the oxygen room and grabbed a tank - by the time I got it to the therapy department, I realized it was frozen. Sometimes you can turn</p>		<ul style="list-style-type: none"> · All residents have the potential to be affected by the alleged deficient practice · The facility activity report, physician orders and new admissions/readmissions are reviewed in morning meeting by the interdisciplinary team meeting to ensure services are provided per the plan of care. · The facility activity report, physician orders and new admissions/readmissions are reviewed in morning meeting by the interdisciplinary team meeting to ensure services are provided per the plan of care to ensure the documentation is accurate regarding oxygen and medication administration. · Licensed staff will be re-educated to filling oxygen tanks, MAR's, and TAR's and following MD orders by July 26, 2013 by SDC/designee · Licensed staff, C.N.A.'s and Therapy staff have been re-educated on filling oxygen tanks by SDC/designee by July 26, 2013 <p>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</p> <ul style="list-style-type: none"> · An medical records CQI audit tool will be utilized monthly X 3 then quarterly thereafter for at least 6 months. · If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold · Data will be submitted to 		

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	<p>it on, and the oxygen just won't come out. I got a second tank and it was frozen too, but the third one worked."</p> <p>A review of the physical therapy notations lacked documentation of continuous monitoring of the resident's oxygen saturation levels, when the staff when unable to ensure a proper functioning oxygen tank.</p> <p>Further review of the Physical Therapist "Plan of Care," dated 06-11-13 and the Occupational Therapy "Plan of Care," dated 06-12-13 indicated the resident's "precautions" included "oxygen at 5 liters."</p> <p>2. The record for Resident "B" was reviewed on 07-03-13 at 10:50 a.m. Diagnoses included, but were not limited to, acute renal failure, Diabetes Mellitus, anxiety, respiratory failure, pain, and bowel resection. These diagnoses remained current at the time of the record review.</p> <p>During an interview on 07-03-13 at 12:14 p.m., a concerned family member indicated she had been told by the resident that there was a problem with pain medication, and the resident felt as though she was not getting the medication "as</p>		<p>the CQI Committee for review and follow up. Team will review CQI data for at least 6 months.</p> <p>Compliance date: July 26, 2013</p>		

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	<p>prescribed."</p> <p>At the time the resident was admitted to the facility, physician orders, dated 05-20-13 included "Fentanyl (a narcotic pain medication) 100 mcg (micrograms) per hour patch - transderm, changed every three days."</p> <p>A subsequent physician order, dated 06-06-13 instructed the nursing staff to continue to apply the transdermal patch every three days, but with a reduction in dosage to 75 mcg/hour.</p> <p>A review of the Medication Administration Record for June 2013, and after the 06-06-13 physician order indicated the resident received the transdermal patch on 06-09-13, a refusal by the resident on 06-12-13, received the pain medication on 06-14-13 with a dosage of 100 mcg/hour, and on 06-20-13 the Medication Administration Record indicated the resident received 75 mcg/hour, however the controlled drug record indicated the resident received 100 mcg/hour on 06-21-13.</p> <p>The "controlled drug record," lacked documentation of the pain medication, in declining inventory for administration on 06-17-13, 06-20-13</p>				

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(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>or 06-23-13.</p> <p>The physician changed the pain medication on 06-25-13 to increase the dosage to 100 mcg/hour and to change the transdermal patch to every 48 hours. Review of the Medication Administration Record for June 2013, lacked documentation the resident received the pain medication as ordered by the physician.</p> <p>A review of the facility policy on 07-05-13 at 3:23 p.m., titled "Medication Administration Guidelines," and dated as revised 07-2011, indicated the following:</p> <p>"PURPOSE [bold type] To ensure that: the right resident get the right medication at the right time, in the right dosage, via the right route. To ensure medications are dispensed in a sanitary manner. to comply with State and Federal Guidelines for administration of medications..."PROCEDURE: MEDICATION PASS: Inventory is maintained as to disposition of controlled substances on the sheet supplied by [name of Long Term Care Pharmacy] with each Scheduled Controlled Substance."</p> <p>3. The record for Resident "F" was</p>						

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	<p>reviewed on 07-03-13 at 12:50 p.m. Diagnoses included, but were not limited to, cerebral vascular accident, congestive heart failure, left rotator cuff tear, Diabetes Mellitus, morbid obesity and right hemiparesis. The resident was admitted to the facility on 06-26-13. These diagnoses remained current at the time of the record review.</p> <p>During an observation on 07-03-13 at 9:00 a.m., with the Director of Nurses in attendance, Resident "F" was observed seated in a wheelchair, in room, with an oxygen tank suspended via straps from the back of the wheelchair. The resident did not have the nasal cannula in place and the Director of Nurses assisted the resident with the tubing.</p> <p>A review of the "Resident Assessment," dated 06-25-13, and the Hospital Discharge Instructions, dated 06-26-13 indicated the resident did not require oxygen therapy.</p> <p>However a nursing progress note, dated 06-27-13 at 7:05 a.m., indicated, "Resident alert and oriented, able to make needs known, resp [respirations] 24, O2 [oxygen] sat [saturation] 88%, O2 @ [at] 2 L [liters] added, sats at this time 94 %, breath</p>			

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	<p>sounds clear, no s/s [signs or symptoms] of resp. [respiratory] distress, totally dependent on staff at this time of ADL's [activity's of daily living], turned and repositioned QHS [every bedtime], no c/o [complaints of] pain or discomfort at this time, will continue to monitor."</p> <p>A 06-30-12 progress note at 10:11 a.m., "Resident 2L of oxygen O2 sats are 96%, will continue to monitor during this time."</p> <p>A review of the resident's clinical record lacked a physician order for the oxygen therapy.</p> <p>This Federal tag relates to Complaints IN00130458 and IN00131628</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			

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