

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155152	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2013
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NAME OF PROVIDER OR SUPPLIER MONTICELLO HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 N MAIN ST MONTICELLO, IN 47960
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F000000	<p>This visit was for the Investigation of Complaints IN00131875 and IN00132982.</p> <p>Complaint IN00131875-Substantiated-Federal/state deficiency related to the allegation is cited at F309.</p> <p>Complaint IN00132982-Substantiated-Federal/state deficiencies related to the allegations are cited at F157, F282, and F309.</p> <p>Survey dates: July 29 & 30, 2013</p> <p>Facility number: 000072 Provider number: 155152 AIM number: 100287440</p> <p>Survey team: Janet Adams, RN, TC</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census payor type: Medicare: 21 Medicaid: 54 Other: 19</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 2567L Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a post survey revisit on or after August 29, 2013.</p>	
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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>Total: 94</p> <p>Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 2, 2013, by Janelyn Kulik, RN.</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 record review and interview, the facility failed to ensure staff verified admission medications orders with the Physician, failed to notify the Physician of clarification</p>	F000157	<p>F 157 Notify of Changes (Injury/Decline/Room, Etc.)</p> <p>It is the practice of this provider to ensure that staff verify admission</p>	08/29/2013			

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	<p>needed related to a medication dose, and failed to notify the Physician of refusal of ordered treatment for 1 of 3 residents reviewed for new admission orders in the sample of 11. (Resident #C)</p> <p>Findings include:</p> <p>The closed record for Resident #C was reviewed on 7/30/13 at 8:35 a.m. The resident was admitted to the facility from a hospital on 7/6/13. The resident was sent to the hospital on 7/17/13 and did not return to the facility.</p> <p>Review of the 7/6/13 Nursing Progress Notes indicated the first entry was made at 8:35 p.m. This entry indicated the resident arrived at the facility via an ambulance at 4:30 p.m. This entry was made by LPN #1. The entry indicated the resident arrived from the hospital. There was no documentation of the Physician being notified of the hospital orders in this entry. The 7/7/13 Nursing Progress Notes were reviewed also. There was no documentation of the Physician being notified of the hospital orders. There was no documentation indicating the Physician was faxed the hospital orders or returned any fax on 7/6/13.</p>		<p>medications orders with the Physician. It is the practice of this provider to ensure that staff notify the Physician of refusal of ordered treatments.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Resident #C no longer resides in the facility.</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> <p>·All residents have the potential to be affected by the alleged deficient practice.</p> <p>·The Physician has been in and verified all admission medication orders.</p>				

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	<p>There was no documentation from 7/14/113 through 7/27/13 related to the Physician being notified of the resident not wearing the TED hose as ordered. There was no documentation of the notifying the Physician of a medication dose clarification needed.</p> <p>The 7/6/13 Physician Order Sheet was reviewed. The following medication orders were listed on the order sheet: Ergocalciferol Vit D2- one tablet daily Carvedilol 3.125 milligrams-one table 2 times a day Calcium Carbonate/vitamin D3 -on tablet twice a day Multivitamin -one tablet daily Aspirin 81 milligrams- one tablet daily Lidoderm 5% patch-apply one patch daily and remove at night Magnesium Oxide 400 milligrams-one tablet three times a day Digoxin .125 milligrams one tablet daily on Wednesdays and Fridays Digoxin .25 milligrams one tablet daily on Tuesdays, Thursdays, Saturdays, and Sundays. Omeprazole 40 milligrams -one capsule daily Lisinopril 5 milligrams- one tablet daily Ipratropin-Albuterol (DuoNeb) 0.5mg-3mg -one vial per nebulizer every 6 hours</p>		<p>·DNS or her designee conducted a chart audit to ensure that the Physician was notified of any resident who refused ordered treatments.</p> <p>·SDC or her designee will re-educate all nurse staff on ensuring Physicians verify admission medication orders and that Physicians are notified per policy when a resident refuses ordered treatment by August 29, 2013.</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> <p>·The admitting Charge Nurse is responsible to verify admission medication orders with the Physician. The Charge Nurse is responsible to notify the physician per policy when a resident refuses ordered treatment.</p> <p>·DNS or her designee will monitor new admissions and refusal of treatment to ensure</p>		

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	<p>Alprazolam 0.5 milligrams -one tablet three times a day as needed for anxiety</p> <p>Albuterol inhaler- inhale as directed as needed.</p> <p>Claritin 10 milligrams -one tablet daily</p> <p>Norco10/325 milligrams -one tablet every 4 hours as needed for severe pain.</p> <p>The Physician Order Sheet was signed by the Nurse Practitioner on 7/9/13. There was a column on the sheet which read "All orders have been verbally verified with the prescriber." Next to the above the word "initials" was typed with a line next to it. There were no initials on this line.</p> <p>Review of the 7/6/13 Hospital Discharge order sheets indicated the above medications were listed as medications the resident was to take upon hospital discharge.</p> <p>The 7/2013 Medication Administration Record was reviewed. The Ergocalciferol Vit D2 one tablet daily was never signed out as given on any days in July 2013. There was an order for the resident to have TED hose on during the day and off at night. This order was dated 7/14/13. The Ted hose were never signed out on the Medication Administration</p>		<p>compliance.</p> <p>·SDC or her designee will re-educate all nurse staff on ensuring Physicians verify admission medication orders and that Physicians are notified per policy when a resident refuses ordered treatment by August 29, 2013.</p> <p>·Unit Manager or designee will ensure implementation or compliance by August 29, 2013.</p> <p>·Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <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> <p>·The CQI tools titled "Admission/Readmission procedure" and "Refusal of Medication/Treatments" will be</p>				

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	<p>Record. There was no documentation on the Medication Record related to the resident refusing the TED hose.</p> <p>The facility policy titled "Nursing Admission/Return Admission Procedure" was reviewed on 7/30/13 at 10:56 a.m. The latest revised date on the policy was 9/2012. The Director of Nursing indicated the policy was current. The policy indicated:</p> <p>"Physician orders:"</p> <ol style="list-style-type: none"> "Upon admission, physician orders must be obtained." "Transcribe the admission orders from the original orders sent from the hospital or physician's office." <p>"Verification of orders:"</p> <ol style="list-style-type: none"> "The admitting nurse must call the attending physician to verify all orders upon admission." <p>When interviewed on 7/30/13 at 10:23 a.m., the Director of Nursing indicated the protocol is for the admitting nurse to write the hospital discharge orders on an order sheet and send the sheet to the Pharmacy. The Director of Nursing also indicated the staff unusually notify the attending the resident is at the facility and some Physician may ask them to verify the</p>		<p>utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance.</p> <p>The CQI committee reviews the audits monthly and action plans are developed if a threshold of 95% is not met to ensure continual compliance. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <p>The Director of Nursing Services or designee is responsible to monitor for compliance.</p> <p>Compliance Date: August 29, 2013.</p>				

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	<p>medications.</p> <p>When interviewed by telephone on 7/30/13 at 12:05 p.m., LPN #1 indicated she was working the evening Resident #C was admitted. The LPN indicated she completed the admission assessment and wrote the orders that came with the resident from the hospital onto a facility Physician order sheet and faxed this to the Dr. (the resident's Physician) name. LPN #1 indicated she did not call the Physician. The LPN indicated the protocol is for staff to fax the order sheet, the Physician is to sign, and return fax the the order sheet to the facility. The LPN indicated she could not recall if a return fax was received from the Physician on 7/6/13. The LPN indicated if it is faxed back to the facility the faxed copy should be signed by the Physician and this fax copy is to be in the resident's records.</p> <p>When interviewed on 7/30/13 at 12:30 p.m., the Director of Nursing indicated the resident's Physician requests the orders be faxed. The Director of Nursing indicated the resident was admitted to the facility on a Saturday and the fax was probably sent to the Physician's office. The Director of Nursing</p>				

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	<p>indicated the Nurse Practitioner signed the orders on 7/9/13.</p> <p>When interviewed on 7/30/13 at 11:00 a.m., the Unit Manager indicated she faxed the Nurse Practitioner on 7/9/13 to obtain clarification on the Ergocalciferol Vit D2 medication orders as no dosage was listed and the Nurse Practitioner just faxed back the same order without a dose specified. The Unit Manager indicated there was no further documentation of clarification of the order until 7/16/13 when an order was written to discontinue the medication. The Unit Manger verified no doses of the medication were signed out on the Medication Record and no doses were given as no clarification was ever verified for the dosage. The Unit Manager indicated she did not think the resident ever wore the TED hose.</p> <p>When interviewed on 7/30/13 at 2:30 p.m., the Director of Nursing indicated a staff nurse informed her the resident told staff she did not want to wear the TED hose.</p> <p>This federal tag related to Complaint IN00132982.</p> <p>3.1-5(a)(2)</p>						

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	3.1-5(a)(3)				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure Physician orders were followed related to obtaining daily weights as ordered by the Physician for 1 of 3 resident's reviewed for recent admissions from the hospital. (Resident #C)</p> <p>Findings include:</p> <p>The closed record for Resident #C was reviewed on 7/30/13 at 8:35 a.m. The resident was admitted from the hospital on 7/6/13. The resident's diagnoses included, but were not limited to, chronic anemia, history of lung cancer, pneumonia, respiratory failure, and high blood pressure.</p> <p>Review of the 7/14/13 Physician orders indicated there were orders written for daily weights to be completed. The order also indicated the Physician was to be notified of any weight gain greater then 3 pounds in 24 hours of greater then 5 pounds in one week. An order was also written for the resident to wear</p>	F000282	<p>F282 Services by Qualified Persons/Per Care Plan</p> <p>It is the practice of this provider to ensure that Physician orders related to daily weights are followed.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Resident #C no longer resides in the facility.</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>	08/29/2013	

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	<p>TED hose (antiembolytic compression stockings) during the day and off at night. Another order was written for the resident to receive Lasix (a diuretic medication) 40 milligrams now and then 20 milligrams twice a day starting on 7/15/13. The Care Plan Update and written on the Physician Order sheet indicated the resident was noted with 2+ edema (swelling) to both legs and also a weight gain.</p> <p>Review of the resident's weight documents and 7/2013 Medication Administration Record indicated the following weights were recorded. 7/7/13 124.0 pounds 7/14/13- 134.0 pounds 7/18/13- 124.1</p> <p>When interviewed on 7/30/13 at 11:00 a.m., the Unit Manager #1 indicated the resident resided on her unit. The Unit Manger indicated daily weights should have been done as ordered by the Physician and documented in the resident's record.</p> <p>This federal tag relates to Complaint IN00132982.</p> <p>3.1-35(g)(2)</p>		<p>All residents with daily weight orders have the potential to be affected by the alleged deficient practice.</p> <p>The DNS or designee audited all residents with daily weight orders to ensure compliance.</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> <p>When a Charge Nurse receives a Physician order for daily weights it will be placed in the treatment book and on the aide assignment sheet.</p> <p>The Charge Nurse is responsible to ensure the Physician order for daily weights is followed and physicians are notified of any changes as appropriate.</p> <p>The DNS or designee will audit all residents with daily weight orders to ensure compliance and appropriate follow up is completed.</p>	

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			<ul style="list-style-type: none"> ·SDC or designee will re-educate nursing staff on daily weights by August 29, 2013. · Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. 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? ·The CQI tool titled "Resident Weights" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance. · The CQI committee reviews the audits monthly and action plans are developed as the threshold of 95% is not met to ensure continual compliance. 		

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			<ul style="list-style-type: none"> · Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. · The Director of Nursing Services or designee is responsible to monitor for compliance. <p>Compliance Date: August 29, 2013</p>	

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure the necessary treatment and services were provided related to not administering a respiratory inhaler for 1 of 3 residents reviewed for respiratory treatment in the sample of 11 (Resident #C) and not completing a physical assessment of a resident with an elevated blood glucose level for 1 of 3 residents reviewed for Diabetes. (Resident #M).</p> <p>Findings include:</p> <p>1. The closed record for Resident #C was reviewed on 7/30/13 at 8:35 a.m. The resident was admitted from the hospital on 7/6/13. The resident's diagnoses included, but were not limited to, chronic anemia, history of lung cancer, pneumonia, respiratory failure, and high blood pressure.</p> <p>Review of the 7/6/13 admission Physician orders indicated there was an order written for the resident to</p>	F000309	<p>F309 Provide Care/Services for Highest Wellbeing.</p> <p>It is the practice of this provider to ensure that each resident receives necessary treatment and services related to prn respiratory inhalers. It is the practice of this provider to ensure that each resident receives a physical assessment with an elevated blood glucose level.</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 #C no longer resides in the facility. ·Resident #M's blood sugar parameters have been verified with the Physician. 	08/29/2013			

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	<p>receive Albuterol inhaler 2 puffs every 6 hours as needed for shortness of breath or wheezing. Review of the 7/2013 Medication Administration Record indicated the resident received the Albuterol inhaler one time on 7/14/13.</p> <p>The 7/2013 Nursing Progress Notes were reviewed. An entry made on 7/11/13 at 1:12 a.m. indicated the resident wore oxygen and had wheezes to bilateral chest lobes. There was no documentation of the above as needed inhaler being administered at this time.</p> <p>When interviewed on 7/30/13 at 11:00 a.m., the Director of Nursing indicated there was no record of the staff administering the Albuterol inhaler on 7/11/13.</p> <p>2. The record for Resident #M was reviewed on 7/30/13 at 11:30 a.m. The residents' diagnoses included, but were not limited to, insulin dependent diabetes mellitus, heart disease, and right and left below the knee leg amputations.</p> <p>Review of the 7/2013 Physician orders indicated there were orders for the resident to have blood sugar glucometer testing before meals and</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 have the potential to be affected by the alleged deficient practice. ·The DNS or designee audited all resident charts with a prn respiratory inhaler order to ensure they have been administered per Physician order. ·The DNS or designee audited all resident charts to ensure that they have received a physical assessment with elevated blood sugars. ·The Charge Nurse is responsible to ensure that prn respiratory inhalers are administered per physician order. ·The Charge Nurse is 				

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	<p>at bedtime with sliding scale insulin coverage. A Physician order indicated the resident was to receive Humulin Regular insulin injections per sliding scale as follows for each blood glucose test: 0-150 no coverage 151- 200 4 units 201- 250 6 units 251- 300 8 units 301 and over 10 units.</p> <p>The 7/2013 Capillary Blood glucose Monitoring Tool was reviewed. The following blood glucose levels were noted: 7/27/13 at 9:00 p.m. - blood glucose level 400 7/27/13 at 4:00 p.m. - blood glucose level 308 7/27/13 at 11:00 a.m. - blood glucose level 205 7/27/13 at 6:00 a.m. - blood glucose level 167 Review of the blood glucose levels between 7/23/13 and 7/27/13 indicated the only blood glucose levels above 300 were the above noted on 7/27/13.</p> <p>The 7/2013 Nursing Progress Notes were reviewed. There were no entries made on 7/27/13 to indicate the resident was assessed for signs of hyperglycemia (elevated blood</p>		<p>responsible to ensure each resident receives a physical assessment with an elevated blood sugar.</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"> ·The Charge Nurse is responsible to ensure that prn respiratory inhalers are administered per physician order. ·The Charge Nurse is responsible to ensure each resident receives a physical assessment with an elevated blood sugar. ·The DNS or designee is responsible to ensure that prn respiratory inhalers are administered per Physician Order. ·The DNS or designee is responsible to ensure each 				

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	<p>sugar level) on 7/27/13.</p> <p>Review of the resident's current care plans indicated there was a care plan initiated on 2/25/13 which indicated the resident had a diagnoses of diabetes mellitus and was at risk for abnormal blood sugar levels. The care plan was last reviewed on 6/11/13. Care plan interventions included for staff to monitor the resident for signs and symptoms of hyperglycemia (high blood sugar levels) and hypoglycemia (low blood sugar levels).</p> <p>When interviewed on 7/27/13 at 2:30 p.m. the Director of Nursing indicated there was no facility policy related to hyperglycemia. The Director of Nursing indicated the resident's blood glucose level on 7/27/13 at 9:00 p.m. was high and the resident did not have any other recent blood sugars at this level. The Director of Nursing indicated the Nursing Progress Notes indicated there was no physical assessment of the resident at the time of the blood sugar level of 400.</p> <p>This federal tag relates to Complaints IN00131875 and IN00132982.</p> <p>3.1-37(a)</p>		<p>resident receives a physical assessment with an elevated blood sugar.</p> <p>·SDC or designee will re-educate nursing staff on prn respiratory inhaler administration and physical assessments of elevated blood sugars by August 29, 2013.</p> <p>· Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action.</p> <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> <p>·The CQI tools titled "Change of Condition and Medication Errors" and will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance.</p>		

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			<ul style="list-style-type: none"> · The CQI committee reviews the audits monthly and action plans are developed as the threshold of 95% is not met to ensure continual compliance. · Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. · The Director of Nursing Services or designee is responsible to monitor for compliance. Compliance Date: August 29, 2013. 	