STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155247		09/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	8549 S MADISON AVE INDIANAPOLIS, IN 46227

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00208394. Complaint IN00208394 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F279, F281, F282, F328, F425 and F514. Survey dates: September 6 & 7, 2016 Facility number: 000151 Provider number: 155247 AIM number: 100284060 Census bed type: SNF: 26 SNF/NF: 78 Total: 104 Census payor type: Medicare: 13 Medicaid: 63 Other: 28 Total: 104 Sample: 3 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Q.R. completed by 14466 on September 15, 2016.			
F 0157 SS=D Bldg. 00	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). 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. The facility must record and periodically update the address and phone number of			

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	the resident's legal representative or interested family member. Based on record review and interview, the facility failed to ensure the physician was notified the resident did not receive ordered medications and did not have orders for flushing the resident's PICC (peripherally inserted central catheter) line for 1 of 3 residents reviewed for physician notification in a sample of 3 (Resident #B & LPN #2). Findings include: The record for Resident #B was reviewed on 9/6/16 at 9:05 a.m. Diagnoses for Resident #B included, but were not limited to, sepsis and anemia. The resident was admitted to the facility on 8/20/16, and discharged on 8/22/16. A hospital discharge summary dated 8/20/16, indicated Resident #B would require administration (via PICC line) of daptomycin (an antibiotic) 50 milligrams (mg) intravenous (IV) daily in sodium chloride solution (saline) beginning 8/20/16 at 7:30 p.m., and meropenem (an antibiotic) 500 mg IV, every 6 hours beginning 8/20/16 at 8:30 p.m. 1. The hospital discharge summary lacked documentation of flush orders for care of the PICC line.	F 0157	**F157 Notification of Changes** It is the practice of this facility to comply with F157 Notification of changes (injury/decline/room) **What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident #B no longer resides at this facility. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** - Residents who reside in this facility with IV medications have the potential to be affected by this alleged finding. Licensed Nurse who did not follow company guidelines for notification of changes as it relates to this alleged deficiency, no longer works for the facility. A thirty day look back, utilizing an audit	10/07/2016

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	LPN #2 was the admission nurse for Resident #B. The record lacked documentation LPN #2 notified the physician for PICC line flush orders. The hospital orders did not include orders for flushing the PICC line. Review of the August 2016, Medication Administration Record (MAR) for Resident #B, indicated the record did not include orders for flushing the PICC line. On 9/6/16 at 4:05 p.m., the ADON provided the Infusion of Intermittent Medication policy dated 1/09, and indicated the policy was the one currently being used by the facility. "Purpose: Administration of intermittent medication utilizing aseptic technique and maintaining patency of vascular access device (VAD). ... A physician order is required for flushes." During an interview with the Assistant Director of Nursing (ADON) on 9/6/16 at 4:05 p.m., she indicated the hospital discharge summaries rarely include flush orders for IV's, we follow our standard policy and staff is expected to use it. LPN #2 should have included the information during the admission process and notified the physician of missed		tool, for these targeted residents was completed to ensure that any necessary notifications were made to physician/family. Going forward, residents with IV medications will receive their medications as ordered and have flush orders. If it is found that this did not occur, the physician will be notified. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - Licensed nurses will be educated on notification of resident change of condition to the physician/family. Educational content will address notification based on *Interact* Change of Condition criteria with emphasis on notifying physician/family when medications are not given as ordered or when flush orders for IV/PICC lines were not completed. Licensed nurses who fail to comply with expectation of notification will be educated and/or progressively disciplined as indicated. Director of Care Deliver RN (DCD/designee) will monitor, utilizing an audit tool, these residents five days a week to ensure appropriate notification relates to IV medication orders and flushes. Any errors or omissions will be corrected and the physician and family	

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	medications and the lack of flush orders. 2. Review of the August 2016, MAR also indicated the resident did not receive the ordered antibiotic medications on 8/20 and 8/22. The record lacked documentation the physician was notified of the missed medications. During an interview with the Assistant Director of Nursing (ADON) on 9/6/16 at 4:05 p.m., she indicated the hospital discharge summaries rarely include flush orders for IV's, we follow our standard policy and staff is expected to use it. LPN #2 should have included the information during the admission process and notified the physician of missed medications and the lack of flush orders. This Federal tag relates to Complaint IN00208394. 3.1-5(a)(3)		will be notified when observed. This monitoring will continue until zero negative findings are achieved for four consecutive weeks. Afterwards, random monitoring will occur weekly ongoing. - **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 in place?** - Results of the monitoring will be reviewed for patterns/trends weekly by Administrator/Administrative Director of Nursing Services. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/Designee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendations monthly ongoing.	
F 0279	483.20(d), 483.20(k)(1)			

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SS=D Bldg. 00	DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).			
	Based on record review and interview, the facility failed to ensure care plans were developed for a resident with a peripherally inserted central catheter (PICC) and antibiotic medication administration for 1 of 1 residents reviewed for PICC line care in a sample of 3 (Resident #B). Findings include: The record for Resident #B was reviewed on 9/6/16 at 9:05 a.m. Diagnoses for Resident #B included, but were not limited to, sepsis and anemia. The	F 0279	**F279 Develop Comprehensive Care Plans** It is the practice of this facility to comply with F279 to develop a comprehensive care plan for each resident. **What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident #B no longer resides at this facility. No other residents have been affected by this alleged finding.	10/07/2016

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	resident was admitted to the facility on 8/20/16, and discharged on 8/22/16. A hospital discharge summary dated 8/20/16, indicated Resident #B would require administration of daptomycin (an antibiotic) 50 milligrams (mg) daily through the PICC line, in sodium chloride solution (saline) beginning 8/20/16 at 7:30 p.m., and meropenem (an antibiotic) 500 mg via PICC line, every 6 hours beginning 8/20/16 at 8:30 p.m. The record lacked documentation of care plans for administration of medications nor care of the PICC line for Resident #B. During an interview with the Assistant Director of Nursing on 9/7/16 at 9:00 a.m., she indicated there were no care plans in place for the care of Resident #B's PICC line and antibiotic medication administration. This Federal tag relates to Complaint IN00208394. 3.1-35(a)		**How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** - Residents with PICC lines and orders for antibiotic medication have the potential to be affected by this finding. - A thirty day look back, utilizing an audit tool, for these targeted residents was completed to ensure that the appropriate care plans were developed for residents with PICC lines as well as antibiotic medication. Going forward, residents with PICC lines and orders for antibiotic medication will be reviewed upon admission and have the appropriate care plans developed. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - Nurse Managers have been in serviced to ensure a comprehensive care plan is developed for each resident with PICC lines and antibiotic medication orders. The ADNS, using an audit tool, will review all admissions for the next 30 days to ensure that comprehensive care	

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			plans are being developed correctly for each resident within five days of their admission. Discrepancies found will be corrected to the care plan so that it accurately reflects the current status of the resident. **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 in place?** - Results of the audits will be reviewed for patterns/trends weekly by the Administrator. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the QAA Committee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendation monthly ongoing	
F 0281 SS=D Bldg. 00	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. Based on record review and interview, the facility failed to ensure staff were provided training and skills validation for PICC line care, according to the facility	F 0281	**F281 Services Provided meet Professional Services** It is the practice of this facility to comply	10/07/2016

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	policy, for 2 of 2 nurses reviewed for training and skills validation (Resident #B, LPN #1 and LPN #3). Findings include: The record for Resident #B was reviewed on 9/6/16 at 9:05 a.m. Diagnoses for Resident #B included, but were not limited to, sepsis and anemia. The resident was admitted to the facility on 8/20/16, and discharged on 8/22/16. A hospital discharge summary dated 8/20/16, indicated Resident #B would require administration (via PICC line) of daptomycin (an antibiotic) 50 milligrams (mg) intravenous (IV) daily in sodium chloride solution (saline), beginning 8/20/16 at 7:30 p.m., and meropenem (an antibiotic) 500 mg IV, every 6 hours, beginning 8/20/16 at 8:30 p.m. The hospital discharge summary also lacked documentation of flush orders for care of the PICC line. The record for Resident #B lacked documentation of orders to flush the PICC line to maintain patency. Review of the Medication Administration Record (MAR) for August 2016, indicated LPN #1 (night shift nurse)		with F281 to ensure that services provided or arranged by the facility meet professional standards of quality. **What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident #B no longer resides at this facility. No other residents have been affected by this alleged deficient practice. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** - Residents with PICC lines have the potential to be affected by this alleged deficient practice. An audit has been completed of licensed nurses to ensure skills validation, specifically for IVs, has been done per facility guidelines. Licensed nurses found to be out of compliance have been re-educated and demonstrated competency to ensure their skills validation records are up to date.	

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	administered the Meropenem at 6:17 a.m., but lacked documentation of IV care (flushing) after the infusion of the medication. A nurses note dated 8/23/16 at 1320 (late entry for 8/22/16 at 7:30 a.m.) indicated the patient was disconnected from the IV by the day shift nurse (LPN #3) who attempted to flush both ports but both appeared to be occluded. During an interview with the Assistant Director of Nursing (ADON) on 9/6/16 at 4:05 p.m., she indicated the hospital discharge summaries rarely have flush orders for IV's included, we follow our standard policy and staff is expected to use it. LPN #1 should have flushed the line after the medication was given. During an interview with the Assistant Director of Nursing (ADON) on 9/7/16 at 10:20 a.m., she indicated the last skills validation, for PICC line management, we can find for LPN #1 is 2013, and for LPN #3 is May of 2015. On 9/6/16 at 4:05 p.m., the ADON provided the Flushing of Venous Access Device (VAD) policy dated 1/09, and indicated the policy was the one currently being used by the facility. "Purpose:		**What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - The nurse who failed to flush the PICC line per facility guidelines has been disciplined. Human Resources Director has been educated to ensure that licensed nurses have their skills validations completed per facility guidelines. The HRD will complete an audit each month to ensure that licensed nurses are in compliance with facility guidelines as it relates to their skills validation. Nurses found out of compliance will be corrected. **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 in place?** - Results of the audits will be reviewed for patterns/trends monthly by the Administrator/ADNS. Any non-compliance identified will be addressed with a Plan of Action to be reviewed monthly by the Administrator/designee until compliance is achieved.	

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	To maintain patency of venous access device. ... Administer intermittent medication via ... PICC using the SAS method: (saline (0.9% NaCl) flush, administer medication, saline flush. ... Venous Access Device Care Matrix ... Peripherally Inserted Central Catheter (PICC) ... Saline 5 milliliters (ml) ... minimal flushing frequency every 12 hours" On 9/7/16 at 9:00 a.m., ADON provided the Medication Management Skills Evaluation (Licensed Nurse), dated 5/14, and indicated the policy was the one currently being used by the facility. " ... The Medication Management Skills Evaluation is completed during job specific orientation and re-validated at least annually at the time of the employee's annual performance." This Federal tag relates to Complaint IN00208394. 3.1-35(g)(1)		Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendation monthly ongoing. -	

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F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure antibiotics were administered as ordered by the physician for 1 of 3 residents reviewed for physician orders in a sample of 3 (Resident #B). Findings include: The record for Resident #B was reviewed on 9/6/16 at 9:05 a.m. Diagnoses for Resident #B included, but were not limited to, sepsis and anemia. The resident was admitted to the facility on 8/20/16, and discharged on 8/22/16. A hospital discharge summary dated 8/20/16, indicated Resident #B would require administration of daptomycin (an antibiotic) 50 milligrams (mg) through the peripherally inserted central catheter (PICC) line, daily in sodium chloride solution (saline) beginning 8/20/16 at 7:30 p.m., and meropenem (an antibiotic) 500 mg via PICC, every 6 hours beginning 8/20/16 at 8:30 p.m.	F 0282	**F282 Services by Qualified Persons/Per Care Plan** It is the practice of this facility to comply with F282 to ensure that services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. **What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident #B no longer resides at this facility. No other residents have been affected by this alleged deficient practice. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** Residents who reside in this facility with	10/07/2016

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	Review of the August 2016, Medication Administration Record (MAR) for Resident #B indicated the resident did not receive the following medications: daptomycin--8/20 at 7:30 p.m., 8/22 at (2100) 9:00 p.m. meropenem--8/20 at 8:30 p.m., 8/22 at 12:00 p.m., and (1800) 6:00 p.m. During an interview with the Assistant Director of Nursing on 9/6/16 at 11:30 a.m., she indicated all the medications were taken from the emergency drug kit (EDK) and the pharmacy was not notified of the drug request until 8/22/16 at 10:26 p.m. The missed doses were due to the drugs not being ordered timely and the supply in the EDK had been used up. This Federal tag relates to Complaint IN00208394. 3.1-35(g)(2)		orders for antibiotic medication have the potential to be affected by this alleged finding. The Nurse who did not follow facility guidelines for verification of medication orders with the pharmacy is no longer employed by the facility. DCD/designee will do thirty day look back, utilizing an audit tool, to ensure medication orders for antibiotics has been accurately transcribed and administered to the MAR. Any discrepancies will be corrected when found and all necessary notifications will be made. Physician orders will be crosschecked with the MAR within 24-48 hours of receipt of the order to validate accurate transcription. Any discrepancies will be corrected when found and all necessary notifications will be made. Monitoring will be ongoing. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - Licensed Nurses will be educated on the following facility guidelines: 1.Orders Management: Transcribing or Noting 2.Medication Management "Six Rights Plus One" and Errors.	

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			Nursing staff who fail to comply with these facility guidelines will be educated and/or progressively disciplined as indicated. DCD/designee will monitor, utilizing an audit tool, to confirm the accuracy of orders with antibiotics and proper follow up with the pharmacy per facility guidelines. Any errors or omissions will be corrected and the physician and family will be notified when observed. Audits will occur within 24-48 hours of receipt of the orders. This monitoring will continue until zero negative findings are achieved for four consecutive weeks. Afterwards, random monitoring will occur weekly ongoing. **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 in place?** Results of the monitoring will be reviewed for patterns/trends weekly by the Administrator/ADNS. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/Designee until compliance is achieved.	

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			Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendations monthly ongoing.	
F 0328 SS=D Bldg. 00	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. Based on clinical record review and interview, the facility failed to ensure a resident with a peripherally inserted central catheter (PICC) line had orders to flush the line to maintain patency according to facility policy for 1 of 1 residents reviewed for PICC lines in a sample of 3 (Resident #B). Findings include: The record for Resident #B was reviewed on 9/6/16 at 9:05 a.m. Diagnoses for Resident #B included, but were not limited to, sepsis and anemia. The resident was admitted to the facility on 8/20/16, and discharged on 8/22/16.	F 0328	**F328 Treatment/Care for Special Needs** It is the practice of this facility to comply with F328 to 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. **What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?**	10/07/2016

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	A hospital discharge summary dated 8/20/16, indicated Resident #B would require administration (via PICC line) of daptomycin (an antibiotic) 50 milligrams (mg) intravenous (IV) daily in sodium chloride solution (saline), beginning 8/20/16 at 7:30 p.m., and meropenem (an antibiotic) 500 mg IV, every 6 hours, beginning 8/20/16 at 8:30 p.m. The hospital discharge summary also lacked documentation of flush orders for care of the PICC line. The record for Resident #B lacked documentation of orders to flush the PICC line to maintain patency. Review of the Medication Administration Record (MAR) for August 2016, indicated LPN #1 (night shift nurse) administered the Meropenem at 6:17 a.m., but lacked documentation of IV care (flushing) after the infusion of the medication. A nurses note dated 8/23/16 at 1320 (late entry for 8/22/16 at 7:30 a.m.) indicated the patient was disconnected from the IV by the day shift nurse who attempted to flush both ports but both appeared to be occluded.		Resident #B no longer resides at this facility. No other residents have been affected by this alleged deficient practice. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** - Residents with IV/PICC lines have the potential to be affected by this finding. The nurse who did not follow facility guidelines to ensure flush orders were present is no longer employed by the facility. A thirty day look back, utilizing an audit tool, for residents with IV/PICC lines was completed to ensure that flush orders were present. Going forward, residents with PICC lines will be reviewed upon admission and have the orders for flushes. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - Licensed Nurses have been in-serviced regarding facility guidelines for flush orders and to notify the physician if they	

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	During an interview with the Assistant Director of Nursing (ADON) on 9/6/16 at 4:05 p.m., she indicated the hospital discharge summaries rarely have flush orders for IV's included, we follow our standard policy and staff is expected to use it. LPN #1 should have flushed the line after the medication was given. On 9/6/16 at 4:05 p.m., the ADON provided the Flushing of Venous Access Device (VAD) policy dated 1/09, and indicated the policy was the one currently being used by the facility. "Purpose: To maintain patency of venous access device. ... Administer intermittent medication via ... PICC using the SAS method: (saline (0.9% NaCl) flush, administer medication, saline flush. ... Venous Access Device Care Matrix ... Peripherally Inserted Central Catheter (PICC) ... Saline 5 milliliters (ml) ... minimal flushing frequency every 12 hours" This Federal tag relates to Complaint IN00208394. 3.1-47(a)(2)		are not completed per the order. DCD/designee will monitor, utilizing an audit tool, to confirm the accuracy of orders for flushes and that they are completed per facility guidelines. Any errors or omissions will be corrected and the physician and family will be notified when observed. Audits will occur within 24-48 hours of receipt of the orders. This monitoring will continue until zero negative findings are achieved for four consecutive weeks. Afterwards, random monitoring will occur weekly ongoing. **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 in place?** - Results of the audits will be reviewed for patterns/trends weekly by Administrator/designee. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/designee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendation monthly ongoing.	

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F 0425 SS=D Bldg. 00	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH 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. 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. 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 clinical record review and interview, the facility failed to ensure staff ordered medications according to the policy for 1 of 3 residents reviewed for medications in a sample of 3 (Resident #B and LPN #2). Findings include: The record for Resident #B was reviewed on 9/6/16 at 9:05 a.m. Diagnoses for Resident #B included, but were not limited to, sepsis and anemia. The resident was admitted to the facility on	F 0425	**F425 Pharmaceutical SVC – Accurate Procedures, RPH** It is the practice of this facility to comply with F425 to provide routine and emergency drugs and biologicals to the residents. **What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?**	10/07/2016

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	8/20/16, and discharged on 8/22/16. A hospital discharge summary dated 8/20/16, indicated Resident #B would require administration of daptomycin (an antibiotic) 50 milligrams (mg) intravenous (IV) daily in sodium chloride solution (saline) beginning 8/20/16 at 7:30 p.m., and meropenem (an antibiotic) 500 mg IV, every 6 hours beginning 8/20/16 at 8:30 p.m. Review of the August 2016, Medication Administration Record (MAR) for Resident #B indicated the resident did not receive the following medications: daptomycin--8/20/16 at 7:30 p.m., 8/22 at (2100) 9:00 p.m. meropenem--8/20 at 8:30 p.m., 8/22 at 12:00 p.m., and (1800) 6:00 p.m. Review of an untitled document dated 9/6/16 at 13:49 (1:49 p.m.) from the facility Pharmacy on 9/6/16, indicated the antibiotics for Resident #B, were not ordered until 8/22/16 at 10:26 p.m., and not delivered until 8/23/16, after the resident's discharge from the facility. During an interview on 9/6/16 at 11:30 a.m., with the Assistant Director of Nursing (ADON), she indicated some of the medications provided to the resident were pulled from the emergency drug kit		Resident #B no longer resides at this facility. No other residents have been affected by this alleged deficient practice. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** - Residents residing in the facility with medication orders have the potential to be affected by this finding. A thirty day look back, utilizing an audit tool, for residents with IV/PICC lines was completed to ensure that staff ordered the medications per facility guidelines. Going forward, residents with PICC lines will be reviewed upon admission and have the medication orders completed per facility guidelines. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** - Licensed Nurses have been in-serviced regarding facility guidelines for ordering medications, verification of medication delivery and the use of medications from the Emergency Drug Kit.	

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	(EDK) and not ordered from the pharmacy as they should have been. On 9/7/16 at 9:00 a.m., ADON provided the LTC (long term care) Nursing Center's Pharmacy Services and Procedures Manual dated 5/1/13, and indicated the policy was the one currently being used by the facility. "Applicability This ... sets forth procedures relating to medication shortages and unavailable drugs. ... 2.1 ... A licensed Nursing Center nurse should contact the Pharmacy to determine the status of the order. If the medication has not been ordered, the licensed Nursing Center nurse should place the order or reorder to be sent with the next scheduled delivery." On 9/7/16 at 9:00 a.m., the ADON provided the Nurse Supervisor Job Description dated 1/16, and indicated the policy was the one currently being used by the facility. "Job Summary Supervises nursing personnel to deliver nursing care and within scope of practice coordinates care delivery, which will ensure that patient's needs are met in accordance with professional standards of practice through physician orders, center policies and procedures, and federal, state		DCD/designee will monitor, utilizing an audit tool, to confirm the accuracy of orders for medication and that they are completed per facility guidelines. Any errors or omissions will be corrected and the physician and family will be notified when observed. Audits will occur within 24-48 hours of receipt of the orders. This monitoring will continue until zero negative findings are achieved for four consecutive weeks. Afterwards, random monitoring will occur weekly ongoing. **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 in place?** - Results of the audits will be reviewed for patterns/trends weekly by Administrator/designee. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/designee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendation monthly ongoing.	

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	and local guidelines ... ... Follows Pharmacy policy and procedures for ordering and delivering medications ..." This Federal tag relates to Complaint IN00208394. 3.1-25(a)			
F 0514 SS=D Bldg. 00	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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. 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. Based on record review and interview, the facility failed to ensure the physician's orders were correctly transcribed in the resident's medical record for 1 of 3 residents reviewed for medical record accuracy in a sample of 3 (Resident #B & LPN #2). Findings include:	F 0514	**F514 Resident Records-Complete/Accurate/Accessible** It is the practice of this facility to comply with F514 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.	10/07/2016

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	The record for Resident #B was reviewed on 9/6/16 at 9:05 a.m. Diagnoses for Resident #B included but were not limited to, sepsis and anemia. A hospital discharge summary dated 8/20/16, indicated Resident #B would require the administration of daptomycin (an antibiotic) 50 milligrams (mg) intravenous (IV) daily in sodium chloride solution (saline) beginning 8/20/16 at 7:30 p.m. Recapitulation of the physician's orders for August 2016, indicated LPN #2 (admission nurse) incorrectly documented the antibiotic to be administered daily in the a.m., instead of at bedtime as indicated by the hospital discharge summary orders. Review of the August 2016, Medication Administration Record (MAR) indicated the resident did not receive the antibiotic ordered for 8/20/16 at 7:30 p.m. During an interview with the Assistant Director of Nursing (ADON) on 9/6/16 at 11:45 a.m., she indicated the LPN #2 (admission nurse) documented the medication order as daily but the system automatically defaults daily medications to the morning. The day shift nurse caught the error and changed the		**What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident #B no longer resides at this facility. No other residents have been affected by this alleged deficient practice. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** - Residents residing in the facility with medication orders have the potential to be affected by this finding. A thirty day look back, utilizing an audit tool, for residents with IV/PICC lines was completed to ensure that medication orders were transcribed accurately. Going forward, residents with PICC lines will be reviewed upon admission and have the medication orders for residents transcribed accurately. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?**	

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	medication to be administered at bedtime as ordered. This Federal tag relates to Complaint IN00208394. 3.1-50(a)(2)		- Licensed Nurses have been in-serviced regarding facility guidelines for transcribing medication orders and initiating antibiotics as ordered. DCD/designee will monitor, utilizing an audit tool, to confirm the accuracy of the transcription of orders for medications and that they are completed per facility guidelines. Any errors or omissions will be corrected and the physician and family will be notified when observed. Audits will occur within 24-48 hours of receipt of the orders. This monitoring will continue until zero negative findings are achieved for four consecutive weeks. Afterwards, random monitoring will occur weekly ongoing. **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 in place?** - Results of the audits will be reviewed for patterns/trends weekly by Administrator/designee. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/designee until compliance is achieved.	

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			Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendation monthly ongoing.	