

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155694	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/15/2013
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NAME OF PROVIDER OR SUPPLIER  BETZ NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 116 BETZ RD AUBURN, IN 46706
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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
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00132197.</p> <p>Complaint IN00132197-Substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: July 8, 9, 10, 11, 12, and 15, 2013</p> <p>Facility number: 000306 Provider number: 155694 AIM number: 100273860</p> <p>Survey team: Rick Blain, RN-TC Tim long, RN Carol Miller, RN (7/9, 7/10, 7/11, 7/12, 7/15, 2013) Diane Nilson, RN (7/8, 7/9, 7/10, 7/11, 7/12, 2013)</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 12</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. This provider respectfully requests that the 2567 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 July 31, 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>Medicaid: 60 Other: 30 Total: 102</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 16, 2003 by Randy Fry RN.</p>				

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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 a physician's order for a nutritional supplement was followed for 1 resident (Resident #E) in a sample of 3 residents reviewed for nutrition. The facility also failed to ensure amounts consumed at meals and the offering of a meal substitute was documented according to the care plan and facility policy for 1 resident with weight loss (Resident #B) in a sample of 3 residents reviewed for nutrition.</p> <p>Findings include:</p> <p>1. Resident #E's clinical record was reviewed on 7/10/13 and indicated a weight loss from 1/2/13 to 7/9/13. The resident received a physician's order on 5/15/13 for fortified pudding every afternoon for snack for mild weight loss and stasis wound.</p> <p>Resident #E had a health care plan started 2/19/13 for "risk for unintentional weight loss related to meal intake consistently &lt;50%.</p>	F000282	<p><b>F282 Services by Qualified Persons/per Care Plan</b></p> <ul style="list-style-type: none"> <li>o <b>Residents affected by the alleged deficient practice;</b> <ul style="list-style-type: none"> <li>· Two residents (#E and #B) were found to have been affected by alleged deficiency. · All residents who are nutritionally compromised have the potential to be affected by the alleged deficient practice. · <b>What corrective actions will be taken for those residents found to have been affected by the deficient practice?</b> · Resident E is receiving nutritional supplement as ordered by the physician.</li> <li>· Resident B medical record includes amount of food consumed and substitutes are offered. Substitutes are offered when resident b does not consume at least 50% of meal.</li> <li>· <b>How will you identify other residents having the potential to be affect by the same deficient practice and what corrective action will be taken?</b></li> <li>· All residents have the potential to be affected by the alleged deficient practice.</li> <li>· DNS/designee will conduct an audit of all charts to ensure that residents % of consumption was</li> </ul> </li> </ul>	07/31/2013
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	<p>Resident requires a mechanically altered diet related to difficulty chewing secondary to being edentulous. Significant weight loss x 90/180 days (6/2013). Therapeutic diet in place to encourage weight maintenance." The approaches included an update on 5/15/13 for "fortified pudding for afternoon snacks."</p> <p>Review of the resident's medication administration record (MAR) for May, June and July 2013 indicated no documentation of whether the resident consumed the physician's ordered daily fortified pudding since it was started 5/15/13. The May MAR indicated fortified pudding FYI (for your information). The June and July MAR's did not contain any mention of the physician's ordered daily fortified pudding.</p> <p>An interview with the Registered Dietitian (RD) on 7/10/13, 2:30 P.M. indicated the fortified pudding should be recorded on the MAR or possibly the treatment administration record (TAR). The RD was unable to locate documentation of fortified pudding on the MAR or TAR except for the FYI for fortified pudding on the May MAR. The RD indicated the fortified pudding consumption should be documented</p>		<p>completed, any resident consuming less than 50% of meal was offered a substitute.</p> <ul style="list-style-type: none"> <li>· DNS/designee will conduct an audit of all charts to ensure that residents who have a nutritional supplement ordered will have amount consumed documented.</li> <li>· DNS/designee will in service and educate all nursing staff on the importance and proper procedure for documentation of meal consumption, substitution offered and consumed, and supplements consume don or before 7/31/2013. · <b>What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not occur?</b> · DNS/designee will in-service and educate all nursing staff on the importance and proper procedure for documentation of meal consumption, substitution offered and consumed, and supplements consumed on or before 7/31/2013. · Physician orders for supplements will be reviewed in morning clinical meeting and checked for appropriate transcription per DNS/designee.</li> <li>· MAR will be audited daily per nurse management/ designee to ensure that supplement was being given as ordered, and amount consumed is documented. · Licensed nurse will run vitals report attend of shift to ensure that meal intake and substitute consumption is</li> </ul>				

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	<p>daily as to whether resident #E consumed to supplement or not.</p> <p>2. The record for Resident #B was reviewed on 7/10/13 at 1:00 P.M. Diagnoses included, but were not limited to, dementia.</p> <p>A review of recorded weights for Resident #B indicated the following:</p> <p>2/1/13: 150 pounds</p> <p>2/13/13: 145 pounds</p> <p>2/20/13: 143 pounds</p> <p>2/27/13: 145 pounds</p>		<p>documented. · Meal intake checklist will be completed every shift to ensure that meal intake is documented for each resident.</p> <p>· <b>How the corrective action will be monitored to ensure the deficient practice will not recur, ie, what QA program will be put into place?</b> · A CQI Supplement tool will be implemented during the NAR review per DNS/designee weekly per one month, then monthly x6months.</p> <p>· A CQI Food/Fluid documentation will be implemented per DNS/designee to monitor meal/supplement consumption documentation weekly per one month, then monthly x6 months Data will be collected by DNS/Designee and submitted to the CQI committee , if threshold of 95% is not met, an action plan will be developed</p>		

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	<p>3/6/13: 144 pounds</p> <p>4/1/13: 143 pounds</p> <p>5/7/13: 131 pounds</p> <p>5/23/13: 130 pounds</p> <p>6/13/13: 129 pounds</p> <p>6/18/13: 134 pounds</p> <p>A review of the consumption record for Resident #B indicated the amount consumed at meals was not documented for the following meals:</p> <p>6/21/13: breakfast</p> <p>6/19/13: dinner</p> <p>6/18/13: lunch and dinner</p> <p>6/17/13: lunch</p> <p>6/15/13: lunch and breakfast</p> <p>6/14/13: lunch and dinner</p> <p>5/24/13: lunch and breakfast</p> <p>5/5/13: breakfast and lunch</p> <p>5/4/13: breakfast</p>			

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	4/28/13: dinner			
	4/26/13: dinner			
	4/24/13: lunch			
	4/22/13: dinner			
	4/14/13: lunch			
	4/12/13: dinner			
	4/7/13: breakfast			
	4/4/13: lunch and dinner			
	4/2/13: lunch			
	3/27/13: lunch			
	3/26/13: dinner			
	3/22/13: dinner			
	3/14/13: dinner			
	3/9/13: breakfast and dinner			
	3/6/13: breakfast and dinner			
	3/3/13: lunch			
	2/26/13: dinner			

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	<p>2/13/13: breakfast and lunch</p> <p>2/8/13: lunch</p> <p>2/5/13: dinner</p> <p>2/4/13: lunch</p> <p>2/2/13: breakfast</p> <p>A review of the consumption record for Resident #B indicated the resident consumed the following amounts for the meal and no supplement, or substitute, was documented as being offered:</p> <p>6/21/13: lunch not taken.</p> <p>6/19/13: breakfast not taken.</p> <p>6/14/13: breakfast not taken.</p> <p>5/5/13: dinner not taken.</p> <p>5/3/13: breakfast not taken.</p> <p>4/29/13: dinner 1-25% consumed.</p> <p>4/29/13: breakfast and lunch not taken.</p> <p>4/23/13: dinner 1-25% consumed.</p> <p>4/22/13: lunch not taken.</p>				

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	4/21/13: dinner 1-25% consumed.			
	4/20/13: dinner not taken.			
	4/20/13: breakfast 1-25% consumed.			
	4/19/13: dinner not taken.			
	4/19/13: breakfast 1-25% consumed.			
	4/17/13: breakfast not taken.			
	4/16/13: dinner not taken.			
	4/15/13: lunch 1-25% consumed.			
	4/14/13: dinner not taken.			
	4/13/13: dinner 1-25% consumed.			
	4/9/13: dinner 1-25% consumed.			
	4/8/13: dinner 1-25% consumed.			
	4/6/13: lunch 1-25% consumed.			
	4/5/13: dinner not taken.			
	4/1/13: dinner not taken.			
	3/30/13: lunch not taken.			
	3/29/13: lunch 1-25% consumed.			

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	3/28/13: breakfast not taken.			
	3/24/13: lunch 1-25% consumed.			
	3/23/13: lunch 1-25% consumed.			
	3/23/13: breakfast not taken.			
	3/22/13: lunch 1-25% consumed.			
	3/16/13: lunch and dinner 1-25% consumed.			
	3/15/13: dinner 1-25% consumed.			
	3/4/13: breakfast 1-25% consumed.			
	3/3/13: dinner 1-25% consumed.			
	3/2/13: lunch 1-25% consumed.			
	3/1/13: dinner 1-25% consumed.			
	2/25/13: dinner 1-25% consumed.			
	2/24/13: breakfast and lunch 1-25% consumed.			
	2/23/13: breakfast and lunch 1-25% consumed.			
	2/22/13: dinner 1-25% consumed.			
	2/21/13: lunch and dinner 1-25% consumed.			

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	<p>2/18/13: dinner 1-25% consumed.</p> <p>2/18/13: breakfast not taken.</p> <p>2/17/13: lunch 1-25% consumed.</p> <p>2/16/13: dinner 1-25% consumed.</p> <p>2/15/13: breakfast not taken.</p> <p>2/13/13: dinner not taken.</p> <p>2/12/13: dinner not taken.</p> <p>2/11/13: breakfast not taken.</p> <p>2/4/13: dinner 1-25% consumed.</p> <p>2/3/13: dinner 1-25% consumed.</p> <p>A care plan for Resident #B, with a start date of 2/8/13, indicated "Resident is at risk for unintentional weight loss related to meal intake consistently &lt; (less than) 50%...." Interventions on the care plan included, but were not limited to "Monitor food/fluid intake at meals" and "Offer substitute if &lt;50% of any meal is consumed."</p> <p>A care plan for Resident #B, with a start date of 3/26/13, indicated "Resident is at risk for unintentional</p>			

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	<p>weight loss related to meal intakes consistently &lt;50%...." Interventions on the care plan included, but were not limited to "Monitor food/fluid intake at meals" and "Offer substitute if &lt;50% of any meal is consumed."</p> <p>The facility Registered Dietitian (RD) was interviewed on 7/10/13 at 2:00. During the interview the RD indicated Resident #B frequently refused meals or consumed very little. The RD indicated staff were to offer her a supplement, or substitute, if the resident refused a meal or consumed less than 50% of the meal. The RD further indicated amounts consumed at meals and the offering of supplements were to be documented for each meal by staff.</p> <p>A facility policy entitled "Nutritional Intake Documentation", dated 4/2011 and provided by the facility RD on 7/10/13 at 3:00 P.M., indicated "It is the policy of this facility to ensure a record of nutritional intake is maintained for all residents receiving oral nourishment." The policy further indicated "Upon completion of the meal a member of the nursing staff (CNA, QMA, or Licensed Nurse) will document the percentage of food and amount of fluid consumption for the meal." The policy also indicated "If</p>				

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	<p>the resident consumes less than 75% of the meal, a substitute must be offered. The nursing staff will document on the Food/Fluid Intake Record whether the substitute was accepted or refused."</p> <p>This Federal tag relates to Complaint IN00132197.</p> <p>3.1 -35(g)(2)</p>				

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F000514 SS=D	<p>483.75(I)(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 interview and record review, the facility failed to ensure nursing staff had documented a medication as not given when the resident's heart rate was under 60 beats per minute. This deficiency affected 1 resident in a sample of 10 reviewed for unnecessary medications (Resident #113).</p> <p>Findings include:</p> <p>The clinical record of Resident #113 was reviewed on 7/10/13 at 2:45 p.m. and indicated diagnoses included, but were not limited to, hypertension (high blood pressure).</p> <p>The Physician's Order Sheet dated 6/2013 indicated the resident had been prescribed Coreg 6.25</p>	F000514	<p><b>F514 Res Records-Complete/Accurate/Ac cessible 1. Residents affected by the alleged deficient practice;</b> · One resident (#113) was found to have been affected by the alleged deficiency. · All residents have the potential to be affected by the alleged deficient practice. <b>2. What corrective actions will be taken for those residents found to have been affected by the deficient practice?</b> · Resident #113 is receiving medication per physician order and is accurately documented on the MAR. · In-service of MAR documentation by DNS/designee for held medications conducted on or before 7/31/2013. <b>3. How will you identify other residents having the potential to be affected by the same deficient</b></p>	07/31/2013			

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	<p>milligrams (mg) (medication for hypertension) since 7/17/12. The order indicated to give 1 tablet orally twice a day and to hold the Coreg if the resident's heart rate was under 60 beats per minute (bpm).</p> <p>The Medication Administration Record (MAR) for May 2013, indicated the 8:00 a.m. dose of Coreg 6.25 mg was not circled as held when the pulse was under 60 bpm, on the following dates: 5/25 the pulse was 56 bpm, on 5/26 the pulse was 56 bpm, on 5/27 the pulse was 54 bpm, and 5/31 the pulse was 57 bpm. On the back of the MAR there was no documentation that indicated the nurses had held the Coreg when the Resident's pulse was under 60 bpm.</p> <p>The Director Nursing Service (DNS) was interviewed on 7/11/13 at 9:30 a.m. and indicated the nurses who had taken the resident's pulse should have circled the medication Coreg as not given and documented on the back of the MAR.</p> <p>The DNS was interviewed on 7/15/13 at 10:00 a.m. During the interview, the DNS indicated she had interviewed the nurses and the Coreg had been held when the resident's</p>		<p><b>practice and what corrective action will be taken:</b></p> <ul style="list-style-type: none"> <li>· All residents receiving medication withhold parameters have the potential to be affected by the alleged deficient practice.</li> <li>· DNS/Designee will conduct a whole house audit for all medication with hold parameters to ensure that all orders are being followed.</li> <li>· Medication Pass Procedure skills validation on MAR/TAR documentation, will be conducted on nursing staff per SDC/designee.</li> </ul> <p><b>4. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· MAR will be audited daily by DNS/Designee to ensure that all medication is given per physician order and is documented appropriately. If medication is to be held per physician orders, the licensed staff will circle their initials and document the reason for holding the med on the back of the MAR.</li> <li>· In-service of MAR documentation by DNS/Designee for held medications conducted on or before 7/31/2013.</li> </ul> <p><b>5. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e, what quality assurance program will be put into place?</b></p> <ul style="list-style-type: none"> <li>· MAR/TAR review audit tool will be implemented weekly x 4 weeks, then monthly x 6 months,</li> </ul>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155694	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  07/15/2013
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	pulse was below 60 bpm, but the nurses had not circled to indicate the medication had not given and had not documented on the back of the MAR.  3.1-50(a)(1)		then quarterly thereafter. Data will be collected by DNS/designee and submitted to the CQI committee. If threshold of 95% is not met, an action plan will be developed.		