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
	155243		08/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF LAFAYETTE	300 WINDY HILL DR LAFAYETTE, IN 47905

(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 #IN00179134. Complaint #IN00179134 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282. Survey dates: August 19 & 20, 2015 Facility number: 000147 Provider number: 155243 AIM number: 100266900 Census bed type: SNF/NF- 106 Total- 106 Census payor type: Medicare- 16 Medicaid- 78 Other- 12 Total- 106 Sample- 3 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	September 4, 2015 Dear Ms.Rhoades, Please accept our plan of correction for Complaint Number (IN00179134) We have completed the education, house wide audit and the ongoing audit process and are asking for a desk review to achieve substantial compliance If you have any questions, please feel free to contact me at 765-477-7791 ext .204 will we be happy to provide you any supporting documents for your review Best regards, Laurie Dotas, HFA Administrator/CEO	

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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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 interview and record review, the facility failed to ensure physician's orders were followed, appropriately, for 1 of 3 residents, in a sample of 3, reviewed for physician orders. (Resident B) Findings include: The clinical record for Resident B was reviewed on 8/19/15 at 11:10 a.m. Diagnoses for Resident B included, but were not limited to, bipolar disorder, depression, dissociative identity disorder, and chronic pain. A facsimile (fax) to the physician, dated 8/18/15, indicated "Missed dose notification: Aripipazole/Abilify [antipsychotic medication] 30 mg. [milligram] medication. Re-ordered from pharmacy." The August 2015 Medication Administration Record indicated the Aripipazole (generic for Abilify) medication was administered per order,	F 0282	F282 *It is the practice of Signature Healthcare of Lafayette to ensure to ensure medications are administered as ordered.* I. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? ·For Residents #B, her medication was available after 8/18/15 and received medications as ordered until discharge. The resident is no longer a resident of the facility. II. How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action will be taken? Corrective Action includes:	09/04/2015

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	from 8/01 to 8/18/15. Administration entries were marked with a "0". The key on the MAR indicated 0 indicated the medication was "administered". During an interview on 8/19/15 at 7:19 p.m., the Transitional Care Nurse indicated Resident B did not receive Abilify on 8/18/15. Inadvertently, the Abilify medication card was misfiled on the medication cart and the nurse was unable to locate it on 8/18/15. During an interview on 8/20/15 at 10:40 a.m., the Assistant Director of Nursing (ADON) indicated some nurses were still confused with the use of the facility's new electronic medication administration record (EMAR) system and how to document refused, missed, or unavailable medications on the EMAR. Therefore, the MAR entry for Abilify on 8/18/15 indicated the medication was administered, but it was not. This Federal tag relates to complaint #IN00179134. 3.1-35(g)(2)		·Resident medications will be reviewed to ensure all ordered medications are available for administration. III <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u> ·Licensed nurses will be reeducated on ordering and reordering medications, policy and procedure related to a missing medication and stat pharmacy ordering. ·The Director of Nursing and/or designee will audit 10% of resident medications weekly to ensure medications are available for administration for one month, then audit twice per month for one month until a threshold of 100% is achieved consistently for one month. IV. <u>How will the corrective action be monitored to ensure the alleged deficient practice will not recur?</u>	

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			·The Director of Nursing will present results of audits at Quality Assurance Committee (QA) on a quarterly basis until which time the QA Committee determines otherwise until a pattern of compliance has been established. . ·The QA Committee will make appropriate recommendations as indicated by the trends identified. V. By what date will the systemic changes be completed? - Compliance date: September 4, 2015 -	