

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/08/2013
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NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 4, 5, 6, 7, and 8, 2013</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Survey team: Karen Lewis, RN, TC Tina Smith-Stats, RN Jason Mench, RN (August 6, 7, and 8, 2013) Ginger McNamee, RN</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 13 Medicaid: 53 Other: 9 Total: 75</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		

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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F000156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>			

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on record review and interview, the facility failed to ensure residents were informed of possible charges the residents would incur as a result of the lack of Medicare coverage benefits for 3 of 3 residents who had received Notification of Medicare Non-Coverage. (Resident #'s 34, 82 and 98)</p> <p>Findings Include:</p> <p>The Notices of Medicare Non-Coverage Letters were reviewed for Resident #'s 34, 82 and 98 on 8/7/13 at 10:00 a.m.</p> <p>Resident #34 was given a Notice of Medicare Non-Coverage Letter dated 6/13/13 and signed on 6/13/13 for discharge on 6/19/13. No Demand Bill was requested.</p> <p>Resident #82 was given a Notice of Medicare Non-Coverage Letter dated 4/10/13 and signed on 4/10/13 for discharge on 4/14/13. No Demand Bill was requested.</p> <p>Resident #98 was given a Notice of Medicare Non-Coverage Letter dated 4/10/13 and signed on 4/10/13 for discharge on 4/13/13. No Demand Bill</p>	F000156	<p>A. Resident 98 and his responsible party met with Social Services and Business Office Manager to assure understanding of items and services included under the State plan for which the resident may not be charged, and those services offered by facility that are not covered for which they may be charged, and the amount of charges for those uncovered services. Resident acknowledgement of that explanation of benefits and charges received. Resident number 34 and resident 82 have both discharged from the facility.</p> <p>B. All residents have the potential to be affected. All residents who have had a payor source change in the past 90 days, or their responsible parties met with Social Services and Business Office Manager to assure understanding of items and services included under the State plan for which the resident may not be charged, and those services offered by facility that are not covered for which they may be charged, and the amount of charges for those uncovered services. Resident acknowledgement of that explanation of benefits and charges received.</p> <p>C. The admission packet and Advanced Beneficiary Notices (ABN), and Medicare Non-Coverage</p>	08/28/2013			

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	<p>was requested.</p> <p>During a staff interview with the Business Office Manager and the Social Service Director on 8/7/13 at 10:15 a.m., both staff indicated the charges residents could incur as a result of the lack of Medicare coverage benefits were covered upon admission and during the meeting with the resident and/or responsible party before Medicare Benefits expired. They indicated they did not have the cost listed/included on the Medicare Non-Coverage Letters.</p> <p>3.1-4(f)(3)</p>		<p>Notifications (NOMNC) have been updated to include an explanation of benefits and schedule of charges and acknowledgement. Social Services, Business Office Manager, and Therapy Manager were inserviced on the ABN and NOMNC procedure including the acknowledgement and explanation of benefits. The inclusion of this explanation will accompany any change in payor source for all residents in the facility. This process is to be administered by Social Service Director or designee. This process will be overseen by the Business Office Manager.</p> <p>D. The Advanced Beneficiary Notices (ABN), and Medicare Non-Coverage Notifications (NOMNC) procedure will be added to the agenda of the CQI committee. The NOMNC CQI tool will be completed Monthly for 6 consecutive months with scores above threshold of 95%. The NOMNC CQI tool will then be completed quarterly for 2 consecutive quarters with scores above threshold of 95% and results summarized by and for consideration of the committee. Any issues identified through CQI process will be addressed through an action plan.</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 laboratory tests were obtained timely as ordered by the physician and/or the nurse practitioner for 2 of 5 residents reviewed for laboratory testing related to medication use. (Resident #'s 61 and 9)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #61 was reviewed on 8/6/13 at 4:30 p.m.</p> <p>Diagnoses for Resident #61 included, but were not limited to, diabetes mellitus, hypertension, and gout.</p> <p>A "Physician Telephone Order," dated and signed by the nurse practitioner on 6/4/13, indicated Resident #61 was to have an uric acid level laboratory test .</p> <p>The clinical record lacked any result for the uric acid level laboratory test ordered by the nurse practitioner on 6/4/13, for Resident #61.</p>	F000282	<p>A. The lab came to draw the required labs for resident #61 and #9 on August 8 th , 2013. Results of the labs were obtained on August 9, 2013 and results communicated to the physician.</p> <p>B. All residents have the potential to be affected by this practice. An audit was completed to assure that all labs were drawn and results obtained for each order and results communicated to the physician.</p> <p>C. Inservice training regarding lab scheduling and tracking was provided to all licensed nurses of the facility. The Laboratory Tracking binders will be audited by the Director of Nursing Services (DNS) weekly to assure that labs are drawn as ordered. The unit manager for the unit in question was counseled regarding the positions requirement to track laboratory results per policy.</p> <p>D. The laboratory CQI will be completed monthly by the DNS or designee and will be reviewed at the monthly CQI meeting for 6 consecutive of scores above</p>	08/28/2013

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	<p>During an interview with the Director of Nursing (DoN), on 8/8/13 at 7:57 a.m., additional information was requested related to the lack of an uric acid level laboratory result for Resident #61.</p> <p>During an interview with the DoN on 8/8/13 at 8:41 a.m., she indicated an uric acid level laboratory test had not been drawn for Resident #61 in June or July of 2013.</p> <p>2.) The clinical record for Resident #9 was reviewed on 8/7/13 at 4:01 p.m.</p> <p>Diagnoses for Resident #9 included, but were not limited to, hypertension, gout, anxiety and thyroid disorder.</p> <p>The clinical record indicated Resident #9 was to have a Thyroid Stimulating Hormone (TSH) laboratory test yearly in June. The original order date for this laboratory test was 4/11/12.</p> <p>The clinical record lacked any results for a June, 2013 TSH laboratory test ordered by the physician on 4/11/12, for Resident #9.</p> <p>During an interview with the Director of Nursing (DoN), on 8/8/13 at 8:41</p>		<p>threshold of 95%. Then decrease to quarterly for 2 consecutive quarters and results summarized by and for consideration of the committee. Any issues identified through CQI process will be addressed through an action plan.</p>				

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	<p>a.m., additional information was requested related to the lack of a TSH laboratory result for Resident #9.</p> <p>During an interview with the DoN on 8/8/13 at 10:10 a.m., she indicated a TSH laboratory test had not been drawn for Resident #9 in June of 2013.</p> <p>3.) Review of the current undated policy, titled "GUIDELINES FOR LAB TRACKING," provided by the Director of Nursing on 8/8/13 at 8:51 a.m., included, but was not limited to, the following:</p> <p>"...Set up a lab tracking binder with a list (place in sheet protector) for:</p> <p style="padding-left: 40px;">Daily labs Weekly labs Monthly labs Quarterly labs Annual labs...</p> <p>...Take lab tracking binder with form in it to a.m. meeting</p> <p>Review MD orders and place in tracking binder at time order reviewed...</p> <p>...Monthly-review lab tracking binder at the time of completion of the</p>						

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	rewrites to ensure lab orders and MD orders match..." 3.1-35(g)(2)			

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F000428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on interview and record review, the facility failed to ensure the Consultant Pharmacist identified medication orders with the potential to exceed the daily maximum daily dose for drugs for 3 of 5 residents reviewed for unnecessary medications. (Resident #'s 61, 9, and 6)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #61 was reviewed on 8/6/13 at 4:30 p.m.</p> <p>Diagnoses for Resident #61 included, but were not limited to, diabetes mellitus, hypertension, and gout.</p> <p>Current physician's orders for Resident #61 included, but were not limited to, the following orders:</p> <p>a.) Acetaminophen (a pain medication) 325 milligrams (mg) 2 tablets (650 mg) every 4 hours as</p>	F000428	<p>A. The acetaminophen orders for residents #61, #9, and #6 were changed with respect to maximum daily dosage on August 9, 2013.</p> <p>B. All residents have the potential to be affected by this practice. A facility audit was completed by nurse management the week of August 12 th to assure that all acetaminophen orders were written properly in regard to maximum daily dosage.</p> <p>C. Nursing personnel were inserviced to assure that physician orders were correct pertaining to maximum daily dosage. Pharmacy consultant completed an audit of all orders on August 20, 2013 with specific instructions to focus on all PRN physician orders for maximum daily dosage compliance. The facility met with management of pharmacy to share their concerns about pharmacy consultant identifying issues with PRN orders related to maximum daily dosages.</p>	08/28/2013			

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	<p>needed for pain. The original date of this order was 3/17/09.</p> <p>b.) Acetaminophen (a pain/fever reducing medication) 325 mg tablet give 2 tablets (650 mg) by mouth every 4 hours as needed for a temperature greater than 100 degrees. The original date of this order was 3/17/09.</p> <p>c.) Hydrocodone - acetaminophen (a pain medication) 5/500 milligrams (mg) give 1 tablet three times a day. The original date of this order was 11/22/12.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders in May, June, and July of 2013. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 9,300 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicated 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>During an interview with the Director of Nursing (DoN) on 8/8/13 at 10:59</p>		<p>D. Pharmacy consultant will attend CQI meeting monthly. The CQI tool for pharmacy services will be completed monthly by facility staff and reviewed at CQI meeting monthly for 6 consecutive months with scores above the threshold of 95%, then quarterly thereafter for 2 consecutive quarters with scores above threshold. Results will be summarized by and for the consideration of the committee and shared between facility and pharmacy. Any issues identified through CQI process will be addressed through an action plan.</p>				

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	<p>a.m., additional information was requested related to the pharmacy consultant's reports and lack of recommendations related to the acetaminophen orders.</p> <p>During an interview with the DoN on 8/8/13 at 12:00 p.m., she indicated there were no recommendations from pharmacy reviews for the acetaminophen orders.</p> <p>2.) The clinical record for Resident #9 was reviewed on 8/7/13 at 4:01 p.m.</p> <p>Diagnoses for Resident #9 included, but were not limited to, hypertension, gout, anxiety and thyroid disorder.</p> <p>Current physician's orders for Resident #9 included, but were not limited to, the following orders:</p> <p>a.) Acetaminophen (a pain medication) 325 milligrams (mg) 2 tablets (650 mg) once a day. The original date of this order was 3/30/12.</p> <p>b.) Acetaminophen (a pain medication) 325 milligrams (mg) 2 tablets (650 mg) every 4 hours as needed for mild pain. The original date of this order was 3/30/12.</p>			

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	<p>The clinical record indicated the pharmacist reviewed the physician's orders in May, June, and July of 2013. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 4,550 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicated 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>During an interview with the Director of Nursing (DoN) on 8/8/13 at 10:59 a.m., additional information was requested related to the pharmacy consultant's reports and lack of recommendations related to the acetaminophen orders.</p> <p>During an interview with the DoN on 8/8/13 at 12:00 p.m., she indicated there were no recommendations from pharmacy reviews for the acetaminophen orders.</p> <p>3.) The clinical record for Resident #6 was reviewed on 8/7/13 at 1:48 p.m.</p>			
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	<p>Diagnoses for Resident #6 included, but were not limited to, diabetes mellitus hypertension, and depression.</p> <p>Current physician's orders for Resident #6 included, but were not limited to, the following orders:</p> <p>a.) Acetaminophen (a pain medication) 650 milligrams (mg) 1 suppository for mild pain every 4 hours. The original date of this order was 6/9/11.</p> <p>b.) Acetaminophen (a pain/fever reducing medication) 650 milligrams (mg) 1 suppository for a temperature greater than 101 degrees every 4 hours. The original date of this order was 6/9/11.</p> <p>c.) Acetaminophen (a pain/fever reducing medication) 650 milligrams (mg) 1 suppository if patient refuses oral medication three times a day. The original date of this order was 6/9/11.</p> <p>d.) Acetaminophen (a pain medication) 325 milligrams (mg) 2 tablets (650 mg) three times a day. The original date of this order was 6/9/11.</p>			

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	<p>The clinical record indicated the pharmacist reviewed the physician's orders in May, June, and July of 2013. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 9,750 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicated 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>During an interview with the Director of Nursing (DoN) on 8/8/13 at 10:59 a.m., additional information was requested related to the pharmacy consultant's reports and lack of recommendations related to the acetaminophen orders.</p> <p>During an interview with the DoN on 8/8/13 at 12:00 p.m., she indicated there were no recommendations from pharmacy reviews for the acetaminophen orders.</p> <p>4.) Review of the current policy, dated 7/2011, titled "PHARMACIST CONSULTING SERVICES", provided by the DoN on 8/8/13 at 11:59 a.m., included, but was not limited to, the</p>			

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	<p>following:</p> <p>"PURPOSE:</p> <p>To provide pharmacy consulting services to the facility in accordance with state and federal regulation.</p> <p>PROCEDURES:...</p> <p>...Further responsibility includes helping to assure that state and federal standards concerning storage, ordering, control accountability, labeling and administration of drugs are followed...."</p> <p>3.1-25(i)</p>				

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F000502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure laboratory services were obtained timely as ordered by the physician for 1 of 5 residents reviewed for laboratory services. (Resident # 75)</p> <p>Findings include:</p> <p>The clinical record for Resident #75 was reviewed on 8/7/13 at 1:15 p.m.</p> <p>Diagnoses for Resident #75 included, but were not limited to, multiple myeloma without remission, hyperlipidemia, senile dementia, obsessive-compulsive disorder and esophageal reflux.</p> <p>Current physician's orders for Resident #75 included, but were not limited to, the following laboratory tests to be drawn annually on the 1st Monday of August at 5:00 a.m., ordered on 8/21/12: ALT (SGPT - a liver functioning test), Lipid Profile (another liver functioning test), TSH (a thyroid functioning test).</p> <p>The clinical record lacked the results</p>	F000502	<p>A. The lab draw for resident #75 was completed August 8, 2013. Results of the labs were obtained on August 9, 2013 and reported to physician.</p> <p>B. All residents have the potential to be affected by this practice. An audit was completed to assure that all labs were drawn and results obtained for each order and results communicated to the physician.</p> <p>C. Inservice training regarding lab scheduling and tracking was provided to all licensed nurses of the facility. The Laboratory Tracking binders will be audited by the Director of Nursing Services (DNS) weekly to assure that labs are drawn as ordered. The unit manager for the unit in question was counseled regarding the positions requirement to track laboratory results per policy. Any issue of delay in having stat labs drawn will be communicated to the DNS or designee who will contact the lab service provider to seek immediate resolution. Executive Director to meet with lab service provider to discuss timeliness issues with lab draws, and solutions.</p>	08/28/2013			

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	<p>for the ordered blood work for Monday, 8/5/13.</p> <p>During an interview with the Director of Nursing on 8/7/13 at 3:20 p.m., additional information was requested related to the lack of blood work results ordered for 8/5/13. The Director of Nursing indicated she was unaware the blood work had not been drawn. She called the lab and ordered the blood work to be drawn immediately.</p> <p>On 8/8/13 at 1:28 p.m., the Director of Nursing indicated the blood work had not been drawn. She indicated the blood work had been ordered immediately on 8/7/13, and had yet to be drawn.</p> <p>3.1-49(a)</p>		<p>D. Laboratory services will be represented at CQI meeting monthly. The CQI tool for lab services will be completed monthly by DNS or designee and reviewed at CQI meeting monthly for 6 consecutive months with scores about threshold of 95% then quarterly thereafter for 2 consecutive quarters with score above threshold. Results will be summarized by and for consideration of the committee and shared between facility and lab service provider. . Any issues identified through CQI process will be addressed through an action plan.</p>		

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F000520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on record review and interview, the facility's Quality Assurance Committee failed to develop and implement a plan of action to notify residents of billable services when they no longer qualified for Medicare benefits for 3 of 3 residents reviewed for being discontinued from Medicare services (Resident #'s 34, 98, 82,) and failed to ensure the Consultant Pharmacist identified residents with the potential</p>	F000520	A. The CQI Committee addressed and will continue to address issues related to Advanced Beneficiary Notices (ABN), and Medicare Non-Coverage Notifications (NOMNC) and the appropriate billing information notifications for possible charges for residents #34, #98, and #82. For residents #61, #9, and #6 it also will continue to address the recommendations from the consultant pharmacist (who is a member of the committee) to assure	08/28/2013	

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	<p>for exceeding the maximum daily dosage of acetaminophen [a pain medication] for 3 of 5 residents reviewed for unnecessary medications. (Resident #'s 61, 6, 9)</p> <p>Findings include:</p> <p>1.) The Advanced Beneficiary Notices [ABN] were reviewed for Resident #'s 34, 98, and 82 on 8/7/13 at 10:00 a.m. The ABNs lacked the billing information for the possible charges for the resident denied Medicare Part A benefits.</p> <p>During an interview on 8/8/13 at 1:45 p.m., the Administrator and Director of Nursing indicated they were not aware of the need for the billing information to be provided to the residents who no longer qualified for Medicare Part A benefits. They indicated the information had not been provided to Resident #'s 34, 98, and 82.</p> <p>2.) The clinical record for Resident #61 was reviewed on 8/6/13 at 4:30 p.m.</p> <p>Diagnoses for Resident #61 included, but were not limited to, diabetes mellitus, hypertension, and gout.</p>		<p>physicians orders are correct and written with maximum daily dosage in mind.</p> <p>B. The CQI Committee addressed and will continue to address issues related to to Advanced Beneficiary Notices (ABN), and Medicare Non-Coverage Notifications (NOMNC) and the appropriate billing information notifications for possible charges for residents. All residents have the potential to be affected by this practice. . All residents who have had a payor source change in the past 90 days, or their responsible parties met with Social Services and Business Office Manager to assure understanding of items and services included under the State plan for which the resident may not be charged, and those services offered by facility that are not covered for which they may be charged, and the amount of charges for those uncovered services. Resident acknowledgement of that explanation of benefits and charges received. The CQI Committee addressed and will continue to address issues related to pharmacy consultant findings and assuring physician's orders are written properly in regard to maximum daily dosage. All residents have the potential to be affected by this practice. A facility audit was completed by nurse management</p>		

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	<p>Current physician's orders for Resident #61 included orders for Acetaminophen for pain, Acetaminophen for elevated temperature, and Hydrocodone/Acetaminophen for pain.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders in May, June, and July of 2013. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 9,300 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicated 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>During an interview with the DoN on 8/8/13 at 12:00 p.m., she indicated there were no recommendations from pharmacy reviews for the acetaminophen orders.</p> <p>3.) The clinical record for Resident #9 was reviewed on 8/7/13 at 4:01 p.m.</p> <p>Diagnoses for Resident #9 included,</p>		<p>the week of August 12 th to assure that all acetaminophen orders were written properly in regard to maximum daily dosage.</p> <p>C. The CQI committee continues to address through action plan issues and concerns identified by benchmarking scores within its CQI process and tools. The CQI committee specifically looks at Advanced Beneficiary Notices (ABN), and Medicare Non-Coverage Notifications (NOMNC), and Pharmacy Consultant recommendations. The admission packet and Advanced Beneficiary Notices (ABN), and Medicare Non-Coverage Notifications (NOMNC) have been updated to include an explanation of benefits and schedule of charges and acknowledgement. The inclusion of this explanation will accompany any change in payor source for all residents in the facility. This process is to be administered by Social Service Director or designee. This process will be overseen by the Business Office Manager. Pharmacy consultant completed an audit of all orders on August 20, 2013 with specific instructions to focus on all PRN physician orders for maximum daily dosage compliance. The facility met with management of pharmacy to share their concerns about pharmacy consultant identifying issues with PRN orders</p>		

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	<p>but were not limited to, hypertension, gout, anxiety and thyroid disorder.</p> <p>Current physician's orders for Resident #9 included Acetaminophen for pain daily and every 4 hours as needed for pain.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders in May, June, and July of 2013. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 4,550 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicated 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>During an interview with the DoN on 8/8/13 at 12:00 p.m., she indicated there were no recommendations from pharmacy reviews for the acetaminophen orders.</p> <p>4.) The clinical record for Resident #6 was reviewed on 8/7/13 at 1:48 p.m.</p> <p>Diagnoses for Resident #6 included,</p>		<p>related to maximum daily dosages.</p> <p>D. The Advanced Beneficiary Notices (ABN), and Medicare Non-Coverage Notifications (NOMNC) procedure will be added to the agenda of the CQI committee. The NOMNC CQI tool will be completed monthly until 6 consecutive months with score above threshold of 95%. The NOMNC CQI tool will then be completed quarterly for 2 consecutive quarters with scores above threshold of 95% and results summarized by and for consideration of the committee. Pharmacy consultant will attend CQI meeting monthly. The CQI tool for pharmacy services will be completed monthly by facility staff and reviewed at CQI meeting monthly for 6 consecutive months with scores above threshold of 95% then quarterly thereafter for 2 consecutive quarters with scores above the 95% threshold. Results will be summarized by and for the consideration of the committee and shared between facility and pharmacy. Any issues will be addressed by both parties via action plan.</p>		

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	<p>but were not limited to, diabetes mellitus hypertension, and depression.</p> <p>Current physician's orders for Resident #6 included Acetaminophen every 4 hours for pain, Acetaminophen every 4 hours as needed for elevated temperature, and Acetaminophen three times a day.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders in May, June, and July of 2013. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 9,750 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicated 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>During an interview with the DoN on 8/8/13 at 12:00 p.m., she indicated there were no recommendations from pharmacy reviews for the acetaminophen orders.</p> <p>5.) Review of the current policy, dated 7/2011, titled "PHARMACIST</p>			

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	<p>CONSULTING SERVICES", provided by the DoN on 8/8/13 at 11:59 a.m., included, but was not limited to, the following:</p> <p>"PURPOSE:</p> <p>To provide pharmacy consulting services to the facility in accordance with state and federal regulation.</p> <p>PROCEDURES:...</p> <p>...Further responsibility includes helping to assure that state and federal standards concerning storage, ordering, control accountability, labeling and administration of drugs are followed...."</p> <p>6.) The Administrator was interviewed concerning Quality Assessment and Assurance on 8/8/13 at 1:45 p.m. The Administrator indicated none of the concerns previously identified had been addressed in the QAA meetings.</p> <p>3.1-52(b)(2)</p>				