

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2013
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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F000000	<p>This visit was for the Investigation of Complaint IN00132527.</p> <p>Complaint IN00132527 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: July 17, 2013</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Survey team: Shelley Reed RN, TC</p> <p>Census bed type: SNF: 10 SNF/NF: 68 Total: 78</p> <p>Census payor type: Medicare: 10 Medicaid: 48 Other: 20 Total: 78</p> <p>Sample: 4</p> <p>These deficiencies also reflect state</p>	F000000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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	findings cited in accordance with 410 IAC 16.2.				

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F000281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on observation, interview and record review, the facility failed to properly ensure professional standards were provided for 1 of 1 residents related to medication administration technique in a sample of 4 residents reviewed. (Resident D)</p> <p>Findings include:</p> <p>During observation on 7/17/13 at 10:55 a.m., Resident (D) was asleep in a recliner with a medication cup on the bedside table that contained several pills.</p> <p>During an interview on 7/17/13 at 10:55 a.m., Resident (D) indicated she forgot to take the medication at the bedside. She indicated the pills were her 8:00 a.m. medications.</p> <p>During an interview on 7/17/13 at 11:05 a.m., LPN #1 indicated that she did leave the morning medications at the bedside for Resident (D). She indicated the resident would normally take the medication after her morning insulin injection.</p>	F000281	Resident D was not harmed by the deficient practice. The POA was updated and the MD was contacted regarding receiving the morning medications late and he indicated to give the noon scheduled medications at 1pm. The nurse has been re-educated on medication pass procedures with a special focus on staying with the residents until they take their medications. All other residents have the potential to be affected. The nurse has been re-educated on medication pass procedures with a special focus on staying with the residents until they take their medications. The facility's policy for Medication Administration has been reviewed and no changes are indicated at this time (See Attachment 1). The nurses and QMAs have been re-educated on medication administration procedures with a special focus on staying with the residents until they take their medications (See Attachment 2). As a means to ensure ongoing compliance, a Medication Administration Monitoring Form has been initiated (See Attachment 3). The DON or designee will be responsible for utilizing the Medication Administration Monitoring Form to	08/02/2013	

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	<p>The clinical record for Resident (D) was reviewed on 7/17/13 at 11:08 a.m.</p> <p>Diagnoses for Resident (D) included, but were not limited to, schizophrenia, anxiety, obesity, diabetes mellitus, congestive heart failure, depression and osteoporosis. The Minimum Data Set assessment indicated Resident (D) was cognitively intact.</p> <p>During record review on 7/17/13 at 11:08 a.m., the Medication Administration Record (MAR), indicated no signature by LPN #1 was identified for the following 8:00 a.m. medications: Abilify 5 mg (a medication used to treat schizophrenia), Lexapro 20 mg (a medication used to treat depression), Zestril 20 mg (a medication used to treat hypertension), Prilosec 20 mg (a medication used to treat reflux), Onglyza 5 mg (a medication used to treat diabetes mellitus), Lasix 60 mg (a medication used to treat congestive heart failure), Lovaza 1 gm (a medication used to treat hyperlipidemia), Klonopin 0.5 mg (a medication used to treat schizophrenia) and Neurontin 100 mg (a medication used to treat neuropathy)</p> <p>During record review on 7/17/13 at 11:08 a.m., the Medication Administration Record (MAR), indicated no signature by LPN #1 was identified for the following</p>		<p>ensure medications are being administered appropriately per policy and procedure. The DON or designee will observe three nurses administering medications on alternating shifts and on scheduled work days as follows: daily for two weeks, two times weekly for two weeks, one time weekly for one month then quarterly thereafter for a minimum of 6 months. Should concerns be noted during these observations, immediate education will be conducted. As a means of quality assurance, the results of these reviews and any corrective actions taken will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly, if indicated.</p>		

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	<p>7:00 a.m. medications; Coreg 12.5 mg (a medication used to treat congestive heart failure), potassium chloride 20 mEq (a supplement) and Metformin 500 mg (a medication used to treat diabetes mellitus).</p> <p>During an interview on 7/17/13 at 11:40, a copy of the MAR was requested from the Administrator related to Resident (D). He indicated LPN #1 had already spoken to him related to the medication being left at the bedside for Resident (D). No information was provided related to Resident (D) self-administering medications.</p> <p>A medication error report dated 7/17/13, provided by the Corporate Nurse, indicated the LPN #1 gave Resident (D) the medication cup and did not stay with the resident to make sure she took the medications.</p> <p>Review of the current facility policy, revised 8/10, provided by the Corporate Nurse on 7/17/13 at 3:50 p.m., titled "Medication Administration Policy and Procedure" included, but was not limited to, the following:</p> <p>"Procedure:</p> <ol style="list-style-type: none"> 1. Medication will be administered 				

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	<p>within 60 minutes before and/or after the time ordered....</p> <p>23. Medication administration will be recorded on the MAR and TAR after given....</p> <p>34. Do not leave meds at the bedside."</p> <p>3.1-35(g)(1)</p>			

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview and record review, the facility failed to</p>	F000441	Resident D was not harmed by this deficient practice. The linen	08/02/2013			

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	<p>maintain an Infection Control Program designed to provide a clean, sanitary environment to prevent the transmission of potential infections for 1 of 4 residents reviewed for infection control. (Resident D)</p> <p>Findings include:</p> <p>During an interview on 7/17/13 at 10:55 a.m., Resident (D) indicated she had dirty laundry on her wheelchair seat for several days. She indicated the CNA's were supposed to pick up the dirty laundry, but they had not picked it up for a few days. She indicated the facility provided laundry service for her.</p> <p>During an observation on 7/17/13 at 10:55 a.m., several dirty personal clothing items and a facility gown was noted to be piled up on the seat of the wheelchair. Resident (D) indicated these soiled clothes had been lying in the chair for several days.</p> <p>The clinical record for Resident (D) was reviewed on 7/17/13 at 11:08 a.m.</p> <p>A health care plan problem indicated Resident (D) had periods of incontinence for bowel and bladder.</p> <p>Diagnoses for Resident (D) included, but</p>		<p>was bagged and removed from the room and applicable staff addressed. All other residents have the potential to be affected. Rounds were completed and if linen was found, it was bagged and removed from the rooms and applicable staff addressed. The facility's policy and procedure for General Guidelines for Resident Care was reviewed and no changes are indicated at this time (See Attachment 4). The nursing staff have been re-educated on the general guidelines with a special focus on bagging and removing dirty linen from the residents room (See Attachment 2). As a means to ensure ongoing compliance, a Room Audit form has been implemented (See Attachment 5). The Administrator or designee will be responsible for utilizing the Room Audit form to ensure linen is being removed and handled appropriately per policy and procedure. The Administrator or designee will complete rounds on scheduled work days as follows: Daily for two weeks, two times weekly for two weeks, one time weekly for one month then quarterly thereafter for a minimum of six months. Should concerns be noted during these rounds, immediate re-education will be conducted. As a means of quality assurance, the results of these reviews and any corrective actions taken will be discussed during the facility's quarterly QA</p>				

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	<p>were not limited to, schizophrenia, anxiety, obesity, diabetes mellitus, congestive heart failure, depression and osteoporosis.</p> <p>The Minimum Data Set assessment indicated Resident (D) was cognitively intact.</p> <p>During an observation on 7/17/13 at 2:20 p.m., the dirty laundry was still in the wheelchair.</p> <p>During an observation on 7/17/13 at 4:50 p.m., the dirty laundry was still in the wheelchair.</p> <p>Review of the current undated facility policy, provided by the Administrator on 7/17/13 at 3:35 p.m., titled "General Instruction for Resident Care" included, but was not limited to, the following:</p> <p>"1. All residents will be cared for in conformance with CDC Guidelines</p> <p>12. Soiled linens contaminated with blood or potentially infectious body secretions must be place in appropriate hampers.</p> <p>13. Linen contaminated with body secretions will be placed in plastic bags and placed in soiled linen containers."</p>		meetings and the plan adjusted accordingly, if indicated.				

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	<p>Review of the current facility policy, revised 8/10, provided by the Administrator on 7/17/13 at 3:40 p.m., titled "Laundry In-Service" included, but was not limited to, the following:</p> <p>"Purpose: To ensure that soiled linen is handled properly on units and in the laundry.</p> <p>Handling Soiled Linen on Units</p> <p>Soiled linen must be picked up at scheduled times so linen does not accumulate...</p> <p>Transport soiled linen cart to soiled linen room in laundry."</p> <p>This federal tag relates to Complaint number IN00132527.</p> <p>3.1-19(g)(1)</p>				

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