

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2012
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NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 STOCKER DR EVANSVILLE, IN 47720
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F0000	<p>This visit was for the Investigation of Complaint IN00103668.</p> <p>Complaint IN00103668- Substantiated, Federal/State deficiencies related to the allegations are cited at F284, F309, F425, and F441.</p> <p>Survey dates: March 5 and 6, 2012</p> <p>Facility number: 000442 Provider number: 155621 AIM number: 100266510</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: SNF: 37 SNF/NF: 63 Total: 100</p> <p>Census payor type: Medicare: 25 Medicaid: 45 Other: 30 Total: 100</p> <p>Sample: 7</p> <p>These deficiencies also reflect state</p>	F0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that this plan of correction be considered our allegation of compliance, effective March 21, 2012 to the state findings of the Complaint Survey conducted on March 5th and 6th, 2012. The facility also respectfully requests a desk review of the plan of correction.</p>	

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>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 9, 2012 by Bev Faulkner, RN</p>			

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F0284 SS=D	<p>483.20(l)(3) ANTICIPATE DISCHARGE: POST-DISCHARGE PLAN When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.</p> <p>Based on interview and record review, the facility failed to provide discharge care in that the availability of respiratory equipment and medications was not addressed with the resident or family, for 1 of 3 residents reviewed who had been discharged to home, in a sample of 7. Resident B</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident B was reviewed on 3/5/12 at 11:35 A.M. Diagnoses included, but were not limited to, COPD.</p> <p>Social Service Progress Notes included the following notations:</p> <p>1/26/12 [untimed]: "Res [resident]/family requesting D/C [discharge] home tomorrow 1/27/12. Requesting [name of home health care agency] - family will provide RTS [raised toilet seat] - Home Health to obtain w/c [wheelchair]. Husband will transport home mid-aft.</p>	F0284	<p>The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident C is no longer a resident at the facility. At the time of resident C's discharge the family had indicated to the facility that they had all of the resident's medication already at home and did not want the discharging medications called in to any pharmacy. As far as the respiratory equipment is concerned the social service director was under the impression that the home health agency was going to arrange for the respiratory equipment. The home health agency had made their assessment of the resident prior to the discharge and was aware of the resident's discharge orders which included the respiratory therapy treatments. <i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that all residents being discharged to home have the potential to be affected by this deficient practice.</i></p>	03/21/2012

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	<p>[afternoon]. Nursing advised - will obtain order."</p> <p>A Physician's order, dated 1/26/12, indicated, "D/C to home [with] home health of choice. Dispose of meds [medications] per policy."</p> <p>A "Discharge Summary for Anticipated Discharges," dated 1/27/12, included: "...Medications/Treatments...Ritalin 30 mg by mouth twice a day, Aspirin EC 325 mg by mouth twice a day, Prilosec 40 mg [for stomach] by mouth once a day, Miralax [for bowels]...once a day, Zolof 25 mg [for depression] by mouth once a day, Tenormin 25 mg [for blood pressure] by mouth once a day, Brovana nebulizer treatment one vial per nebulizer twice a day, Pulmacort nebulizer treatment one vial per nebulizer twice a day, Xopenex nebulizer treatment one vial per nebulizer every 4 hours." The "Amount Sent" column was blank.</p> <p>A Nursing note, dated 1/27/12 at 3:00 P.M., indicated, "Res discharged to home @ this time [with] family. [Up] w/c alert [no] c/o's [complaints]. Skin intact...Med. instructions given et reason for med. Instructed to notify MD of any problems."</p> <p>On 3/5/12 at 2:20 P.M., during interview with the Social Services Director [SSD],</p>		<p>The facility has revised the nursing discharge checklist to include information related to discharge medication ordering to ensure that the resident has the necessary medications available upon discharge. The facility has also discussed with the local home health vendors the process for providing respiratory therapy equipment to ensure that all respiratory equipment and supplies are available for the resident at the time of discharge. The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur is that all nursing staff including agency staff have been in-serviced on the revision of the nursing discharge checklist which includes ensuring that all discharge medications are available for the resident at the time of their discharge. The nurses have also been in-serviced on documenting by what means these discharged medications have been provided for the resident, whether it is prescriptions provided or the medications called into the pharmacy of the resident's choice. The social service director and the local home health care agencies have discussed the protocol to be followed whenever a resident is being discharged to home with respiratory therapy orders to ensure that equipment; supplies and the medication are</p>				

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	<p>she indicated she calls the home health agency when a resident is planning on going home. She indicated "nursing takes care of the prescriptions."</p> <p>On 3/5/12 at 3:15 P.M., during interview with Home Health Care Staff # 1, she indicated that when home health care visits the resident for the first time, the resident "typically" has the medications or prescriptions for the medications. Home Health Care Staff # 1 indicated that the facility Social Services Director usually takes care of obtaining oxygen or respiratory equipment for the resident before the resident leaves the facility.</p> <p>On 3/5/12 at 3:25 P.M., during interview with Unit Manager # 2, she indicated when a resident is discharged, if the medications can't be sent home, the nurse would follow-up with the family regarding the resident's needs. Unit Manager # 2 indicated if the resident needed a medication at home, the nurse will call in the prescription to the pharmacy. Unit Manager # 2 indicated the home health agency would obtain the oxygen and respiratory equipment supplies.</p> <p>On 3/6/12 at 8:50 A.M., during an interview with a family member of Resident B, she indicated the resident was</p>		<p>available at the time of discharge. <i>The corrective action taken to monitor to assure performance to assure compliance through quality assurance is a Performance Improvement Tool has been developed and implemented to monitor for compliance. This tool will be completed by Social Services weekly for four weeks, then monthly for three months and then quarterly for three quarters. The tool will require that the Social Service Director or her designee will make phone contact with the resident and/or responsible party within 24 hours of discharge to home to ensure that the resident has all the discharge medications and treatment equipment and supplies as ordered by their physician. The outcome of this tool will be reviewed at the quarterly Quality Assurance meeting to determine if additional interventions are warranted.</i></p>				

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	<p>not sent home from the facility with any medications, or any prescriptions for the medications. The family member indicated the resident did not have a nebulizer machine at home, and was not told how to obtain one, and so the resident did not have any breathing treatments for 2 days and "ended up back in the hospital."</p> <p>On 3/6/12 at 10:10 A.M., the interim Director of Nursing provided the current facility policy of resident discharges, undated. The "Nursing Discharge Checklist" included: "Discharge to Home...Instructions given to resident/responsible party/legal representative...Community resources (if available)...Resident/Family signed for released meds (if meds are sent home) and understanding of instructions...."</p> <p>This federal tag relates to Complaint IN00103668.</p> <p>3.1-36(a)(3)</p>				

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident suffering from diarrhea received Lomotil as ordered by the physician in a timely manner, for 1 of 3 residents reviewed for receiving medications as ordered, in a sample of 7. Resident B</p> <p>Findings include:</p> <p>The closed clinical record of Resident B was reviewed on 3/5/12 at 11:35 A.M. Nursing notes, dated 1/15/12, indicated the resident had nausea on night shift, day shift, and evening shift; vomiting on night shift and day shift, and diarrhea on night shift, day shift, and evening shift. The nursing notes indicated night shift was "11-7," day shift was "7-3," and evening shift was "3-11." The nursing notes included the following notations:</p> <p>1/15/12 at 8:09 A.M.: "LM [left message] [with] [name of physician]...for resident N/V/D [nausea/vomiting/diarrhea]."</p>	F0309	<p>The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as Resident B is receiving all medications and treatments in a timely manner as ordered by her physician. In addition the agency nurse who took the initial order for the Lomotil has received a written counseling to address this issue. <i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that all residents have the potential to be affected by this deficient practice. To the facility's knowledge there have been no other residents who failed to receive a newly ordered medication in a timely manner. The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur is that the facility has conducted a mandatory in-service for all licensed nurses including agency nurses on the facility's practice as it relates to the timely administration of any new medications ordered. The facility</i></p>	03/21/2012			

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	<p>1/15/12 at 9:50 A.M.: "Order received for Lomotil Q [every] 6 hrs [hours] prn [as needed] diarrhea."</p> <p>1/15/12 at 11:00 A.M.: "Order for Lomotil called [and] faxed to pharmacy...."</p> <p>1/15/12 at 4:00 P.M.: "...Resident has had multiple loose stools [and] emesis...."</p> <p>1/15/12 at 10:00 P.M.: "Res [resident] [with] diarrhea @ this time. Res. request et [and] given lomotil...."</p> <p>A Medication Administration Record, dated January 2012, indicated the resident received the first dose of Lomotil on 1/15/12 at 3:00 P.M., and an additional dose at 10:00 P.M.</p> <p>On 3/6/12 at 10:55 A.M., during interview with the interim Director of Nursing, he provided the Emergency Drug Kit [EDK] list of medications. The DON indicated Lomotil was in the EDK, and could have been given when the order was obtained. The DON indicated the nurse who obtained the order was "an agency nurse."</p> <p>This federal tag relates to Complaint IN00103668.</p>		<p>reviewed with the nurses the contents of the EDK kit as well as the process that the nurses are to follow if the medication is not readily available in the EDK kit for administration in a timely manner. <i>The corrective action taken to monitor to assure performance to assure compliance through quality assurance is a Quality Assurance Tool has been developed and implemented to monitor new medication orders to ensure that they are administered in a timely manner. The tool will review random new orders to validate that the medications have been administered or scheduled to be administered in a timely manner to ensure that the resident receives the necessary care and services in accordance with their plan of care. This tool will be completed by the Director of Nursing Service and/or their designee weekly for four weeks, then monthly for four months and then quarterly for three quarters. The outcomes will be reviewed at the quarterly Quality Assurance meeting to determine if additional interventions are warranted.</i></p>				

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	3.1-37(a)			

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Based on interview and record review, the facility failed to ensure a resident suffering from diarrhea received Lomotil, which was stored in the Emergency Drug Kit, for 1 of 3 residents reviewed for receiving medications as ordered, in a sample of 7. Resident B</p> <p>Findings include:</p> <p>The closed clinical record of Resident B was reviewed on 3/5/12 at 11:35 A.M. Nursing notes, dated 1/15/12, indicated the resident had nausea on night shift, day shift, and evening shift; vomiting on night</p>	F0425	<p>The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as Resident B is receiving all medications and treatments in a timely manner as ordered by her physician. In addition the agency nurse who took the initial order for the Lomotil has received a written counseling to address this issue.</p> <p><i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that all residents have the potential to be affected by this deficient practice. To the facility's knowledge there have been no other residents who failed to receive a newly ordered medication in a timely manner.</i></p>	03/21/2012			

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	<p>shift and day shift, and diarrhea on night shift, day shift, and evening shift. The nursing notes indicated night shift was "11-7," day shift was "7-3," and evening shift was "3-11." The nursing notes included the following notations:</p> <p>1/15/12 at 8:09 A.M.: "LM [left message] [with] [name of physician]...for resident N/V/D [nausea/vomiting/diarrhea]."</p> <p>1/15/12 at 9:50 A.M.: "Order received for Lomotil Q [every] 6 hrs [hours] prn [as needed] diarrhea."</p> <p>1/15/12 at 11:00 A.M.: "Order for Lomotil called [and] faxed to pharmacy...."</p> <p>1/15/12 at 4:00 P.M.: "...Resident has had multiple loose stools [and] emesis...."</p> <p>1/15/12 at 10:00 P.M.: "Res [resident] [with] diarrhea @ this time. Res. request et [and] given lomotil...."</p> <p>A Medication Administration Record, dated January 2012, indicated the resident received the first dose of Lomotil on 1/15/12 at 3:00 P.M., and an additional dose at 10:00 P.M.</p> <p>On 3/6/12 at 10:55 A.M., during interview with the interim Director of</p>		<p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that the facility has conducted a mandatory in-service for all licensed nurses including agency nurses on the facility's practice as it relates to the timely administration of any new medications ordered. The facility reviewed with the nurses the contents of the EDK kit as well as the process that the nurses are to follow if the medication is not readily available in the EDK kit for administration in a timely manner.</p> <p><i>The corrective action taken to monitor to assure performance to assure compliance through quality assurance is a Quality Assurance Tool has been developed and implemented to monitor new medication orders to ensure that they are administered in a timely manner. The tool will review random new orders to validate that the medications have been administered or scheduled to be administered in a timely manner to ensure that the resident receives the necessary care and services in accordance with their plan of care. This tool will be completed by the Director of Nursing Service and/or their designee weekly for four weeks, then monthly for four months and then quarterly for three quarters. The outcomes will be reviewed at the quarterly Quality Assurance meeting to determine if additional interventions are warranted.</i></p>				

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	<p>Nursing, he provided the Emergency Drug Kit [EDK] list of medications. The DON indicated Lomotil was in the EDK, and could have been given when the order was obtained. The DON indicated the nurse who obtained the order was "an agency nurse."</p> <p>This federal tag relates to Complaint IN00103668.</p> <p>3.1-25(a)</p>			

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure</p>	F0441	The corrective action taken for those residents found to be	03/21/2012			

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	<p>equipment used for respiratory treatments was cleaned and stored after use, for 2 of 3 residents reviewed with respiratory treatments, in a sample of 7. Residents A and C</p> <p>Findings include:</p> <p>1. On 3/5/12 at 10:20 A.M., during the initial tour, RN # 1 indicated Resident A received routine nebulizer [breathing] treatments.</p> <p>The clinical record of Resident A was reviewed on 3/5/12 at 11:00 A.M. A physician's order, dated 2/22/12, indicated "Duoneb QID [four times daily]."</p> <p>On 3/5/12 at 1:45 P.M., RN # 1 indicated Resident A was to receive her breathing treatment. The tubing and medication reservoir was observed lying on the nebulizer machine, unbagged. RN # 1 opened the medication reservoir, and poured out fluid that was in the reservoir. RN # 1 then poured the new medication into the reservoir, and began the treatment. RN # 1 then told Resident A that she could turn off the machine when the treatment was over. After 20 minutes, RN # 1 unhooked the tubing and laid it back on the nebulizer machine, unbagged.</p> <p>2. On 3/5/12 at 10:10 A.M., during the</p>		<p>affected by the deficient practice is that the residents identified as Resident A and C are now having their respiratory equipment cleaned and properly stored after each treatment. <i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that all residents who have respiratory therapy treatment orders have the potential to be affected by the deficient practice. The facility conducted a housewide audit of all residents to determine which residents have current orders for respiratory therapy orders. All respiratory therapy equipment was cleaned and stored in appropriate containers to prevent the spread of infection. The measures or systemic changes that have been put into place to ensure that the deficient practice does not recur is that the facility has developed and implemented a new policy related to respiratory therapy treatments including the proper care and storage of equipment. A mandatory in-service was provided for all licensed nurses including agency nurses on the facility's new policy and procedure as it relates to respiratory therapy treatments and the care and storage of respiratory therapy equipment. In addition the interim Director of Nursing met with the provider of respiratory equipment as it relates to dating and storage of</i></p>		

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	<p>initial tour, LPN # 1 indicated Resident C received routine nebulizer treatments.</p> <p>On 3/5/12 at 11:15 A.M., LPN # 1 indicated she was ready to administer Resident C her nebulizer treatment. The resident's nebulizer tubing and medication reservoir was observed lying on the nebulizer machine, unbagged. LPN # 1 indicated she stayed with the resident during the treatment.</p> <p>On 3/5/12 at 12:00 P.M., the resident's tubing and medication reservoir was observed lying on the nebulizer machine.</p> <p>The clinical record of Resident C was reviewed on 3/5/12 at 12:55 P.M. A Physician's order, dated 2/28/12, indicated, "Duoneb nebulizer 4 x daily x 30 days...Pulmicort per nebulizer bid [twice daily]."</p> <p>3. On 3/6/12 at 10:10 A.M., during interview with the interim Director of Nursing, he indicated he could not find a policy and procedure regarding the administration and storage of respiratory treatments.</p> <p>On 3/6/12 at 10:50 A.M., during interview with the interim Administrator, she indicated that the respiratory care agency usually came on Fridays, and</p>		<p>equipment and supplies when placed into service. <i>The corrective action taken to monitor to assure performance through quality assurance is a Performance Improvement Tool has been developed and implemented to monitor respiratory therapy equipment to ensure that the equipment is stored in accordance with facility policy in an attempt to prevent the spread of infection. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the quarterly Quality Assurance meeting to determine if any additional interventions are warranted.</i></p>		

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	<p>would bring clean bags for the respiratory equipment, and would date the bags.</p> <p>On 3/6/12 at 2:00 P.M., the interim Administrator and nurse consultant indicated the respiratory equipment had all been bagged, and nursing staff inserviced.</p> <p>This federal tag relates to Complaint IN00103668.</p> <p>3.1-18(b)(1)</p>				

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