

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155656	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/29/2016
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NAME OF PROVIDER OR SUPPLIER  CANTERBURY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN 46835
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00197758.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey.</p> <p>Complaint IN00197758- Substantiated. Deficiencies related to the allegations are cited at F241, F246, F282, F309, and F514.</p> <p>Survey dates: April 21, 22, 25, 26, 27, 28, and 29, 2016</p> <p>Facility number: 000275 Provider number: 155656 AIM number: 100290930</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 5 Medicaid: 58 Other: 12 Total: 75</p> <p>Sample: 5</p>	F 0000	<p>Canterbury Nursing and Rehabilitation Center respectfully requests face to face IDR deficiencies F-241, F-246, and F-309 as we do not agree with the scope and severity of these identified deficiencies. Canterbury Nursing and Rehabilitation Center submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiencies cited or any liability. This provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employees, agents, officers or directors. This provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedure should be considered to be subsequent remedial measures as the concept is employed in Rule 407 of the federal rules of evidence and</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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F 0241 SS=D Bldg. 00	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on May 4, 2016 by 17934.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview, and record review, the facility failed to provide skin care for 1 of 3 residents reviewed for skin care in a sample of 5. (Resident #P)</p> <p>Findings include:</p> <p>Resident #P's record was reviewed 4-27-2016 at 10:55 AM. Resident #P's diagnoses included, but were not limited to, psoriasis, diabetes, and multiple sclerosis.</p> <p>In an observation on 4-21-2016 at 11:08</p>	F 0241	<p>should be inadmissible in any proceedings on that basis.</p> <p><b>F- 241: DIGNITY AND RESPECT OF INDIVIDUALITY.</b> It is the policy of Canterbury to promote care for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. <b><u>Canterbury Nursing and Rehabilitation Center respectfully requests a face to face IDR for this deficiency (F-241) as we do not agree with the scope and severity of the identified deficiency.</u></b> <b>Resident P</b> has diagnoses but not limited to: Psoriasis, Diabetes and MS, Seborrheic Dermatitis. Resident received Miconazole Nitrate 2% cream to face BID, and</p>	05/29/2016	

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	<p>AM, Resident #P was observed to have crusty skin on his face around his nose, cheeks, and mouth.</p> <p>In an observation on 4-22-2016 at 9:22 AM, Resident #P was observed to have crusty skin on his cheeks, and around his nose and mouth.</p> <p>In an interview on 4-22-2016 at 9:25 AM, Resident #P indicated he did not like to shave, but he would like to have his face washed daily.</p> <p>A review of Resident #P's Point of Care History indicated the following: for the date 4-21-2016, Resident #P's AM care had been completed at 1:42 PM, and for the date of 4-22-2016, Resident #P's AM care had been completed at 10:32 AM.</p> <p>In an interview on 4-27-2016 at 1:50 PM, CNA #5 indicated AM care was supposed to be completed by 10 AM, but sometimes, there was not enough help to accomplish this.</p> <p>This Federal Tag is related to Complaint IN00197758.</p> <p>3.1-3(v)(1)</p>		<p>Triamcinolone 0.25% cream BID to face. The Miconazole Nitrate 2% cream was discontinued on 5/13/16. NP to re-evaluated dermatitis to face and tx due to skin sensitivity, chronic crusting and redness of face with current treatment in place. No other residents were affected by, but all residents are at risk by deficient practice. Nurse managers audited each resident on their assigned hall to ensure that no other residents were affected. All residents will receive skin care/hygiene upon rising and after meals. Facial wipes will be provided in each dining room for staff to give to residents and to assist residents that require help with washing face and hands after every meal. GEMBA/rounds are done every morning by IDT team as well as customer care representatives and will watch for residents hygiene and address as needed. Director of Nursing and the Director Nursing Consultant in-serviced the all direct care staff on 5/17/2016 addressing skin care to all residents upon rising. Continuous Quality Improvement monitoring tool for dignity will be completed by DNS/Designee weekly x 4 weeks, if outcome is under allotted threshold then will reduce audits to, monthly x 6 months and then to follow CQI preset schedule thereafter. If threshold of 95% is not achieved an action plan will be developed to</p>	

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F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) <b>SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b> 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 interview and record review, the facility failed to give medications according to physician's order for 1 of 3 residents reviewed for medication orders. (Resident #L) Further, the facility failed to follow care plan interventions for pain documentation for 1 of 3 residents reviewed for care plan intervention initiation in a sample of 5. (Resident #O)</p> <p>Findings include:</p> <p>1. Resident #L's record was reviewed 4-25-2016 at 10:19 AM. Resident #L's diagnoses included, but were not limited to, osteoarthritis and post knee replacement surgery.</p> <p>A review of Resident #L's progress notes dated 3-31-2016 indicated Resident #L had brought medication from home to the facility for administration.</p>	F 0282	<p>ensure compliance. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. <b>Date of Completion: 5/29/16</b></p> <p><b>F- 282: SERVICES BY QUALIFIED PERSONS/PER CARE PLAN.</b> It is the policy of Canterbury to arrange or provide services by qualified persons in accordance with each resident's written plan of care Resident #L: Resident left AMA and no longer resides in the facility. Resident #O: Nurse managers audited all Mars/Tars assigned to their hall to ensure that no other residents were affected. Resident longer resides in the facility. Resident #98: Social Service will get consent for a dental consultation or declination signed by Resident #98. If consent is obtained, Social Service will have Dental Services consult with Resident #98. Resident #102: Social Service contacted resident #102's financial guardian and he agreed on ancillary services. Financial guardian to have Resident #102's son sign consent forms for Resident #102 to be treated by ancillary services. No other residents were affected by</p>	05/29/2016

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	<p>In an interview on 4-25-2016 at 2:48 PM, the Admissions Coordinator indicated when residents come in from home, the medications are ordered on a script like form for the facility to obtain and administer so the orders are clear. If the resident brings medications in from home, then a valid order from the physician must be obtained in order for the facility to administer the medications.</p> <p>In an interview 4-25-2015 at 1:39 PM, LPN#1 indicated when a resident was admitted from home with medications from home, the medications must always be clarified with the physician. Further, LPN #1 indicated Resident #L was admitted on her shift, but she could not remember why Resident #L's medications were not clarified with the physician on admission.</p> <p>Resident #L's Medication Administration Record dated 3-31-2016 indicated Oxycodone 20 mg, and Ambien 10 mg were given at 8 PM.</p> <p>A review of Resident #L's physicians orders did not indicated the physician had clarified or ordered medications on admission.</p> <p>A current policy dated 1-1-2013, titled Medication Brought to Facility by the</p>		<p>this, but all residents are at risk by the deficient practice. All residents were checked by Social Service/MemoryCare Facilitator/ Social Service Consultant to follow up on dental needs. All residents' mars/tars were reviewed bynurse managers to ensure residents are receiving medications prescribed by thephysician. All residents' care plans werereviewed by MDS Coordinator and MDS Assistant for pain to ensure all residents paininterventions are in place. Director of Nursing and Directorof Nursing Consultant In-serviced on 5/17/16 for all nursing staff regardingobtaining clarification on orders from physician when residents are admittedfrom home, medications that are not sent from pharmacy, nursing to call back uppharmacy, and if unable to provide, DNS is to be notified, and Physician foralternative treatment that is obtainable. Daily audits will be conducted onall MAR's/TAR's to ensure medications that are circled have an explanation onthe back. Refusals will be reported tothe physician during the shift they refuse. Nursing will first obtain order from physician to obtain medication fromEmergency Drug Kit. Place ancillary services consent form(Dental, Vision, Podiatry, and Audiology.) in the Canterbury Nursing andRehabilitation Center new admission packet. Social Service and</p>	

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	<p>Resident/ Family, provided by the RN Consultant on 4-26-2016 at 10:22 AM, indicated "1. Facility staff should not administer medications...brought to the facility by a resident.....without a physician's order."</p> <p>2. Resident #O's record was reviewed 4-26-2016 at 11:02 AM. Resident #O's diagnoses included, but were not limited to high blood pressure,diabetes, and heart disease.</p> <p>A review of Resident #O's pain care plan indicated to administer medications as ordered.</p> <p>A physician's order dated 1-27-2016 indicated to give Resident #O Oxycontin (a narcotic) 20 mg Extended Release every 12 hours for surgical pain.</p> <p>A review of Resident #O's Medication Administration Record dated 2-28, and 29- 2016 and 3-1-2016 was initialed and circled for the 8 AM and 8 PM doses. There was no indication on the back of the MAR as to why the doses were circled.</p> <p>A physician's progress note dated 3-1-2016 indicated Resident #O had seen the physician because he had not received his ordered pain medication "since</p>		<p>the Memory Care Facilitator will complete a wholehouse audit to determine which residents have an ancillary services consentform and which residents need services offered.</p> <p>Interdisciplinary Teamwill use Admission/Readmission tool the next business day to ensure alladmissions are complete and accurate, lead by DNS/Designee Continuous QualityImprovement monitoring tool for <b>Admissions/Readmissions</b>will be completed weekly x 4 weeks by DNS/Designee and if outcome is underallotted threshold then will reduce audits to monthly x 6 months and then tofollow CQI preset schedule thereafter. Continuous QualityImprovement monitoring tool for <b>PainManagement</b> will be completed by DNS/Designee weekly x 4 weeks and ifoutcome is under allotted threshold then will reduce audits to monthly x 6months and then to follow CQI preset schedule thereafter. If threshold of 95% is not achieved an actionplan will be developed to ensure compliance. To ensure compliance, SocialService/ Memory Care Facilitator/Designee are responsible for the completion ofthe CQI Dental Services Review Audit tool weekly x 4 weeks, if outcome is underallotted threshold then will reduce audits to, monthly x 6 months. The resultsof these audits</p>	

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F 0309 SS=G Bldg. 00	<p>Saturday".</p> <p>In an interview on 4-26-2016 at 3:24 PM, LPN #1 indicated sometimes medications are not always available, and when that happens, the physician is to be notified, so orders can be changed, or the pharmacy provided the documentation needed so the resident can receive medications as ordered.</p> <p>This Federal Tag is related to IN00197758.</p> <p>3.1-35(g)(2)</p> <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>A. Based on interview and record review, the facility failed to provide pain medication as ordered for 1 of 3 residents reviewed with pain in a sample of 5. (Resident #O)</p>	F 0309	<p>will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an actionplan will be developed to ensure compliance.</p> <p><b>Date of Completion: 5/29/16</b></p> <p><b>F- 309: PROVIDE CARE/SERVICESFOR HIGHEST WELL BEING.</b> It is thepolicy of Canterbury to provide residents with the necessary care and servicesto attain or maintain the highest practicable physical,</p>	05/29/2016

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	<p>B. Based on interview and record review, the facility failed to assess the skin of a resident with increased risk factors for skin impairment and identify a right foot wound from 12/5/15 to 12/9/15 for 1 of 1 residents reviewed for non-pressure related skin conditions (resident #O). The resident developed a wound on the right foot and was hospitalized. The resident 's right leg was amputated while in the hospital. Findings include:</p> <p>A. Resident #O's record was reviewed 4-26-2016 at 11:02 AM. Resident #O's diagnoses included, but were not limited to high blood pressure,diabetes, and heart disease.</p> <p>A physician's order dated 1-27-2016 indicated to give Resident #O Oxycontin (a narcotic) 20 mg Extended Release every 12 hours for surgical pain.</p> <p>A review of Resident #O's Medication Administration Record dated 2-28, and 29- 2016 and 3-1-2016 was initialed and circled for the 8 AM and 8 PM doses. There was no indication on the back of the MAR as to why the doses were circled.</p>		<p>mental, andpsychosocial well-being, in accordance the with the comprehensive assessmentand plan of care.</p> <p><b><u>Canterbury Nursing and Rehabilitation Center respectfully requests aface to face IDR for deficiency (F-309) as we do not agree with the scope andseverity of the deficiency.</u></b> Inservice on 5/17/16 withall nursing staff: CNA's to sign ashower sheet on all residents even if they refuse and give to Nurse tosign. Nursing to document notificationof residents' refusals for skin assessments, with notification to the physicianand family if applicable. Resident nolonger resides in the facility. No other residents wereaffected by this, but all residents are at risk by the deficient practice. Nurse managers audited each resident on theirassigned hall to ensure that no other residents were affected. DNS/ADNS will runObservation reports daily to ensure all residents have had a weekly summarycompleted by the nurse no less than every 7 days. The observation report is to ensure that theresident's skin is being assessed no less than every 7 days. Continuous QualityImprovement monitoring tool for <b>SkinManagement Program</b> will be completed by DNS/Designee weekly x 4 weeks, andif outcome is under allotted threshold, will reduce audits to</p>	

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	<p>A physician's progress note dated 3-1-2016 indicated Resident #O had seen the physician because he had not received his ordered pain medication "since Saturday".</p> <p>In an interview on 4-26-2016 at 3:24 PM, LPN #1 indicated sometimes medications are not always available, and when that happens, the physician is to be notified, so orders can be changed, or the pharmacy provided the documentation needed so the resident can receive medications as ordered.</p> <p>B. The record for Resident #O was initially reviewed on 4/21/2016. Diagnoses included but were not limited to above knee amputation of left leg due to diabetic ulcer, Diabetes, peripheral vascular disease and advanced distal symmetrical polyneuropathy (loss of sensation in limbs). An MDS (minimum data set assessment) dated 11/27/15 indicated the resident was alert and oriented and had no behavior issues. He required assistance with transfers, dressing and bathing. A nursing note, dated 11/20/15 at 3:15 P.M., indicated the resident had a surgical wound to the left leg stump, his right leg was warm, and there were no other skin issues.</p>		<p>monthly x 6 months and then will follow preset CQI schedule thereafter. Nursing will first obtain order from physician to obtain medication from Emergency DrugKit. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p><b>Date of Completion: 5/29/16</b></p>		

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	<p>Additional nursing notes included but were not limited to the following:</p> <p>11/23/15 (no time) indicated the resident had right lower extremity swelling.</p> <p>11/23/15 (no time) a progress note by the nurse practitioner indicated that the resident ' s right lower extremity was swollen with taut skin.</p> <p>11/23/15 (no time) an interdisciplinary team wound sheet indicated the resident had diabetes and neuropathy and had a surgical incision on the left stump which would be monitored weekly.</p> <p>11/24/15 (no time) a physician ' s progress note indicated the resident had non-pitting edema/swelling in the right leg. A nurse ' s note indicated one dose of Lasix (water pill) was given at 2:00 P.M. for right leg edema/swelling.</p> <p>12/1/15 (no time) an orthopedic physician ' s progress note indicated the resident was seen for follow up of his left stump incision. There was no documentation about the right leg or foot.</p> <p>12/2/15 at 8:30 p.m. a nurse ' s note indicated the right leg remained swollen, no redness or warmth and a pedal (foot) pulse was present. The resident voiced concern about the swelling in the right leg and was instructed to elevate the leg when up in his wheelchair.</p> <p>12/3/15 (no time) a weekly summary</p>			

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	<p>form indicated right lower extremity edema in addition to surgical incision on left leg stump.</p> <p>12/4/15 at 3:20 a.m. a nurse ' s note indicated the right lower leg remained swollen and was elevated while lying in bed.</p> <p>12/4/15 (no time) a shower report signed by the nurse, indicated the resident ' s skin was okay.</p> <p>12/8/15 (no time) an orthopedic physician ' s progress note indicated the resident was seen for follow up of his left stump incision. There was no documentation about the right leg or foot.</p> <p>12/8/15 (no time) a shower report signed by the nurse, indicated the resident had " refused shower, too tired " . He would " change into clean clothes " .</p> <p>12/9/15 (no time) a shower report signed by the registered nurse indicated the resident refused his shower.</p> <p>12/9/15 at 7:00 P.M. a nurse note indicated that the resident had swelling/edema in the right lower leg and was voicing concerns about it. Nurse indicated she would place his concern on the books for the nurse practitioner to evaluate at her next visit to the facility.</p> <p>12/10/15 at 2:45 A.M. nurse ' s note indicated the resident ' s right lower extremity remained edematous/swollen.</p>			

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	<p>12/11/15 (no time) a progress note by the nurse practitioner indicated the following: " Resident was seen at the request of nursing staff for reports of right leg edema. Resident reports right lower extremity is more edematous than normal. Upon assessment of right lower extremity, shoe was removed and resident is noted to have a large wound to bottom of right foot. Resident reports cutting right foot in the shower ' about a week ago ' . He denies any pain and he was not aware that he had a large wound on the bottom of his foot " . " Skin: Ulcer to bottom of right foot, starts just below toes. Total wound diameter measures 10 cm. Brown eschar is 2 cm in diameter at center of ulcer, surrounded by maceration (7cm) and redness (10cm). Very foul odor noted to wound, no drainage at this time " . " Assessment: Ulcer of foot, right, with unspecified severity. Plan: Send to ER for right foot wound as resident cannot adequately be treated outpatient at this time " .</p> <p>12/11/15 at 7:00 P.M. a nurse ' s note indicated resident was told of order to go to the ER for treatment of right foot ulcer and he requested to wait until the next morning to go.</p> <p>12/12/15 12:00 P.M. a nurse ' s note indicated the resident was sent to the ER</p>			

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	<p>on this day and admitted to the hospital. 12/23/15 at 12:00 P.M. a nurse ' s note indicated the resident was readmitted to the facility following amputation of his right leg due to a diabetic ulcer. The facility nurse consultant was interviewed on 4/27/16 at 1:20 P.M. During the interview, the nurse consultant indicated that the staff were not able to do anything with resident #O because of multiple refusals of care. He indicated that he was unable to find information from the medical records that would support this.</p> <p>On 4/28/16 3:00 P.M. the nurse from the orthopedic physician ' s office was interviewed and indicated the resident was seen on 12/1/15 and 12/8/15 for follow up of surgical incision to his left stump following amputation. She indicated there was no documentation that the resident ' s right leg had been assessed at either visit.</p> <p>4/29/16 at 10:30 A.M. the Director of Nursing Services provided a copy of the current policy and procedure titled " Skin Management Program " . This policy was dated 1/2016 and indicated: " It is the policy of [Name of Facility] to assess each resident to determine the risk of potential skin integrity impairment, upon admission ... (1) ....Alterations in</p>			

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F 0514 SS=D Bldg. 00	<p>skin integrity will be reported to the physician and family member ... Direct care givers will be notified of skin alterations and specific care needs. A plan of care will be initiated to include resident specific risk factors with appropriate interventions ... (3) ...skin alterations noted by direct care givers during daily care and/or shower days must be reported to the licensed nurse for further assessment ....(4) The licensed nurse is responsible for assessing any and all skin alterations as reported by the direct caregivers on the shift reported .... This Federal tag is related to IN00197758.</p> <p>3.1-37(a)</p> <p>483.75(l)(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;</p>			
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	<p>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 document the reason for medications not given for 3 of 4 residents reviewed for medication administration in a sample of 5. ( Resident #L, Resident #M, and Resident #O)</p> <p>Findings include:</p> <p>1. Resident #L's record was reviewed 4-25-2016 at 10:19 AM. Resident #L's diagnoses included, but were not limited to, osteoarthritis and post knee replacement surgery.</p> <p>A review of Resident #L's Medication Administration Record (MAR) dated 4-1-2016 indicated the medications Patoprazole 40 mg, Xarelto 10 mg, Senokot 8.5 mg, Oxycodone 20 mg, and Aspirin 81 mg were initialed and circled. The back of the MAR did not indicate why the medications were circled.</p> <p>In an interview on 4-25-2016 at 3:12 PM, LPN #1 indicated Resident #L had refused medications on 4-1-2016, and it</p>	F 0514	<p><b>F-514: RESIDENT RECORDS COMPLETE/ACCURATE/ACCESSIBLE.</b> It is the policy of Canterbury to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized. In service on 5/17/16 with all nursing staff: Nurses to document on medications that are not given/circled with a reason. If reason is that medication is not in the facility, Nurses instructed to notify DNS will follow up and give direction to Nurse immediately to give direction; to notify back up pharmacy. If back up pharmacy is unable to provide, Physician is to be notified for further instruction with documentation. Nursing will first obtain order from physician to obtain medication from Emergency Drug Kit. No other residents were affected by this, but all residents are at risk for the deficient practice. All residents' MARs/Tars were reviewed by nurse managers</p>	05/29/2016

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	<p>should have been documented as refused on the back of the MAR.</p> <p>2. Resident #M's record was reviewed 4-26-2016 at 2:59 PM. Resident #M's diagnoses included, but were not limited to, stroke, high blood pressure, and seizure disorder.</p> <p>A physician's order dated 4-12-2016 indicated to give Kepra (a medication for seizures) 500 mg twice daily to begin at 8 PM.</p> <p>A review of Resident #M's Medication Administration Record (MAR) dated 4-2016 indicated the 8 PM dose of Kepra had been initialed and circled. The back of the MAR did not indicate why the medications had been circled.</p> <p>3. Resident #O's record was reviewed 4-26-2016 at 11:02 AM. Resident #O's diagnoses included, but were not limited to high blood pressure, diabetes, and heart disease.</p> <p>A review of Resident #O's pain care plan indicated to administer medications as ordered.</p> <p>A physician's order dated 1-27-2016 indicated to give Resident #O Oxycontin (a narcotic) 20 mg Extended Release</p>		<p>to ensure residents are receiving medications prescribed by the physician. Daily audits will be done by Nurse Managers assigned to each hall and will consist of checking MAR's/TAR's to ensure Nurses are not circling medications without reason documented on back. Nurse Managers will ensure that all refusals have been reported to the physician and family if applicable of the refusal. Continuous Quality Improvement monitoring tool for <b>Refusal of Medications/Treatments</b> will be completed by DNS/Designee weekly x 4 weeks, if outcome is under allotted threshold, and then will reduce audits to monthly x 6 months and then follow preset CQI schedule thereafter. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. <b>Completion Date: 5/29/16</b></p>	

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	<p>every 12 hours for surgical pain.</p> <p>A review of Resident #O's Medication Administration Record dated 2-28, and 29- 2016 and 3-1-2016 was initialed and circled for the 8 AM and 8 PM doses. There was no indication on the back of the MAR as to why the doses were circled.</p> <p>A physician's progress note dated 3-1-2016 indicated Resident #O had seen the physician because he had not received his ordered pain medication "since Saturday".</p> <p>A current policy dated 1-1-2013, titled General Dose Preparation and Medication Administration, provided by the RN Consultant on 4-26-2016 at 10:22 AM, indicated "6.1. Document necessary medication administration information... if medications are refused...on appropriate forms."</p> <p>This Federal Tag is related to IN00197758.</p> <p>3.1-50(a)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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