

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155746	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2016
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NAME OF PROVIDER OR SUPPLIER PARKVIEW HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CONSTITUTION DR FRANCESVILLE, IN 47946
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 7/26/16. This visit included a PSR to the State Residential Licensure Survey completed on 7/26/16.</p> <p>Survey date: September 15, 2016.</p> <p>Facility number: 000539 Provider number: 155746 AIM number: 100267280</p> <p>Census bed type: SNF: 1 SNF/NF: 41 Residential: 17 Total: 59</p> <p>Census payor type: Medicare: 8 Medicaid: 14 Other: 20 Total: 42</p> <p>Parkview Haven was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Recertification and State Licensure Survey.</p>	F 0000		

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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R 0000 Bldg. 00	<p>Quality review completed by 32883 on 9/16/16.</p> <p>This visit was for a Post Revisit (PSR) to the State Residential Licensure Survey completed on 7/26/16.</p> <p>Residential Census: 17</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5</p>	R 0000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long term care facility and this Plan of Correction in its entirety, constitutes this providers credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates</p>	

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R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to ensure a laboratory test was completed as ordered by the physician resulting in a hospital visit for 1 of 3 resident's reviewed for Physician Orders in a total sample of 3. (Resident #3)</p> <p>Finding includes:</p> <p>Record review for Resident #3 was completed on 9/15/16 at 2:19 p.m. The resident's diagnoses included, but were not limited to, hypokalemia (low potassium), atrial fibrillation, and diabetes.</p>	R 0241	<p>do not necessarily correspond chronologically to the date the provider is of the opinion that it was in compliance with the requirements of participation.</p> <p>We are requesting a desk review to clear any and all proposed or implemented remedies that have been presented to date.</p> <p>Immediate Action: Resident # 3 had no ill effects from deficiency cited. How the facility will identify other residents with potential to be affected: All residents have the potential to be affected. On 9/16/16 the interim DON completed an audit of all assisted living residents with physician orders for lab orders over the past month and immediately corrected any identified concerns. Systemic Changes: The facility has revised the system for entering lab services into the computer. A contracted lab comes into the facility each Thursday to draw all routine labs. All physician ordered routine labs</p>	09/30/2016

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	<p>Review of the August 2016 Physician Orders indicated the following: -Labs to be completed: August 8, 2016, Renal Panel for concern of potassium level.</p> <p>The physician laboratory order had a start and end date on August 8, 2016.</p> <p>Review of a Laboratory test completed on 9/1/16 indicated: -Potassium 2.6 LC (low critical). The reference range for potassium is 3.6 - 5.2.</p> <p>Review of Nursing Notes indicated: -8/5/16 at 12:09 p.m., order received and noted to do a renal panel in one to two weeks. -8/6/16 at 12:01 p.m., order for renal panel to be done to check potassium level per the doctor. -9/1/16 at 6:37 a.m., resident had a critical potassium level of 2.6. The results were faxed to the doctor. Will call the doctor when the office opens. -9/1/16 at 12:36 p.m., the resident was sent to the hospital by ambulance related to critical potassium level.</p> <p>Review of the medical records lacked any indication the resident had the renal panel completed on 8/8/16 when it was ordered to check the potassium level. The record</p>		<p>will be entered into the EMR as being due on Thursdays. All non-routine and STAT labs will be entered into the EMR on the date that the physician orders the lab to be completed. These will be entered into the EMR as a treatment, thereby alerting the day nurse to the need for a special lab draw. The day nurse will be responsible to ensure the lab is drawn timely and sent to the contracted lab site. If the nurse is not able to obtain a lab sample as ordered, he/she will be responsible to notify the physician for additional orders and document accordingly. All nursing staff will be inserviced on this procedure by 9/30/16 How the corrective action will be monitored: DON or designee will audit 100% of physician orders, including lab orders, weekly for 4 weeks to ensure accuracy. If 100% compliance is achieved, the DON or designee will audit 3 physician orders, including lab orders, weekly for 4 weeks. If 100% compliance is achieved, the DON or designee will audit 3 physician orders, including lab orders, monthly for 3 months. This audit will be ongoing.</p>	

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	<p>indicated the resident did not have his potassium level checked until 9/1/16. At that time the potassium level was critically low and the resident had to be transferred to the emergency room. The record lacked any indication of why there was a delay in obtaining the blood work when it was ordered.</p> <p>Interview with the Interim Director of Nursing (IDON) on 9/15/16 at 3:05 p.m., indicated she is unsure why the resident did not have the lab drawn until 9/1/16 and she would have to look into it. She indicated everyday she would print out any new orders the residents received which included labs to be completed and the resident should have had his potassium level checked before the 9/1/16 lab test.</p> <p>A follow up interview with IDON on 9/15/16 at 3:51 p.m., indicated she could not find any lab results that had been completed between 8/8/16 and 9/1/16 for the resident.</p> <p>This Residential deficiency was cited on 7/26/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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

PRINTED: 10/05/2016
FORM APPROVED
OMB NO. 0938-0391

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