

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304
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F0000	<p>This visit was for a Recertification and State Licensure survey. This visit included the Investigation of Complaint IN00112143.</p> <p>This visit was done in conjunction with the Investigation of Complaint IN00114489.</p> <p>Complaint IN00112143 - Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: August 20, 21, 22, 23, 24, and 27, 2012</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Survey team: Betty Retherford RN, TC Julie Call RN Virginia Terveer RN</p> <p>Census bed type: SNF/NF: 100 Total: 100</p> <p>Census payor type: Medicare: 11 Medicaid: 79 Other: 10</p>	F0000	Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. All corrections will be in place on September 14, 2012.	

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>Total: 100</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/30/12 by Suzanne Williams, RN</p>				

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to develop a comprehensive health care plan related to the behaviors requiring the need for a psychotropic medication for 1 of 10 residents reviewed for health care planning related to medication use. (Resident #97)</p> <p>Findings include:</p> <p>1.) The record review began on 8-23-2012 at 8 a.m. for Resident #97. The diagnoses included but were not limited to:</p>	F0279	<p>It is the practice of the facility to develop, review and revise the resident's comprehensive plan of care based on assessments.</p> <p>I. Resident #97 had a behavior care plan developed at the time of survey.</p> <p>II. All residents receiving anti-psychotic medications or exhibiting negative behaviors had a care plan audit completed and no other residents were found to be affected.</p> <p>III. A revision has been made to the care plan audit form used by the IDT to ensure all residents with negative behaviors</p>	09/14/2012			

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	<p>dementia without behavioral disturbance, acute coronary occlusion without myocardial infarction (heart attack), diabetes type II without complications, heart disease, esophageal reflux, hyperlipidemia, constipation and generalized pain.</p> <p>The physician's recapitulation of orders, dated 7-20-12, indicated the resident received Zyprexa 5 mg tab 1 twice daily. The original date of that order was 4-27-12.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 7/21/12, indicated the resident had received an antipsychotic medication daily for the last seven days of the MDS assessment period. The MDS lacked any documentation of delusions, hallucinations, and/or verbal, physical, or other behavior problems.</p> <p>On 8-22-12 at 9:00 a.m., the DoN provided a copy of the resident's 17 page comprehensive health care plan. The comprehensive health care plan lacked any information related to the behaviors for which the antipsychotic medication was being given and/or the monitoring of those behaviors.</p> <p>During an interview on 8-27-12 at</p>		<p>or on anti-psychotic medications have an existing care plan that addresses the needs identified at the time of admission and with each scheduled care plan meeting.</p> <p>During daily clinical start-up residents with new orders for anti-psychotic medication or noted behaviors will have a care plan implemented at that time.</p> <p>All licensed staff will be re-in serviced on care planning medications and behaviors before 9-14-12.</p> <p>IV. A Care Plan QA tool will be utilized and turned into the DNS for review at the time of completion . The daily physician's order report will be validated for accuracy and care plan completion by the administrative nurse and will be returned to the ADNS or DNS for review. DNS will be responsible for reporting compliance to the QA Committee monthly for three months and quarterly thereafter.</p> <p>EXHIBIT 1</p>		

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	<p>4:00 p.m., the DoN indicated the resident's entire health care plan had been provided.</p> <p>2.) A review of the current facility policy, dated January 2011, titled "Behavior Management Guideline", provided by the DoN on 8/27/12 at 10:55 a.m., included, but was not limited to, the following:</p> <p>"Purpose To develop behavior plans and medication regimes, when appropriate, to optimize the functional abilities of all residents while monitoring for adverse outcomes....</p> <p>Assessment/Care Planning Licensed nursing staff completes the Plan of Care following identification of antipsychotic medications usage or behavioral concerns....</p> <p>...Monitoring Compliance IPOC [individualized plan of care] or care plan is developed for residents exhibiting negative behavior or with anti psychotic drug uses...."</p> <p>3.1-35(a)</p>				

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, record review and interview, the facility failed to ensure each resident was free from unnecessary drugs related to the lack of indication for use, without adequate monitoring, and for excessive duration for 2 of 10 residents reviewed for unnecessary medications. (Resident #2 and #97)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident</p>	F0329	<p>It is the practice of the facility to have each resident's drug regimen free from unnecessary drugs.</p> <p>I. Resident #2 had Abilify reduced to 7.5 mg daily as an attempt to drug reduction on 9-5-12. Resident #97 had Zyprexa decreased to 5 mg. daily as an attempt at drug reduction on 8-31-12.</p> <p>II. On 9-6/7/12 the Consultant Pharmacist completed an in-house audit of all residents on</p>	09/14/2012	

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	<p>#2 was reviewed on 8/22/12 at 3:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, unspecified paranoid state, anxiety disorder, depressive disorder, intermittent explosive disorder, and anoxic brain damage.</p> <p>Current physician's orders, dated 8/1/12, indicated the resident received Abilify (an antipsychotic medication) 10 mg (milligrams) daily. The original date of this order was 5/11/11. The resident also received Depakote ER (a mood stabilizer) 500 mg give two extended release tabs (1000 mg) once daily. The original date of this order was 8/10/11.</p> <p>During an observation on 8/20/12 at 12:00 noon, Resident #2 was observed in the dining room eating lunch. She was calm and quiet with no behaviors noted. During an observation on 8/21/12 at 12:40 p.m., Resident #2 was up ambulating in the halls with no behaviors noted.</p> <p>The last "Psychiatry Progress Note and Treatment Summary" for Resident #2 was dated 7/24/11.</p> <p>A social services note, dated 5/21/12,</p>		<p>Anti-Psychotics and no other residents were identified to be affected.</p> <p>III. The Administrator and DNS met with Medical Director on 9-5-12 and he voiced understanding of the need to date and to document detailed rationale for declining pharmacy recommendations in regards to drug reduction.</p> <p>A Medication Review Committee has been implemented and will meet monthly in regards to medication reduction and pharmacy recommendations. Members will include Nursing Mangers, Social Services and the Consultant Pharmacist. The initial meeting was held 9-7-12.</p> <p>All licensed staff will be re- in serviced on Medication Reduction and Pharmacy Reviews, and the importance of consistent documentation of behaviors on the Psychoactive Flow sheets per facility policy. Nursing assistants will be re-in serviced on utilizing the Care Tracker for documenting Mood and Behaviors of residents. In servicing to be completed by 9-14-12.</p> <p>IV. The Medication Review Committee will utilize a spreadsheet developed to monitor residents on anti-psychotics and their reductions to ensure continued</p>				

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	<p>indicated "Resident has a history of verbally aggressive behavior towards others and exit seeking. These behaviors were not noted during month of April 2012."</p> <p>A "Behavior Monthly Flow Sheet" for May 2012 indicated Resident #2 had no problem behaviors for the month of May.</p> <p>A social services note, dated 6/20/12, indicated "Resident has a long history of problem behaviors; however, none were noted during the month of May 2012. Currently receives Abilify 10 mg."</p> <p>A "Behavior Monthly Flow Sheet" for June 2012 indicated Resident #2 had no problem behaviors for the month of June.</p> <p>A social services note, dated 7/31/12, indicated "During month of June 2012 resident displayed no problem behaviors...."</p> <p>A "Behavior Monthly Flow Sheet" for July 2012 indicated Resident #2 had no problem behaviors for the month of July.</p> <p>A social services note, dated 8/14/12, indicated "During month of July 2012,</p>		<p>compliance of the regulation. EXHIBIT 2</p> <p>The "Tracking Tool/Behavior Management Committee" form will also be utilized to track behaviors, Care Tracker Mood and Behavior Reports and the use of Psychoactive Summary Sheets. EXHIBIT 3</p> <p>The Consultant Pharmacist will submit a report to the QA Committee monthly on going. The DNS will be responsible for reporting Medication Review Committee actions and continued compliance to the QA Committee monthly on going.</p>		

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	<p>resident displayed no problem behaviors...."</p> <p>A "Behavior Monthly Flow Sheet" for August 2012 indicated Resident #2 had no problem behaviors from August 1 through 8/23/12.</p> <p>A pharmacist recommendation, dated 3/10/12, indicated under federal regulations regarding psychoactive drug use, all psychoactive, including mood stabilizers or antiepileptics, are subject to attempts at gradual dose reduction. The form asked the doctor to review the Depakote medication for a possible dose reduction. The physician indicated "no changes" on the form, but did not include any statement concerning the rationale for his denial to reduce the medication.</p> <p>A pharmacist recommendation, dated 8/7/12, indicated "This patient is receiving Abilify 10 mg daily since 5/20/11.... Please consider reducing the current medication dose to 7.5 mg daily. If the medication can not be reduced at this time, please add clinical rationale to support continued use."</p> <p>The recommendation contained two boxes for the physician to check his response. One box indicated he</p>				

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	<p>"agreed" and the order would be revised. The other box indicated he, "disagreed" with the order and included the preprinted statement "benefit of current therapy outweighs the risk."</p> <p>This form indicated he "disagreed" with the recommendation. The form was signed by the physician (no date of the signature was noted). The form lacked any documentation of clinical rationale to support the continued use of the medication other than the preprinted statement noted above.</p> <p>During an interview with the Administrator and Director of Nursing (DoN) on 8/24/12 at 10:15 a.m., additional information was requested related to the lack of documented rationale to support the lack of a reduction attempt of the medications noted above. The DoN indicated they felt the resident was stable on the medication and no reduction attempts were indicated.</p> <p>2.) The record review began on 8-23-2012 at 8 a.m. for Resident #97. The diagnoses included but were not limited to: dementia without behavioral disturbance, acute coronary occlusion without myocardial infarction (heart</p>				

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	<p>attack), diabetes type II without complications, heart disease, esophageal reflux, hyperlipidemia, constipation and generalized pain.</p> <p>The active orders for July 2012 were signed by the Physician on 7-20-2012.</p> <p>The Physician progress notes completed on 6-8-2012 by the Nurse Practitioner indicated "Zyprexa monitor -if no behaviors within 30 days, will decrease Zyprexa." The Physician progress notes were reviewed with the staff as indicated by the check box on the form. The Physician progress notes for 6-27-2012, signed by the Physician, and on 7-27-2012, signed by the Nurse Practitioner, lacked any information related to an attempt at reduction of the residents Zyprexa dosage.</p> <p>The clinical record indicated the Pharmacist reviewed the resident's clinical record on 8-22-2012. The review lacked any information related to the proposed reduction of the Zyprexa medication made on 6/8/12.</p> <p>The clinical record lacked any indication for the use of the psychotropic medication, Zyprexa, for</p>						

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	<p>Resident #97. The 2010 Nursing Spectrum Drug Handbook indicated the medication Zyprexa (olanzapine) indications for usage are for diagnoses of Schizophrenia, Psychotic disorders, including acute manic episodes and maintenance treatment of bipolar disorder. Off label use was for borderline personality disorder. The resident's diagnoses list lacked any of the above noted diagnoses.</p> <p>The clinical record lacked any comprehensive health care plan having been developed related to the behaviors for which the medication was given and/or the monitoring of those behaviors.</p> <p>During an interview on 8-24-2012 at 10:36 a.m., LPN #7 indicated behavior sheets had not been developed for Resident #97. LPN #7 indicated if the resident would have demonstrated behaviors, the Alzheimer's Care Unit Director would have initiated the behavior sheets.</p> <p>On 8-24-2012 at 11:20 a.m., the nurses' notes were reviewed from 5-1-2012 through 8-20-2012 for Resident #97. The notes identified some confusion but lacked any other behaviors.</p>						

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	<p>During a review of Resident #97's social progress notes, the notes indicated on 7-19-2012 at 13:15 (1:15 p.m.), the Alzheimer's Care Unit Director wrote "resident [#97] displayed no negative behaviors during the month of June. Side Effects Monthly Flow Sheet in place for Zyprexa and Depakote."</p> <p>During an interview on 8-24-12 at 10:45 a.m., the Alzheimer's Care Unit Director indicated there had been no behaviors for this resident since admission on 4/26/2012. He indicated no behavior monitoring sheets had been developed because the resident was not exhibiting any negative behaviors.</p> <p>The resident was observed on the following dates: On 8-20-2012 during the noon meal, the resident ate lunch in the dining room and discussed the Colt's game. On 8-21-2012 at 2:41 p.m., the resident was watching TV in his room. On 8-27-2012 at 10:30 a.m., the resident was observed in therapy.</p> <p>No negative behaviors were observed during the above observations.</p> <p>3.) A review of the current facility</p>						

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	<p>policy, dated January 2011, titled "Behavior Management Guideline", provided by the DoN on 8/27/12 at 10:55 a.m., included, but was not limited to, the following:</p> <p>"Purpose To develop behavior plans and medication regimes, when appropriate, to optimize the functional abilities of all residents while monitoring for adverse outcomes....</p> <p>Assessment/Care Planning Licensed nursing staff completes the Plan of Care following identification of antipsychotic medications usage or behavioral concerns....</p> <p>Antipsychotic Medication The use of antipsychotic in the treatment of behaviors should always be considered as a last resort.</p> <p>Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions".</p> <ol style="list-style-type: none"> 1. Schizophrenia 2. Schizo-affective disorder 3. Delusional disorder 4. Psychotic mood disorders (including mania and depression with psychotic features) 						

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	<p>5. Acute psychotic episodes 6. Brief reactive psychosis 7. Schizophreniform disorders 8. Atypical psychosis 9. Tourette's disorder 10. Huntington's disease 11. Organic mental syndromes (now called delirium, dementia, and amnesic and other cognitive disorders ...with associated psychotic and/or agitated behaviors...</p> <p>Each resident's drug regimen will be free from unnecessary drugs. An unnecessary drug is any drug when used: in excessive dose (including duplicate drug therapy) for excessive duration without adequate monitoring without adequate indication for it's use...</p> <p>...Prior to the initiation of antipsychotic medication a physician order is obtained to include the diagnosis and targeted behaviors that warrant the medication use.</p> <p>The consultant Pharmacist will review the resident's medication regime and document any medication/dosage change recommendations to the Physician....</p>				

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	<p>Monitoring Compliance IPOC [individualized plan of care] or care plan is developed for residents exhibiting negative behavior or with anti psychotic drug uses</p> <p>A monitoring system is established for targeted behaviors, interventions, and medication side effects...."</p> <p>3.1-48(a)(3) 3.1-48(a)(4)</p>				

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F0428 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 record review, the facility failed to ensure pharmacy services were provided to prevent the use of an unnecessary medication for 1 (Resident #97) of 10 residents reviewed for unnecessary medication usage.</p> <p>Findings include:</p> <p>1.) The record review began on 8-23-2012 at 8 a.m. for Resident #97. The diagnoses included but were not limited to: dementia without behavioral disturbance, acute coronary occlusion without myocardial infarction (heart attack), diabetes type II without complications, heart disease, esophageal reflux, hyperlipidemia, constipation and generalized pain.</p> <p>The physician's recapitulation of orders, dated 7-20-12, indicated the resident received Zyprexa 5 mg tab 1 twice daily. The original date of that</p>	F0428	<p>It is the practice of the facility for residents to have their drug regimen reviewed at least monthly by a consultant pharmacist.</p> <p>I. Resident # 97 had Zyprexa reduced on 8-31-12. The pharmacy review completed on 8-22-12 with only signature that is kept in chart on the form titled "Medication Monthly Review." The pharmacist does not put recommendations on this form. The form utilized by the pharmacist to make recommendations to the physician is titled "Clinical Pharmacist Recommendations Summary to Physician Services," which is included in the electronic written report submitted to the DNS and Administrator. The last day of the pharmacy review fell on 8/27/12 and this is the date the DNS received a written report which had the recommendation for a GDR of Zyprexa for resident #97.</p> <p>II. The Consultant Pharmacist</p>	09/14/2012	

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	<p>order was 4/27/12.</p> <p>The clinical record lacked any indication for the use of the psychotropic medication, Zyprexa, for Resident #97. The 2010 Nursing Spectrum Drug Handbook indicated the medication Zyprexa (olanzapine) indications for usage are for diagnoses of Schizophrenia, Psychotic disorders, including acute manic episodes and maintenance treatment of bipolar disorder. Off label use was for borderline personality disorder. The residents diagnoses list lacked any of the above noted diagnoses.</p> <p>The clinical record indicated the Pharmacist reviewed the resident's clinical record on 6-7-12, 7-3-12, and 8-22-2012. The pharmacy reviews lacked any information related to the lack of a diagnosis for the use of the Zyprexa medication.</p> <p>The Physician progress notes completed on 6-8-2012 by the Nurse Practitioner indicated "Zyprexa monitor -if no behaviors within 30 days, will decrease Zyprexa." The Physician progress notes were reviewed with the staff as indicated by the check box on the form. The Physician progress notes for</p>		<p>completed a 100% audit on 9/6 and 9/7 2012 , and no other residents were found to be affected.</p> <p>III. The Consultant Pharmacist has agreed to change the days of monthly reviews from one day a week for 2 weeks to two consecutive days the first week of the month to allow for more timely reporting. The Pharmacist will participate in the Medication Review Committee during these scheduled visits.</p> <p>IV. A tracking tool will be utilized by the Medication Review Committee to track gradual drug reduction of anti-psychotic medications and Monthly Pharmacy Recommendations. The Pharmacist will submit a monthly report to the QA Committee. The DNS will be responsible for reporting the actions of the Medication Review Committee to the QA Committee monthly on going.</p> <p>EXHIBIT 2</p>				

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	<p>6-27-2012, signed by the Physician, and on 7-27-2012, signed by the Nurse Practitioner, lacked any information related to an attempt at reduction of the residents Zyprexa dosage.</p> <p>The clinical record indicated the Pharmacist reviewed the resident's clinical record on 8-22-2012. The review lacked any information related to the proposed reduction of the Zyprexa medication made on 6-8-12.</p> <p>3.1-25(i)</p>				

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F0514 SS=D	<p>483.75(I)(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; 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 ensure each resident's record was complete and accurately documented in regards to accuracy of medication orders (Resident #8) and documentation of resident behaviors (Resident #5) for 2 of 10 residents reviewed for complete and accurate clinical records in regard to medication use.</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #5 was reviewed on 8/21/12 at 10:00 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, Alzheimer's disease, depressive disorder,</p>	F0514	<p>It is the practice of the facility to maintain clinical records on each resident in accordance with accepted professional standards.</p> <p>1). Resident #5 I. Resident #5 had lab refusals documented at the time of survey on the Care Tracker Mood and Behavior Report. II. Social Services reviewed behavior notes written for June and no other residents were affected. III. The IDT will be re- in serviced on Behavior Management Guidelines. Nursing Assistants will be re-in serviced on inputting identified behaviors on the "Mood and Behavior Report" in the kiosk. Licensed nurses will be re-in serviced on documenting behaviors on "Psychoactive Behavior Flow Sheets." All in servicing will be</p>	09/14/2012			

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	<p>dementia with behavioral disturbances, senile dementia with delirium, hypertension, and secondary Parkinsonism.</p> <p>A social service progress note, dated 7/31/12, indicated "During month of June 2012 resident displayed problem behaviors x [times] 2. Staff noted that on 6/24/12 resident cursed at and attempted to strike staff during care and cuing...." This was the only date on which the Social Service Director indicated the resident had any problem behaviors in June 2012.</p> <p>The "Behavior Monthly Flow Sheet" for Resident #5 for June 2012, lacked documentation of any negative behaviors on 6/24/12.</p> <p>Laboratory reports, dated 6/18/12, 6/19/12, and 6/20/12, printed by the laboratory provider on 8/24/12, indicated the resident had refused to have a complete metabolic profile blood test drawn on the three dates noted above.</p> <p>The nursing notes for those dates lacked any information related to the resident refusing the blood tests on those three occasions. The social service note, dated 7/31/12, made for the month of June 2012, lacked any</p>		<p>completed by 9-14-12.</p> <p>IV. A review of documented behaviors in Care Tracker and nurse's notes will be completed every 24 hrs during daily clinical start-up. The Medication Review Committee will utilize the QA tool "Tracking Tool/Behavior Management Committee" and report on the findings to the QA committee monthly. The DNS will be responsible for reporting compliance to the QA Committee monthly.</p> <p>2). Resident #8.</p> <p>I. Resident #8 had order entry corrected for Miralax on 8-23-12 at the time of survey.</p> <p>II. ADNS completed 100% audit at the time of survey for all residents receiving laxatives to ensure accuracy of entry orders. No residents were identified to have discrepancies in order entries, correct route of administration of medications..</p> <p>III. All licensed staff will be re-in serviced on accuracy of order entry in Point Click Care before 9-14-12.</p> <p>The Unit Managers have been re-in serviced on daily validation of new MD orders using the Physicians Order Report and will submit the validation to the DNS for review.</p> <p>A new procedure will be implemented for a double QA check of monthly "Recapitulation</p>		

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	<p>information related to the resident's refusal to have the blood test completed as ordered by the physician.</p> <p>2.) The record review began on 8-23-2012 at 7:23 a.m. for Resident #8. The diagnoses included but were not limited to: chronic kidney disease, constipation, and, peripheral neuropathy.</p> <p>The medication orders included the following: ..."Polyethylene Glycol Ointment External once daily everyday: mix 17 gm (grams) into 8 oz (ounces) fluid and direct resident to drink. Constipation..." The original date of this order was 7-17-12.</p> <p>The above noted order was present on the recapitulation (recap) of physician's orders signed by the physician on 8-14-12. The recap contained a space for the nursing staff to sign indicating they had checked the orders for accuracy. The nursing staff had signed and dated this area on 8-1-12.</p>		<p>Of Physician's Orders"</p> <p>A second nursing administrator will validate the Recap for proper route and form.</p> <p>IV. A QA tool will be utilized to monitor continued compliance and the DNS will be responsible for reporting to the QA committee monthly for three months and quarterly thereafter. EXHIBIT 4</p>				

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	<p>On 8-23-2012 at 10 a.m., RN #1 checked the computer for the Polyethylene medication order and the order was written as "Polyethylene Glycol Ointment External once daily everyday: mix 17 gm (gram) into 8 oz (ounces) fluid and direct resident to drink. Constipation."</p> <p>RN #1 indicated the medication should have been Miralax (Polyethylene Glycol) powder for oral use, and the medication was not an ointment.</p> <p>The MAR (Medication Administration Record) for July and August had the word "ointment" marked out on the computer printed form with a black ink pen, but the physician's orders had not been corrected.</p> <p>During an interview on 8-23-2012 at 2:13 p.m., the DON indicated the medication order was entered incorrectly.</p> <p>3.) A review of the current, but undated, facility policy, titled "Medication Review...", provided by the DoN on 8/27/12 at 10:55 a.m., included, but was not limited to the following:</p>						

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	<p>"Purpose: Medication Review is intended to eliminate prescribing medication errors at care transitions by generating a complete and accurate list of resident medications. This list will ensure that the next provider of care is informed of the resident's medication needs."</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				