

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155249	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/30/2014
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 6006 BRANDY CHASE COVE FORT WAYNE, IN 46815
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F000000	<p>This visit was for the Investigation of Complaint IN00142858.</p> <p>Complaint IN00142858-Substantiated, Federal/State Deficiency related to the allegations is cited at F-282.</p> <p>Survey Dates: January 29 & 30, 2014.</p> <p>Facility number: 000153 Provider number: 155249 AIM number: 100266910</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 8 Medicaid: 66 Other: 6 Total: 80</p>	F000000		

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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F000282 SS=D	<p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 31, 2014 by Randy Fry RN.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 record review and interview the facility failed to ensure medication was given as prescribed by the physician for 1 resident (A) in a sample of 3 resident records reviewed.</p> <p>Finding includes: On 1/30/14 at 9:00 a.m. review of the clinical record for resident (A) indicated she was readmitted to the</p>	F000282	<p>Enclosed, please find our plan of correction for the deficiency as identified during our complaint survey on January 30,</p>	02/24/2014

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	<p>facility from the hospital on 12/18/13 with a physician's order for Cephalexin 500 milligrams per mouth twice daily for 7 days for a urinary tract infection.</p> <p>Review of the December 2013 "Medication Administration Record" for resident (A) on 1/30/14 at 9:15 a.m. indicated the order was written correctly but the time of administration for the medication was written for only 1 time daily at 0800 (8:00 a.m.). Further review indicated nursing staff had administered the medication 1 time daily from 1/19/13 through 1/22/13.</p> <p>Interview with the Director of Nursing on 1/30/14 at 11:00 a.m. indicated nursing staff had found the error on 12/22/13 and notified the nurse practitioner. The nurse practitioner changed the order to Macrobid (an antibiotic) 100 milligrams 2 times daily for 10 days. The Director of Nursing indicated 2 nurses had checked the orders and signed off as the orders being correct but had not noticed the "administration time"</p>		<p>2014. The facility respectfully requests a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction, and that we have consistent quality outcomes.</p> <p>We appreciate your consideration of this request.</p> <p>Resident A</p>	

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	<p>for the medication was only written as 1 time daily.</p> <p>This Federal tag relates to Complaint IN00142858</p> <p>3.1-35(g)(2)</p>		<p>has been discharged from the facility.</p> <p>The facility audited all MARs and TARs the week of 1/27 to 1/31. There were no other issues found.</p> <p>The facility has recently converted to EZMAR which is an electronic medication administration program. The nurse receiving physician order for a new medication or treatment will place the order directly into the computer which goes directly to the pharmacy. The night shift nurses will verify that the orders were transcribed to the system appropriately each night and will initial the physician orders that they have been verified. The unit manager will review the physician orders from the day before then complete a random audit to</p>		

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			<p>insure compliance. The audits will be forwarded to DON for review. The</p> <p>licensed nurses were in-serviced on the EZMAR system and transcription of</p> <p>physician orders on the week of 1/27 to 1/31.</p> <p>The DON</p> <p>will forward the audits to the monthly quality assurance meeting for</p> <p>further review and recommendation. The</p> <p>audits will continue daily indefinitely as part of the EZMAR process and</p> <p>to insure continued compliance.</p>		