

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155038	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
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NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 WHITERIVER BLVD MUNCIE, IN 47303
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 22, 23, 24, 27, 28 and 29, 2014</p> <p>Facility number: 000013 Provider number: 155038 AIM number: 100266100</p> <p>Survey team: Tina Smith-Staats, TC Karen Lewis, RN Toni Maley, BSW</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 3 Medicaid: 56 Other: 3 Total: 62</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora Barth, RN.</p>	F000000	<p>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report." Please find attached additional information to support the submitted Plan of correction, including the re-education completed in preparation and implementation of the plan of correction. We are requesting a desk review. Please feel free to contact Jay Myers, HFA, should you need any additional information to support the desk review at 765-289-3341. Thank You for your consideration.</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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F000332 SS=D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure it was free from a medication error rate of less than 5% during the medication administration task. Seven errors in administering medications were observed during 25 opportunities for error in medication administration. This resulted in a medication error rate of 28%. (Resident #61 and #89, LPN #1)</p> <p>Findings include:</p> <p>1. During an observation on 10/27/14 at 11:25 a.m., LPN #1 was observed to administer Resident #61 his peg [gastric feeding] tube medication. The dipyridamole was crushed before administration.</p> <p>The clinical record for Resident #61 was reviewed on 10/28/14 at 10:12 a.m. Diagnoses for Resident #61 included, but was not limited to, aphasia, dysphagia, and dementia.</p> <p>Current physician's orders, signed</p>	F000332	Resident #61 has had current medication orders reviewed to ensure "May crush medications" is present. Resident #89 has had current medication orders reviewed to ensure "May crush medications" is present. A one time audit of current resident population has been completed to ensure residents with need or desire for crushed medication has the order present. Licensed Supervisory Nursing staff have been re-educated on ensuring the order to crush medications is obtained when crushed medications are necessary or desired by the resident. It is the responsibility of the Licensed Supervisory Nurse to have an order from the physician for crushed medications. The DON/designee will be responsible to review residents with peg tubes medication orders or residents with desire to have medications crushed to ensure crush medication orders are current 5 times per week for 2 weeks across shifts, weekly for 6 weeks, monthly for 4 months, and then quarterly for 2 quarters. Any identified concerns will be immediately addressed, up to and	11/25/2014			

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	<p>10/16/14, for Resident #61 included, but were not limited to, the following order:</p> <p>Dipyridamole (anti-clotting medication) 50 milligrams (mg) give 2 tablets (100 mg) via peg tube 4 times a day.</p> <p>The physician orders lacked a crush medications order.</p> <p>2. During an observation on 10/28/14 at 7:33 a.m., LPN #2 was observed to administer Resident #89 her medications. The aspirin, morphine, metoprolol, senna, vitamin B1, and vitamin D3 were crushed before administration.</p> <p>The clinical record for Resident #61 was reviewed on 10/28/14 at 3:17 p.m. Diagnoses for Resident #61 included, but were not limited to, anxiety, hypertension, coronary artery disease, and congestive heart failure.</p> <p>Current physician's orders, signed 10/9/14, for Resident #61 included, but were not limited to, the following orders:</p> <p>a. Aspirin (anti-clotting medication) 81 mg, 1 tablet by mouth once a day.</p> <p>b. Morphine (pain relief medication) 30 mg, 1 tablet by mouth 2 times a day.</p>		including 1:1 re-education, and/or disciplinary action. The ADM/designee will review the results of the auditing process per the identified schedule. Results will be forwarded to the QPI committee monthly for review. Any further action will be as determined by the QPI committee.		

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	<p>c. Metoprolol (a blood pressure medication) 25 mg, 1/2 tablet (12.5 mg) by mouth once a day.</p> <p>d. Senna (laxative) 8.6 mg, 1 tablet by mouth once a day.</p> <p>e. Vitamin B1 100 mg, 1 tablet by mouth once a day</p> <p>f. Vitamin D3 2,000 units, 1 tablet by mouth once a day.</p> <p>The physician orders lacked a crush medications order.</p> <p>3. During an interview with LPN #1, on 10/29/14 at 8:20 a.m., she indicated Resident #61 had been admitted to the facility in September of this year with a peg tube in place. LPN #1 indicated Resident #61 had been receiving all of his medications crushed since he was admitted via his peg tube. LPN #1 further indicated the order to crush medications for Resident #61 was obtained on October 27, 2014.</p> <p>During an interview with the Director of Nursing (DON), on 10/29/14 at 9:29 a.m., she indicated a physician order is needed to crush medications if it is pharmaceutically acceptable to crush the medication.</p>						

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F000428 SS=D	<p>Review of the current facility policy, revised 10/2013, titled "Med Administration," provided by the DON on 10/29/14 at 8:45 a.m., included, but was not limited to, the following:</p> <p>"PROCEDURE...</p> <p>...6. b. i. Physician's order must be obtained to crush medication(s)..."</p> <p>4. Seven errors divided by twenty-five opportunities for error times 100 resulted in a medication error rate of 28%.</p> <p>3.1-25(b)(9)</p> <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON 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 interview and record review, the facility failed to ensure the Consultant Pharmacist identified the lack of "may crush medications" physician order for a resident with a peg tube for 1 of 1 resident reviewed for tube medication</p>	F000428	Resident #89 has had current medication orders reviewed to ensure "May crush medications" is present.A one time audit of current resident population has been completed to ensure residents with need or desire for crushed medication has the order	11/25/2014			

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	<p>administration. (Resident #61)</p> <p>Findings included:</p> <p>The clinical record for Resident #61 was reviewed on 10/28/14 at 10:12 a.m. Diagnoses for Resident #61 included, but was not limited to, aphasia, dysphagia, and dementia.</p> <p>Resident #61 had current, physician orders, signed 10/16/14. The physician orders lacked an order to crush medications.</p> <p>The clinical record indicated the Consultant Pharmacist reviewed Resident #61's physician orders on 10/22/14.</p> <p>During an interview with the Director of Nursing on 10/29/14 at 12:59 p.m., she indicated no recommendations were made by the Consultant Pharmacist for Resident #61 related to an order to crush medications.</p> <p>3.1-25(i)</p>		<p>present. Licensed Supervisory Nursing staff have been re-educated on ensuring the order to crush medications is obtained when crushed medications are necessary or desired by the resident. One to one re-education has been completed with the Consultant Pharmacist. It is the responsibility of the Consultant Pharmacist to review current physician orders for any irregularities and report any issues to the DON to act upon. The DON/designee will be responsible to review residents with peg tubes medication orders or residents with desire to have medications crushed to ensure crush medication orders are current 5 times per week for 2 weeks across shifts, weekly for 6 weeks, monthly for 4 months, and then quarterly for 2 quarters. Any identified concerns will be immediately addressed, up to and including 1:1 re-education, and/or disciplinary action. The ADM/designee will review the results of the auditing process per the identified schedule. Results will be forwarded to the QPI committee monthly for review. Any further action will be as determined by the QPI committee.</p>		