

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2016
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NAME OF PROVIDER OR SUPPLIER  RESIDENCES AT DEER CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30 SCHERERVILLE, IN 46375
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00200080.</p> <p>Complaint IN00200080 - Substantiated. State deficiency related to the allegations is cited at R241.</p> <p>Survey dates: May 19 &amp; 20, 2016</p> <p>Facility number: 013069 Provider number: 013069 AIM number: N/A</p> <p>Census bed type: Residential: 112 Total: 112</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 32883 on 5/23/16.</p>	R 0000	<p>Residencesat Deer Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the state of Indiana or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedure should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.</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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R 0241  Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(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 the medication Aspirin-Dipyridamole (Aggrenox) was administered as ordered by the resident's Physician which resulted in a hospitalization with a diagnosis of severe anemia for 1 of 3 records reviewed for medication administration in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>The closed record for Resident #C was reviewed on 5/19/16 at 12:41 p.m. The resident's diagnoses included but were not limited to, chronic kidney disease, acute renal failure, dementia, diabetes mellitus, anemia, stroke, and high blood pressure.</p> <p>Nurses' notes dated 5/26/15 at 8:10 a.m., indicated the resident was lethargic and becoming short of breath (SOB) on exertion. At 2:58 p.m. on 5/26/16 the resident was sent to the Emergency Room (ER). The resident was admitted</p>	R 0241	<p><b>The facility respectfully requests deletion of this citation. The citation indicates the facility failed to follow a physician order for Aggrenox (aspirin) which caused a hospitalization.</b></p>	06/25/2016

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	<p>and treated for acute gastrointestinal (GI) bleed and did not return to the facility until the evening of 5/30/15.</p> <p>On 5/30/15 at 10:24 p.m., Nurses' notes indicated the resident had returned to the facility with new orders regarding adding and discontinuing the resident's medications.</p> <p>The Hospital discharge instructions dated 5/30/15, indicated the medication Aggrenox had a start date of June 5, 2015.</p> <p>The Medication Administration Record indicated the resident received Aggrenox 25-200 mg (milligrams) once in the evening on 5/30/15 after returning from the hospital, and then twice a day from 5/31/15 thru 6/4/15. During that time frame the resident received a total of 11 doses of Aggrenox.</p> <p>Nurses' notes dated 6/8/15 at 1:44 p.m., indicated the nurse spoke to the Physician's office for clarification to hold the Aggrenox. Continued review of the Nurses' notes dated 6/8/15 at 2:58 p.m., indicated the nurse notified the Physician's office and received an order to stop the Aggrenox and obtain a lab test CBC (complete blood count).</p>		<p><b>The facility believes that the administration of the aspirin did not in fact cause the hospitalization of the resident. The resident was sent out to the hospital for an altered mental state on May 27. The hospital diagnosed a GI bleed along with a low hemoglobin</b></p>	

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	<p>Nurses' notes dated 6/9/15 at 9:50 a.m., indicated the resident's condition continued to decline, and the resident was experiencing increased confusion. The resident was sent to the ER and was admitted to the ICU (Intensive Care Unit) in the hospital due to a panic level (a value defined as a value outside the normal range to a degree that may constitute an immediate health risk to the individual or require immediate action on the part of the ordering physician -stanfordhealthcare.org) Hemoglobin count of 3.8 (normal range 13.0 - 17.0) g/dL (grams/deciliter) for which the resident subsequently received 4 units of blood.</p> <p>The Hospital notes dated 6/9/15, indicated the assessment and plan was to hold the Aggrenox to prevent further bleeding complications to the resident.</p> <p>Interview with the Director of Nursing (DON) on 5/20/16 at 12:00 p.m., indicated the nurse taking care of the resident looked at the wrong form. The nurse was looking at the "prior to admission" medications and not the "discharge medications." She indicated one nurse completed the assessment and another nurse completed the paperwork for the resident.</p>		<p><b>level of 3.8 (normal range is 12.0-18.0. The resident remained hospitalized and received treatments for his medical condition. He was subsequently returned to the facility with a hemoglobin level of 8.2 which was still below the normal range. On June 9, the</b></p>	

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	This State tag relates to Complaint IN00200080.		<p><b>resident was sent to the hospital again. At that time his hemoglobin level was 3.8 indicating a possible continuation of his prior GI bleed. According to the hospital pathology records, this resident has a chronic GI bleed indicating that the aspirin did</b></p>	
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			<p><b>not cause the hospitalization whereas the chronic condition was the causation. Lastly, this resident's hemoglobin levels were consistently below the normal range and fluctuated with rates of 8.9 (date: 6/11/15), 10.3 (date: 6/15/15) and then back down to</b></p>	

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			<b>9.1(date: 6/22/15) while hospitalized further evidencing a chronic as opposed to an acute condition. The latest level was indicated 13 days after his date of re-admission. The facility contends that the administration of aspirin did not cause his</b>		

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			<p><b>hospitalization. His re-admission back to the hospital from which he was perhaps prematurely discharged was related to his prior chronic condition. RESIDENT C WAS DISCHARGED FROM RESIDENCES AT DEER CREEK OVER</b></p>	

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			<p><b>A YEAR AGO, THIS SITUATION WAS ADDRESSED WITH LICENSED STAFF INVOLVED AND STAFF INSERVICES WERE CONDUCTED RELATED TO HOSPITAL DISCHARGE ORDERS. STARTING IN JUNE OF 2015, A REVIEW OF</b></p>	

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			<p><b>ALL RESIDENTS WHO RECENTLY RETURNED FROM THE HOSPITAL WITHIN THE LAST THIRTY DAYS WERE REVIEWED TO ENSURE ALL HOSPITAL DISCHARGE ORDERS ARE CORRECT AND FOLLOWED. FOLLOWING THE SURVEY</b></p>	

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			<p><b>EXIT A VERIFICATION OF OUR AUDIT PROCESS WAS REVIEWED TO CONFIRM COMPLIANCE WITH HOSPITAL DISCHARGE ORDERS. THIS VERIFICATION CONFIRMED THAT THE AUDIT PROCESS IN IN PLACE AND ACCURATE. AN AUDIT</b></p>	

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			<p><b>FORM HAS BEEN PUT IN PLACE TO ASSURE ALL DISCHARGE ORDERS ARE CORRECT. LICENSED STAFF WILL BE INSERVICED ON PROPER PROTOCOL ON HOSPITAL RETURN ADMISSIONS. THE RESIDENT SERVICES DIRECTOR AND/OR</b></p>	



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			<b>TURNING FROM THE HOSPITAL FOR THE NEXT SIX MONTHS.</b>		