

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155761	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2013
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NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2 E TILDEN BROWNSBURG, IN 46112
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F000000	<p>This visit was for the Investigation of Complaint IN00133397.</p> <p>Complaint IN00133397 - Substantiated. No deficiencies related to the allegation(s) are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey Dates: 8/1/2013 and 8/2/2013</p> <p>Facility Number: 011367 Provider Number: 155761 AIM Number: 200851590</p> <p>Survey Team: Lora Brettnacher, RN - TC Jeanna King, RN Karen Hartman, RN</p> <p>Census Bed Type: SNF: 17 SNF/NF: 110 Residential: 11 Total: 138</p> <p>Census Payor Type: Medicare: 31 Medicaid: 74 Other: 33 Total: 138</p> <p>Sample: 22</p>	F000000	<p>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW on or after August 19, 2013.</p>	

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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	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.				

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F000425 SS=B	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on interview and record review, the facility failed to dispose of medications within a timely manner for 6 of 13 residents reviewed for disposition of medications (Residents Z, W, Y, X, U, T).</p> <p>Findings include:</p> <p>Review of a facility document titled, "Log of Discontinued/Destroyed Medication," dated June 2013, indicated dates on which discontinued medications were disposed of for the following residents:</p>	F000425	<p>F425 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?No residents have been affected by the deficient practice.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?No residents in the facility have the potential to be affected by the deficient practice. Nurses will be in-serviced on the destruction of medications including narcotics per facility policy and state regulations. The DNS and/or designee will destroy</p>	08/19/2013			

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	<p>1. Resident Z was discharged from the facility on 6/10/13. His Hydrocodone/Acetaminophen 5/325 mg (milligram) tablets (54) were destroyed 22 days later on 7/2/13.</p> <p>2. Resident W was discharged from the facility on 6/14/13. His Lyrica 50 mg tablets (24) and his Hydrocodone/Acetaminophen 5/325 mg tablets (113) were destroyed 17 days later on 7/2/13.</p> <p>3. Resident Y was discharged from the facility on 6/25/13. Her Hydrocodone/Acetaminophen 5/325 mg tablets (23) were destroyed 17 days later on 7/2/13.</p> <p>4. Resident X was discharged from the facility on 6/20/13. Her Vicodin 5/300 mg tablets (60) were destroyed 11 days later on 7/2/13.</p> <p>5. Resident U was discharged from the facility on 6/22/13. Her Hydrocodone/Acetaminophen 5/500 mg tablets (60) were destroyed 9 days later on 7/2/13.</p> <p>6. Resident T was discharged from the facility on 6/22/13. Her Zolpidem 5 mg (12) were destroyed 9 days later on 7/2/13.</p>		<p>medications within 7 days of medications being discontinued, expired, and upon discharge of all residents. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Nurses will be in-serviced on the destruction of medications including narcotics per facility policy and state regulations. The DNS and/or designee will destroy medications within 7 days of medications being discontinued, expired, and upon discharge of all residents. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place? To ensure compliance, the DNS/ Designee is responsible for completion of the Medication Destruction CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p>		

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	<p>During an interview on 8/1/13 at 11:00 A.M., the ADON (Assistant Director of Nursing) indicated discontinued narcotic medications were brought to her for destruction. She indicated she and the DON (Director of Nursing) destroyed the medications together. She indicated medications were late being destroyed because the previous DON refused to witness the disposal of the medications.</p> <p>During an interview on 8/2/13 at 11:10 A.M., the Executive Director (ED) indicated the facility policy did not specify a certain time frame for disposal of medications. She further indicated medications were to be disposed of within 7 days as indicated in the State and Federal regulations.</p> <p>3.1-25(r)</p>			