

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/07/2014
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NAME OF PROVIDER OR SUPPLIER HEARTH AT SYCAMORE VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 611 W COUNTY LINE RD S FORT WAYNE, IN 46814
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R000000	<p>This visit was for the Investigation of Complaint IN00141781.</p> <p>Complaint IN 00141781 Substantiated. State deficiency related to the allegation is cited at R0305.</p> <p>Unrelated deficiency cited at R0178.</p> <p>Survey dates: January 7, 2014</p> <p>Facility number: 011804 Provider number: 011804 AIM number: NA</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: Residential: 96 Total: 96</p> <p>Census payor type: Other: 96 Total: 96</p> <p>Sample: 4</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p>	R000000		
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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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R000178	<p>Quality review completed on January 9, 2014 by Randy Fry RN.</p> <p>410 IAC 16.2-5-1.6(b) Physical Plant Standards - Deficiency (b) The facility shall have adequate plumbing, heating, and ventilating systems as governed by applicable rules of the fire prevention and building safety commission (675 IAC). Plumbing, heating, and ventilating systems shall be maintained in normal operating condition and utilized as necessary to provide comfortable temperatures in all areas.</p> <p>Based on observation, interview and record review, the facility failed to maintain a comfortable temperature inside the building for 2 of 3 residents reviewed for comfortable temperatures in a sample of 4. (Resident #D and Resident #G)</p> <p>Findings include:</p> <p>1. Resident #D's clinical record was reviewed 1-7-2014 at 10:30 AM. Resident #D's diagnoses included but were not limited to diabetes, high blood pressure, and bursitis.</p> <p>During initial tour on 1-7-2014 at</p>	R000178	<p>1. Resident G's windows were closed/latched and door to room was opened. Temperature improved, resident was offered a higher temp room and declined. Resident D's air conditioning unit was covered, ensured windows were closed/latched and door to room was opened. Offered Resident D a room with comfortable temperature and declined.</p> <p>2. Temperatures were taken in all occupied Assisted Living rooms, windows were checked for closure/latched, heat in hallways were elevated, encouraged residents to keep door to room opened, boilers were checked and found to be of adequate temperatures. Rooms found to have uncomfortable temperatures</p>	01/31/2014			

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	<p>9:45 AM, the temperature on Resident #D's room was 62 degrees.</p> <p>In an interview on 1-7-2014 at 9:45 AM, Resident #D indicated his room was warm until last night, then it got a little chilly. Resident #D indicated he was keeping warm by using blankets and extra clothing, but he did not want to move out of his room. Resident #D further indicated the temperature was not comfortable.</p> <p>2. Resident #G's clinical record was reviewed 1-7-2014 at 1:10 PM. Resident #G's diagnoses included but were not limited to diabetes, and heart disease.</p> <p>During initial tour on 1-7-2014 at 9:52 AM, the temperature in Resident #G's room was 64 degrees. Resident #G was not in the room at that time. Room windows were noted to be open at the top in rooms 109, 205, 207, 226, and 233; and cold air was noted to be leaking in around the air conditioners in rooms 311, 233, 226, and 109. Room temperatures were recorded in these rooms as follows: 109: 58 degrees, 205: 62 degrees, 207: 56 degrees, 226: 62 degrees, 233:</p>		<p>were offered a higher temperature room for comfort.3. When outside temperatures are 20 degrees and below the Maintenance Director and/or designee will perform random resident room temperature audits, ensure windows are closed/latched and check for air around the wall unit air conditioner. If room temperatures are found to be uncomfortable or at 65 degrees or below with the prior the resident will be offered a room with a comfortable and/or higher temperature room.Caulking around all air conditioner units will be checked and caulked as needed per the Maintenance Director and/ or Designee for the Assisted Living rooms by 1/31/14. Annually thereafter the Maintenance Director and or/Designee will inspect caulk around air conditioning units to ensure a seal. In November annually the Maintenance Director will check that all windows for Assisted Living rooms are closed and latched.4. Maintenance Director and/ or designee will check random rooms on Assisted Living for comfortable temperatures biweekly times two weeks, then weekly four weeks. The above protocol will be followed if outside temperatures are found to be 20 degrees or below.Temperatures will be reviewed at monthly QA meeting times two months, then quarterly.5. 01/31/14</p>				

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R000305	<p>62 degrees, and 311: 62 degrees.</p> <p>In an interview on 1-7-2014 at 9:52 AM, the Director of Nursing (DON) indicated Resident #G's family had came into the facility on the evening of 1-6-2014 and, after visiting with Resident #G, felt the room was too cold and called the Sheriff's department. The DON further indicated the facility was not aware the room temperature was so cold, and after offering Resident #G to move to a warmer room, began reviewing other rooms for comfortable temperatures and offering to move residents if they felt their rooms were too cold.</p> <p>410 IAC 16.2-5-6(f)(1-3) Pharmaceutical Services - Noncompliance (f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy: (1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws; (2) provides prescribed service on a prompt and timely basis; and (3) refills prescription drugs when needed, in order to prevent interruption of drug regimens.</p> <p>Based on interview and record</p>	R000305	1. Resident D's medications were audited, medications are present	01/17/2014

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	<p>review, the facility failed to ensure medications were refilled to prevent interruption of the drug regimen for 2 of 3 residents reviewed in a sample of 4. (Resident #D and Resident #E)</p> <p>Findings include:</p> <p>1. Resident #D's clinical record was reviewed 1-7-2014 at 10:30 AM. Resident #D's diagnoses included but were not limited to diabetes, high blood pressure, and bursitis.</p> <p>A review of physician's orders for Resident #D indicated the following: On 11-21-2013, a physician's order indicated to "discontinue Oxybutin" (a bladder antispasmodic) "until the supply was available," on 12-3-2013, a physician's order was written to resume Oxybutin 2.5 milligrams (mg) everyday, a 12 day discontinuation. On 12-5-2013, an order was written to "discontinue Zocor" (a cholesterol lowering medicine) "until supply available." On 12-13-2013, a physician's order was written to resume the Zocor 20 mg everyday. A discontinuation of 8 days.</p> <p>In an interview on 1-7-2014 at 11:00 AM, Resident #D indicated (proper noun) pharmacy was hard to work with, and there had always been an</p>		<p>and administered as ordered by the physician. Resident E's medications were audited, medications are present and administered as ordered by the physician. 2. Medication audit was completed by nursing staff on 1/17/14 and 1/18/14 which revealed no other residents being affected. 3. In-service was completed on 1/17/14 by Nursing Directors which educated staff that administers medication (Nursing and QMA's) that if medication is unavailable for administration and unable to obtain medication from pharmacy, medication is to be pulled from the onsite Emergency Drug Kit (EDK) or ordered from back up pharmacy. Tracking form for residents using outside pharmacy has been educated and initiated. Twenty-four report forms to be used as well to inform Nursing Directors of any medication that were not available and were either pulled from the EDK or delivered from the back up pharmacy. 4. Nursing Director/and or designee to review Twenty-four hour report, to ensure any medication listed is available for administration. Nursing Director and/or designee will do random audit of medication refill trackers and of residents whose family delivers medication to ensure medication is available for administration. Audits will be reviewed at monthly QA for 2 months and then at the</p>				

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	<p>issue with getting medications in a timely manner from (pharmacy).</p> <p>2. Resident #E's record was reviewed 1-7-2014 at 11:32 AM. Resident #E's diagnoses included but were not limited to dementia, osteoporosis, and asthma.</p> <p>A review of Resident #E's physician orders indicated the following: On 12-5-2013 a physician's order was written to discontinue Namenda (a dementia medication). On 12-6-2013 a physician's order indicated to resume the Namenda 10 mg twice daily, a discontinuation of 2 doses.</p> <p>In an interview on 1-7-2014 at 10:04 AM, LPN #1 indicated if medications were not available, the staff were to retrieve the needed medications from the Emergency Drug Kit (EDK). LPN #1 additionally indicated the pharmacy would drop ship medications. LPN #1 also explained the facility was on a cycle fill rotation with medications so the resident would never be without, and the medication availability was not dependant on nurses reordering.</p> <p>In an interview on 1-7-2014 at 10:14 AM, QMA #2 indicated she had been reeducated about using</p>		<p>recommendation of the QA committee.5. 01/17/14</p>				

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	<p>medications from the EDK when there were no medications available, but she borrowed medications and was using other resident supplies when a resident was out of supplies. When asked why medications were not obtained from the EDK, QMA #2 indicated resident families refused to have the medications taken from the EDK.</p> <p>In an interview on 1-7-2014 at 1:23 PM, the Pharmacy Consultant indicated the following medications were in the EDK and available for use: Oxybutin, Zocor, and Namenda</p>			