

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155656	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/22/2013
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NAME OF PROVIDER OR SUPPLIER  CANTERBURY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN 46835
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F000000	<p>This visit was for the Investigation of Complaints IN00129174.</p> <p>Complaint IN00129174 Substantiated. Federal/ State deficiencies related to the allegations are cited at F282, and F309.</p> <p>Survey dates: May 21, and 22, 2013</p> <p>Facility number : 000275 Provider number: 155656 AIM number: 100290930</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 2 SNF/NF: 98 Total: 100</p> <p>Census payor type: Medicare: 11 Medicaid: 71 Other: 18 Total: 100</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Canterbury Nursing and Rehabilitation respectfully submit this plan of correction to be considered as allegation of compliance and request that it be considered for a desk review. Date of compliance will be as of 6-22-13.	

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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	Quality review completed on May 23, 2013 by Randy Fry RN.			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 interview and record review the facility failed to follow the care plan for pain evaluation after medication for 2 of 4 residents reviewed for pain medication effectiveness in a sample of 4. (Resident #E, and Resident #F)</p> <p>Findings include:</p> <p>1. Resident #E's clinical record was reviewed 5-22-2013 at 10:20 AM. Resident #E's diagnoses included, but were not limited to, mood disorder, arthritis, and mitral stenosis.</p> <p>A review of the Medication Administration Record (MAR) dated 5-2013, revealed Resident E had received Tylenol 650 mg for complaints of pain on 5-2-2013 at 2 PM. The MAR did not include if the pain medication had been effective.</p> <p>The PRN Analgesic Record/ Pain Flow Sheet indicated Resident #E had received Tylenol 650 mg for complaints of pain in both legs at a</p>	F000282	<p>It is the policy of this facility to follow the care plan for pain evaluations after medications. Correction of alleged deficient practice: Res E no longer resides at facility. Res F received a pain assessment, has PRN Analgesic Record/Pain Flow Sheet in progress and is receiving medication as ordered with appropriate follow-up documented. Identification of other residents with potential to be affected by alleged deficient practice: All Residents receiving PRN pain medications are at risk. Nursing completed 100% audit of all residents to ensure that PRN Analgesic Record/Pain Flow Sheets are in use and are tracking follow-up for any prn pain medicines that are given. Systematic Change: Licensed nursing will be re-inserviced on facility policy regarding the administering and tracking of effectiveness of any pain medicines as part of our pain management program. Monitoring: Nurse managers will audit MARS, PRN Analgesic Record/Pain Flow sheets daily x 2 weeks, 3x's wkly for 2 weeks, wkly x's 1 month, then monthly thereafter to ensure</p>	06/22/2013

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	<p>level of 8 out of 10 on 5-2- 2013 at 2 PM. The Flow Sheet did not include if the pain medication had been effective.</p> <p>A review of Nurse's Notes revealed no notes for 5-2-2013. The notes did not include Resident #E had been experiencing pain, that a pain medication had been given, or that the pain medication had been effective.</p> <p>A current care plan dated 7-10-2012 titled persistent pain indicated staff were to monitor and record effectiveness and side effects of medication.</p> <p>2. Resident #F's clinical record was reviewed 5-22-2013 at 3:24 PM. Resident #F's diagnoses included, but were not limited to, depression, and Diarrhea.</p> <p>A review of the MAR dated 5-2013, revealed Resident F had received Tylenol 500 mg for complaints of pain on 5-5, 5-7, 5-10, 5-13, 5-15, 5-16, and 5-17-2013. The MAR included the times of Tylenol administration on 5-5 at 6 PM and 5-16 at 9 PM. there were no other notes as to Administration times on the front of the MAR.</p>		<p>evaluation and documentation is in place for effectiveness. Identified trends will be reviewed in CQI monthly for 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in 1-1 education and additional disciplinary action up to and including termination. Identified trends will be forwarded to the Administrator for review to identified further educational needs.</p>				

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	<p>The Nurse's PRN note on the back of the MAR indicated Tylenol 500 had been given on 5-7 at 1 AM, 5-13 at 8 PM, and 5-16 at 8 PM. There were notes indicating these doses had been effective. There were no notes indicating Tylenol had been given or of effectiveness of the doses given on 5-5, 5-10, 5-15, and 5-17.</p> <p>There was no PRN Analgesic Record/ Pain Flow Sheet for Resident #F to review.</p> <p>A review of Nurse's Notes did not reveal Resident #F had been experiencing pain, that a pain medication had been given, or that the pain medication had been effective.</p> <p>A current care plan dated 5-1-2013 titled alteration in comfort related to pain indicated staff were to monitor and record effectiveness and side effects of medication.</p> <p>In an interview on 5-22-2013 at 11:00 AM, LPN #1 indicated staff should be documenting response to pain medication administration on the back of the MAR, on the PRN Analgesic Record, and if needed, the nurse's notes if response was not as</p>			

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	<p>expected.</p> <p>A current policy titled Pain Management, provided by the Assistant Director of Nursing on 5-22-2013 at 3:00 PM, dated April 1999 and revised July 1012 indicated "15. Evaluate and document effectiveness of pain management interventions on the Medication Administration Record as indicated."</p> <p>This Federal tag relates to Complaint IN00129174.</p> <p>3.1-35(g)(2)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review the facility failed to assess the effectiveness of pain medication for 2 of 4 residents reviewed for pain medication effectiveness in a sample of 4. (Resident #E, and Resident #F)</p> <p>Findings include:</p> <p>1. Resident #E's clinical record was reviewed 5-22-2013 at 10:20 AM. Resident #E's diagnoses included, but were not limited to, mood disorder, arthritis, and mitral stenosis.</p> <p>A review of the Medication Administration Record (MAR) dated 5-2013, revealed Resident E had received Tylenol 650 mg for complaints of pain on 5-2-2013 at 2 PM. The MAR did not include if the pain medication had been effective.</p> <p>The PRN Analgesic Record/ Pain Flow Sheet indicated Resident #E</p>	F000309	<p>It is the policy of this facility to assess for effectiveness after administration of PRN medications. Correction of alleged deficient practice: Res E no longer resides at facility. Res F received a pain assessment, has PRN Analgesic Record/Pain Flow Sheet in progress and is receiving medication as ordered with appropriate follow-up documented. Identification of other residents with potential to be affected by alleged deficient practice: All Residents receiving PRN pain medications are at risk. Nursing completed 100% audit of all residents to ensure that PRN Analgesic Record/Pain Flow Sheets are in use and are tracking follow-up for any prn pain medicines that are given. Systematic Change: Licensed nursing will be re-inserviced on facility policy regarding the administering and tracking of effectiveness of any pain medicines as part of our pain management program. Monitoring: Nurse managers will audit MARS, PRN Analgesic Record/Pain Flow</p>	06/22/2013	

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	<p>had received Tylenol 650 mg for complaints of pain in both legs at a level of 8 out of 10 on 5-2- 2013 at 2 PM. The Flow Sheet did not include if the pain medication had been effective.</p> <p>A review of Nurse's Notes revealed no notes for 5-2-2013. The notes did not include Resident #E had been experiencing pain, that a pain medication had been given, or that the pain medication had been effective.</p> <p>2. Resident #F's clinical record was reviewed 5-22-2013 at 3:24 PM. Resident #F's diagnoses included, but were not limited to, depression, and Diarrhea.</p> <p>A review of the MAR dated 5-2013, revealed Resident F had received Tylenol 500 mg for complaints of pain on 5-5, 5-7, 5-10, 5-13, 5-15, 5-16, and 5-17-2013. The MAR included the times of Tylenol administration on 5-5 at 6 PM and 5-16 at 9 PM. there were no other notes as to Administration times on the front of the MAR.</p> <p>The Nurse's PRN note on the back of the MAR indicated Tylenol 500 had been given on 5-7 at 1 AM, 5-13 at 8</p>		<p>sheets daily x 2 weeks, 3x's wkly for 2 weeks, wkly x's 1 month, then monthly thereafter to ensure evaluation and documentation is in place for effectiveness. Identified trends will be reviewed in CQI monthly for 3 months and quarterly thereafter to determinine further education and/or further monitoring needs. Identified non-compliance will result in 1-1 education and additional disclipinary action up to and including termination. Identified trends will be forwarded to the Administrator for review to identified further educational needs.</p>				

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	<p>PM, and 5-16 at 8 PM. There were notes indicating these doses had been effective. There were no notes indicating Tylenol had been given or of effectiveness of the doses given on 5-5, 5-10, 5-15, and 5-17.</p> <p>There was no PRN Analgesic Record/ Pain Flow Sheet for Resident #F to review.</p> <p>A review of Nurse's Notes did not reveal Resident #F had been experiencing pain, that a pain medication had been given, or that the pain medication had been effective.</p> <p>In an interview on 5-22-2013 at 11:00 AM, LPN #1 indicated staff should be documenting response to pain medication administration on the back of the MAR, on the PRN Analgesic Record, and if needed, the nurse's notes if response was not as expected.</p> <p>A current policy titled Pain Management provided by the Assistant Director of Nursing on 5-22-2013 at 3:00 PM; dated April 1999 and revised July 1012 indicated "15. Evaluate and document effectiveness of pain management interventions on the Medication</p>			

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	Administration Record as indicated."  This Federal tag relates to Complaint IN00129174.  3.1-37(a)				