

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F 0000  Bldg. 00	<p>This visit was for Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00173781.</p> <p>Complaint IN00173781 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 1, 2, 3, 4, 5 and 8, 2015.</p> <p>Facility number: 000296 Provider number: 155542 AIM number: 100467820</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 8 Medicaid: 50 Other: 28 Total: 86</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This plan of correction is to serve as Cloverleaf of Knightsville's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Cloverleaf of Knightsville or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations</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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F 0164 SS=D Bldg. 00	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure</p>	F 0164	It is the policy of this facility to ensure the highest quality of care is afforded to our residents.	07/08/2015

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	<p>privacy for a resident who received personal care in that staff did not close the window blinds and privacy curtains for 1 of 1 randomly observed resident. (Resident #102)</p> <p>Findings include:</p> <p>Resident #102's clinical record was reviewed on 6/3/15 at 1:30 p.m. The diagnosis include, but not limited to: anxiety, dementia, and depression.</p> <p>The current MDS (Minimum Data Set) Assessment dated 4/21/15, indicated Resident #102 needed extensive assistance of 2 persons physical assist for bed mobility and total dependence of 2 staff for transfer. Resident #102 had a BIMS (Brief Interview for Mental Status) score of 3, which indicated not cognitively intact nor interviewable.</p> <p>On 6/4/15 at 11:45 a.m., CNA #1 and LPN #1 were observed to enter Resident #102's room without knocking. The window blinds were observed to be open and the privacy curtains were not drawn. Resident #120's roommate was awake in her bed, while care was being provided to Resident #120. While LPN #1 and CNA #1 were providing ADL (Activity of Daily Living) care several staff members entered Resident #120's room while the</p>		<p>Consistent with this practice, the following has been done Resident # 102 privacy has been maintained throughout her daily care. All residents who are provided care could be at risk of their privacy being violated during personal care. Nursing staff have been inserviced on June 26th, 2015 by the Director of nursing regarding maintaining privacy during personal care. The Director of Nursing or her designee is responsible for the completion of audits regarding privacy during personal care five times a week for 30 days then once weekly for 30 days. Observations will be at random 7 days a week during all shifts. Audits have to be 100 % or audits will continue once weekly for 30 days until 100%. All staff will be reminded of Residents privacy every shift seven days a week. Results will be provided to the Quality Assurance committee overseen by the Administrator.</p>	

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F 0241 SS=D Bldg. 00	<p>privacy curtains were not drawn and Resident #120's lower body was exposed. CNA #1 indicated she should have closed the window blinds and pulled the privacy curtains. "When I thought about it, it was to late."</p> <p>On 6/4/15 at 3:10 p.m., the Director of Nursing indicated there was no policy for providing privacy to a resident while giving ADL (Activity of Daily Living) care.</p> <p>3.1-3(p)(4)</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview, and record review, the facility failed to ensure privacy for a resident while in their room for 1 of 1 random observations. (Resident #102)</p> <p>Findings include:</p> <p>Resident #102's clinical record was reviewed on 6/3/15 at 1:30 p.m. The</p>	F 0241	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done Resident 102 is ensured privacy while in her room. All residents that are unable to provide themselves privacy while in their rooms have the potential to be at risk. All staff have been inserviced on 6/26/2015 on the importance of Resident privacy in</p>	07/08/2015

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	<p>diagnosis include, but not limited to: anxiety, dementia, and depression.</p> <p>The current MDS (Minimum Data Set) Assessment dated 4/21/15, indicated Resident #102 needed extensive assistance of 2 persons physical assist for bed mobility and total dependence of 2 staff for transfer. Resident #102 had a BIMS (Brief Interview for Mental Status) score of 3, which indicated not cognitively intact nor interviewable.</p> <p>On 6/4/15 at 11:15 a.m., while walking past Resident #102's room, Resident #102 was observed lying in bed and to have her lower body exposed to anyone walking in the hallway. Upon entering the room Resident #102 was observed to be naked from the waste down. The privacy curtains were observed not to be pulled for privacy. LPN #2 (Licensed Practical Nurse) entered the room and indicated Resident #102 had a habit of pulling her covers off and she does not wear a brief due to her coccyx pressure ulcer. "They [indicating staff] sometimes have the privacy curtain pulled." LPN #2 was observed to pull the privacy curtain slightly, at that time. There were CNA's observed walking past pushing other residents in wheelchairs. There were staff members observed walking past Resident #102's room while assisting other</p>		<p>their rooms. Resident Rights have been reviewed by all staff that haven't received annual training.</p> <p>The director of nursing or designee is responsible for the completeion of audits regarding privacy during personal care five times a week for 30 days then once weekly for 30 days. Observations will be at random 7 days a week during all shifts. Audits have to be 100 % or audits will continue once weekly for 30 days until 100%. Results will be provided to the Quality Assurance committee overseen by the Administrator</p>	

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F 0272 SS=D Bldg. 00	<p>residents with walking.</p> <p>3.1-3(t)</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:                      Identification and demographic information;                      Customary routine;                      Cognitive patterns;                      Communication;                      Vision;                      Mood and behavior patterns;                      Psychosocial well-being;                      Physical functioning and structural problems;                      Continence;                      Disease diagnosis and health conditions;                      Dental and nutritional status;                      Skin conditions;                      Activity pursuit;                      Medications;                      Special treatments and procedures;                      Discharge potential;                      Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and</p>			

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	<p>Documentation of participation in assessment.</p> <p>Based on interview and record review, the facility failed to ensure the accuracy of the quarterly Minimum Data Set (MDS) assessment for 1 of 1 resident reviewed for assessment accuracy. (Resident #102)</p> <p>Findings include:</p> <p>Resident #102's clinical record was reviewed on 6/3/15 at 1:30 p.m. The diagnosis included, but were not limited to: anxiety, dementia, and depression.</p> <p>The quarterly Minimum Data Set assessment, dated 10/21/14, had no active diagnosis indicating depression. The quarterly Minimum Data Set assessment dated 1/21/15, had no active diagnosis indicating depression. The current MDS dated 4/21/15, had no active diagnosis indicating depression</p> <p>The Physician's order, dated 8/5/14, indicated Resident #102 received 30 mg Cymbalta (used to treat symptoms of depression) every day for depression since 8/5/14. The current physician's order, dated 6/1/15, indicated Resident #102 received Cymbalta 60 mg daily for depression since 9/18/14.</p>	F 0272	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done A physician order was received for the diagnosis of depression and was added to MDS of resident 102. All residents receiving an anti depressant have been evaluated. No other residents were determined to be at risk for this deficient practice. The MDS coordinator was educated on correct diagnosis's and nursing staff was provided information on correct diagnosis during the inservice on 6/26/2015 by the Director of Nursing. The MDS coordinator will be responsible for the audits of all new orders for anti depressants to assure correct diagnosis and to assure the MDS provides the accurate information. The MDS coordinator will review all orders daily and sign the orders to verify that the orders that correlate with antidepressants have been updated on the MDS. All findings will be reported to the Quality Assurance committee monthly and reviewed by the Administrator.</p>	07/08/2015

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F 0279 SS=D Bldg. 00	<p>Care plan dated 8/6/14, indicated, "The resident uses antidepressant medication r/t [related to] Depression. ..."</p> <p>On 6/5/15 at 2:15 p.m., with the Minimum Data Set assessment (MDS) coordinator present indicated there was no diagnosis of depression on the MDS.. "It should have been coded [On the MDS]. It's not there."</p> <p>3.1-31(d)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the</p>			

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	<p>resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to ensure a care plan was completed for residents who received an antidepressant medication for 1 of 5 residents reviewed for unnecessary medication use. (Resident #10).</p> <p>Findings include:</p> <p>Resident #10's clinical record was reviewed on 6/3/2015 at 11:00 a.m. Diagnoses included, but were not limited to depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 6/1/2015, assessed Resident #10 as taking an anti-depressant medication the last 7 out of 7 days.</p> <p>Physician's order dated June 2015, indicated Resident #10's medications included, but were not limited to: Remeron tablet (an anti-depressant) 30 milligrams every night at bedtime for depression and insomnia. The original start date of Remeron is unknown however, Resident #10 admitted to the facility on 10/2/2014, and was on the medication at that time.</p> <p>Current care plan dated 10/10/2014</p>	F 0279	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done The care plan for Resident 10 has been updated to include monitoring for behaviors and the effectiveness of the medication Remeron. All the care plans for residents receiving an antidepressant have been reviewed and determined to include monitoring behaviors and the effectiveness of the medications given for depression. The MDS coordinator will be responsible for the audits of all new orders for anti depressants to assure the care plans include to monitor behaviors and the effectiveness of the anti depressant medication that is being given. All nursing staff including the MDS coordinator were inserviced on care planning and to include monitoring for behaviors and the effectiveness of the medication. The MDS coordinator will review all orders daily indefinitely and sign the orders to verify that the orders that correlate with antidepressants have been updated on the care plan. This review will occur on an ongoing basis. All findings will be reported to the Quality Assurance committee monthly and reviewed by the Administrator.</p>	07/08/2015

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	<p>indicated, "The resident uses antidepressant medication related to depression ... educate the resident, family, caregivers about risks, benefits and the side effects and/or toxic symptoms of anti-depressant drugs being given ..."</p> <p>The care plan only listed two interventions and did not address monitoring for behaviors, for which the medication was prescribed, for Residents #10's Remeron.</p> <p>The Wolters Kluwer Nursing 2015 Drug Handbook, 35th edition, copyright 2015, Black Box Warning for Remeron include: "... Advise families and caregivers to closely observe patient for increasing suicidal thinking and behavior. ..."</p> <p>On 6/05/2015 at 2:38 p.m., an interview with the MDS Coordinator indicated, the care plan was initiated before she started working however, she had not revised the care plan nor updated the interventions and did not notice there were only two interventions listed. She indicated the care plan was not complete and there should be more interventions listed which would include monitoring for behaviors and the effectiveness of the medication for Resident #10's Remeron.</p>			

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F 0282 SS=D Bldg. 00	<p>On 6/4/2015 at 3:10 p.m., the Director of Nursing provided the facility's policy, "Using the Care Plan" with a revised date of 1/2011 and indicated, the policy was the one currently being used by the facility. The care plan indicated, "...1. Completed care plans are placed in the resident's chart ..."</p> <p>3.1-35(a)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 ensure care plans were followed for turning and repositioning a resident with a stage 4 pressure ulcer for 1 of 3 resident reviewed for pressure ulcers (Resident #102) and monitoring antidepressant, antipsychotics, and antianxiety medications for 5 of 5 residents reviewed for unnecessary medication use (Resident #76, Resident #102, Resident #15, Resident #70, Resident #79).</p> <p>Findings include:</p>	F 0282	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done The target behaviors have been identified for the following: Residents 79 is diagnosed with anxiety and depression and receiving trazodone. Her behavior being monitored is tearfulness. Resident 15 is diagnosed with depression and receiving paxil the behavior being monitored is crying. Resident 70 has been discharged home. Resident 102 is diagnosed with</p>	07/08/2015

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	<p>1. a. Resident #79's clinical record was reviewed on 6/3/2015 at 1:37 p.m. Diagnoses included, but were not limited to anxiety and depressive disorder.</p> <p>The June 2015, Medication Administration Record indicated the medications for Resident #79 included, but were not limited to: trazodone (anti-depressant) 150 mg daily for depression alprazolam (anti-anxiety) 0.25 mg three times daily for anxiety.</p> <p>A physicians order dated 2/24/2015, original start date 12/9/2014, indicated trazodone 150 mg tablet by mouth at bedtime for depression.</p> <p>A physicians order dated 2/25/2015, original start date 2/11/2015, indicated alprazolam 0.25 mg tablet by mouth tree times daily for anxiety.</p> <p>The quarterly MDS (Minimum Data Set) dated May 22, 2015, assessed Resident #79 as having had an antianxiety and antidepressant 7 out of the last 7 days.</p> <p>A careplan initiated on 12/03/2014, with current goal date through 3/1/2015, for Resident #79 indicated a focus of: Uses anti-anxiety medications r/t (related to) anxiety disorder. Goal: The resident will</p>		<p>depression receiving Cymbalta and is being monitored for crying out. Resident 76 has expired. The psychoactive medication monthly flow records have been updated to include these behaviors and are being monitored every shift. Resident 102 has not had any adverse effect or deterioration from the documentation holes on the turn and reposition record. All residents who were on anti depressants, anxiolytics and antipsychotics have been identified and the monthly flow records have been updated to include specific behaviors that are being monitored every shift. All turn and reposition paper charting have been taken off the floors. The only turn and reposition charting that will be utilized will be what is on our electronic point of care charting. All residents care planned to be turned and repositioned have been assessed and documentation is provided by the nursing staff electronically on POC The director of nursing will be responsible for auditing all new admissions admitted with a psychoactive medication and also all current residents with a psychoactive medication or one added to their drug regimen. The DON will audit 5 Residents weekly for 30 days and then 5 residents monthly for 6 months. Observations will be at random 7 days a week during all shifts. These observations of</p>	

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	<p>be free from discomfort or adverse reactions related to anti-anxiety therapy through the review date. Interventions included, but were not limited to: Monitor/document side effects and effectiveness.</p> <p>A careplan for Resident #79 initiated on 12/9/2014, with current goal date through 3/1/2015, indicated a focus of: Uses antidepressant medication r/t (related to)depression, and reports having difficulty staying asleep, feeling tired, and having difficulty concentrating. Goal: The resident will be free from discomfort or adverse reactions related to antidepressant therapy through the review date. Interventions included, but were not limited to: Monitor/document side effects and effectiveness. Monitor/document/report to MD (Medical Doctor) prn (as needed) ongoing s/sx (signs and symptoms) of depression unaltered by antidepressant meds: sad, irritable, anger, never satisfied, crying, shame, worthlessness, guilt, suicidal ideation's, neg. (negative) mood/comments, slowed movement, agitation, disrupted sleep, fatigue, lethargy, does not enjoy usual activities, changes in cognition changes in weight/appetite, fear of being alone or with others, unrealistic fears, attention seeking, concern with body functions,</p>		<p>resident care in correlation with review of the CNA assignment sheets will ensure that each resident's care is provided appropriately. Audits have to be 100 % or audits will continue once weekly for 30 days until 100%. The nursing staff have been educated on 6/26/2015 by the director of nursing on documentation on monitoring specific behaviors on psychoactive medications every shift and also documenting that residents have been turned on our electronic POC charting tool. The results of the audits will be brought to the monthly quality assurance committee which is overseen by the Administrator</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>anxiety, constant reassurance.</p> <p>On 6/3/2015 at 2:45 p.m., the Unit Manager from Unit #C provided the Psychoactive medication monthly flow records for April, May and June 2015, for Resident #79. The flow records had no target behaviors identified to monitor for as indicated in the careplan for use of the trazodone nor alprazolam.</p> <p>On 6/3/2015 at 2:45 p.m., an interview with the Director of Nursing indicated they have not been monitoring for targeted behaviors for the anti-depressant and anti-anxiety medications for any residents.</p> <p>On 6/8/2015 at 3:40 p.m., the DON provided the facility's policy, "Antipsychotic Medication Use". The policy indicated, "...2.....staff will gather and document information to clarify a resident's behavior, mood, function, symptoms, and risks....4. Nursing staff will document an individuals' target symptom(s)...6. The staff will observe, document, and report...information regarding the effectiveness of any interventions..."</p> <p>b. Resident #15's clinical record was reviewed on 6/4/2015 at 2:39 p.m. Diagnoses included but were not limited</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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	<p>to: depressive disorder, anxiety.</p> <p>The June 2015, Medication Administration Records indicated Resident #15's medications included, but were not limited to: Paxil (anti-depressant) 25 mg daily for depression Ativan (anti-anxiety) 0.5 mg two times daily</p> <p>The quarterly MDS (Minimum Data Set) dated 3/30/2015, indicated Resident #15 had taken an anti-depressant and antianxiety for the last 7 out of 7 days.</p> <p>A physicians order dated 3/5/2015, the original start date was 10/31/2014, indicated Ativan 0.5 mg two times daily.</p> <p>A physicians order dated 11/3/2014, original start date was 10/21/2014, indicated Paxil CR 25 mg tablet daily for depression.</p> <p>A careplan initiated on 1/27/2015, with current goal dated through 7/30/20115, indicated a focus of: "The Resident is at risk for deepening depression r/t (related to) dx (diagnosis) of severe dementia. Has difficulty verbalizing, and speech can be unclear, and her discharge plan has changes to long term placement. Is prescribed Paxil. Goals: The Resident</p>			

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	<p>will remain free of s/s (signs and symptoms) of distress, symptoms of depression anxiety or sad mood and will participate in activities of daily living within the limits of her mood state." Interventions included but were not limited to: Monitor/document/report to Nurse/MD (Medical Doctor), s/sx (signs and symptoms) of depression, including: Hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious or health related complains, tearfulness.</p> <p>A careplan initiated on 10/31/2014, with a current goal date through 7/30/2015, indicated a focus of: The resident uses anti-anxiety medications r/t (related to) anxiety disorder. Interventions included, but were not : Monitor/document side effects and effectiveness.</p> <p>A careplan initiated on 10/21/2014, with a current goal date through 7/30/2015, with a focus of: Resident uses antidepressant medication r/t (related to) depression. Interventions included but were not limited to: Monitor/document side effects and effectiveness.</p> <p>On 6/5/2015 at 9:36 a.m., the Director of Nursing provided the Psychoactive medication monthly flow records for April, May, and June 2015 for Resident</p>			

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	<p>#15. The flow records indicated no target behaviors had been identified to monitor for as indicated in the careplan for the use of Paxil and Ativan.</p> <p>On 6/3/2015 at 2:45 p.m., an interview with the Director of Nursing indicated they have not been monitoring for targeted behaviors for the anti-depressant and anti-anxiety medications for any residents.</p> <p>On 6/8/2015 at 3:40 p.m., the DON provided the facility's policy, "Antipsychotic Medication Use". The policy indicated, "...2.....staff will gather and document information to clarify a resident's behavior, mood, function, symptoms, and risks....4. Nursing staff will document an individuals' target symptom(s)....6. The staff will observe, document, and report...information regarding the effectiveness of any interventions..."</p> <p>c. The clinical record was reviewed for Resident #70 on 6/5/15 at 11:14 a.m. The resident was admitted on 2/28/15. Diagnoses included, but were not limited to: dementia, anxiety, and depression.</p> <p>The physician's May 2015, orders for Resident #70 indicated the following:</p> <p>On 4/2/15, the resident was ordered</p>			

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	<p>Abilify (antipsychotic medication) 10 mg (milligrams) daily. On 4/23/15, the medication was discontinued.</p> <p>On 4/14/15, the resident was ordered Zoloft (antidepressant medication) 50 mg daily.</p> <p>On 4/14/15, the resident was ordered Depakote (anticonvulsant medication) 250 mg twice daily for agitation. On 4/30/15 the dosage changed to: Depakote 250 mg every morning and Depakote 500 mg at bedtime for agitation.</p> <p>Resident #70's most recent care plan, dated 2/28/15, indicated, "Resident uses psychotropic medications r/t [related to] agitation." Interventions included, but were not limited to, "... Administer medications as ordered. Monitor/document for side effects and effectiveness. ..."</p> <p>The clinical record lacked documentation which indicated targeted behaviors for which the medications were prescribed were monitored for Resident #70's Abilify, Zoloft, and Depakote.</p> <p>On 6/08/15 at 2:25 a.m., Director of Nursing indicated that targeted behaviors are not routinely documented for any resident who is prescribed a psychotropic</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>medication.</p> <p>On 6/8/15 at 3:40 p.m., the DON provided the facility's policy, "Antipsychotic Medication Use". The policy indicated, " ... 2. ...staff will gather and document information to clarify a resident's behavior, mood, function, symptoms, and risks. ... 4. Nursing staff will document an individual's target symptom(s). ... 6. The staff will observe, document, and report ...information regarding the effectiveness of any interventions...."</p> <p>d). Resident #102's clinical record was reviewed on 6/3/15 at 1:30 p.m. The diagnosis included, but not limited to: anxiety, dementia with behavioral disturbance, failure to thrive, and depression.</p> <p>The June 2015, physician's order, dated 9/18/14, indicated Resident #102 received Cymbalta 60 mg daily for depression since 9/18/14, Abilify 15 mg twice a day for agitation since 3/4/15, and diazepam 10 mg every 6 hours for anxiety since 12/9/14.</p> <p>The current psychotropic care plan dated 10/2/14, indicated, "The resident uses psychotropic medication Abilify..with goal date through 6/17/15, indicated the</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>resident will remain free of drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment</p> <p>...Interventions ... AIMS quarterly and prn [as needed], monitor/record/report MD ... side effects and adverse reactions of psychoactive medications: unsteady gait, tardive dyskinesia, EPS [shuffling gait, rigid muscles, shaking], frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, behavior symptoms not usual to the person. ..."</p> <p>The current care plan dated 10/23/14, "Hospice Spiritual Care" indicated ...</p> <p>"The resident is at risk for depression r/t [related to] change in environment, dx [diagnosis] of Dementia, anxiety, and is on caseload with ...hospice. ...goals: the resident will remain free of s/sx of distress, symptoms of depression, anxiety, or sad mood ...</p> <p>Monitor/document/report ... s/sx of depression, including hopelessness, anxiety, sadness, insomnia, ... verbalizing negative statements, ...tearfulness.</p> <p>....Administer medications .."</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>The current care plan dated 4/24/15, indicated, "The resident uses anti-anxiety medications r/t [related to] Anxiety disorder ...Goal: The resident will be free from discomfort or adverse reactions related to anti-anxiety therapy, ... Intervention: Attempt to remove the source of residents anxiety, ...administering ... valium ... Monitor /document side effect and effectiveness. ...Aggressive or impulsive behavior, Hallucinations,... PARADOXICAL SIDE EFFECTS: Mania, Hostility and rage, Aggressive or impulsive behavior, Hallucinations. Nursing to observe for side effects/adverse reactions with the use of this medication ..."</p> <p>The current care plan dated 6/5/15, indicated, "The resident uses antidepressant medication r/t [related to] depression,... Goal the resident will be free from discomfort or adverse reactions, ... Intervention: ... Monitor/document/report ...s/sx of depression unaltered by antidepressant meds: [medication] sad, irritable, anger, never satisfied, crying, .... suicidal ideations, neg.[negative] mood/comments, ...agitation, disrupted sleep, ... constant reassurance ..."</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>RECORD" dated 3/1/2015 to 5/31/15, indicated no documentation of behaviors for the antianxiety medication Diazepam.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15, indicated no documentation of behaviors for the antidepressant medication Cymbalta.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15, indicated no documentation of behaviors for the antipsychotic medication Abilify. This medication was used for the diagnosis of agitation.</p> <p>On 6/4/15 at 2:10 p.m., the Director of Nursing indicated hospice placed Resident #102 on Cymbalta due to her crying and yelling out. "They use Cymbalta to control pain and behaviors."</p> <p>There was documentation provided by the administration staff indicating Resident #102 was being monitored for any behaviors ( EPS ([shuffling gait, rigid muscles, shaking) frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, related to antipsychotic, antidepressants ( sad, irritable, anger, never satisfied, crying, ....</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>suicidal ideations, neg.[negative] mood/comments, ...agitation, disrupted sleep) and antianxiety (Aggressive or impulsive behavior, Hallucinations,... PARADOXICAL SIDE EFFECTS: Mania, Hostility and rage) medications.</p> <p>e). Resident #76's clinical record was reviewed on 6/8/15 at 1:26 p.m. Diagnosis included but were not limited to: anxiety, depression, and dementia with behavioral disturbance.</p> <p>The June 2015, physician's order indicated Resident #76 received Celexa 20mg daily for depression since 5/18/15, lorazepam 0.5 mg in the morning since 5/13/15, and 1mg at night for anxiety since 2/26/15, and lorazepam 0.5mg every 4 hours as needed for anxiety since 5/14/15.</p> <p>The current care plan dated 12/19/14, indicated, "The resident uses psychotropic mediations r/t dementia, agitation and behavioral disturbances, ...Goal: The resident will remain free of drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation impaction or cognitive behavioral impairment, ... Intervention, Monitor /document for side effects and effectiveness, Celexa ,</p>			

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	<p>...Monitor/record/report to MD [Medical Doctor] prn [as needed] side effects and adverse reactions of psychoactive medications; unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking) , frequent falls, refusal to eat, ... depression, suicidal ideations, social isolation, blurred vision, ... behavior symptoms not usual to the person. ..."</p> <p>The current care plan dated 12/26/14 indicated, "The resident uses anti-anxiety medications r/t [related to] Anxiety disorder/agitation ...Goal the resident will be free from discomfort or adverse reactions related to anti-anxiety therapy, ... Intervention administer Ativan, ... Monitor /document side effects and effectiveness, ... 12/19/14, monitor for Hostility, and rage, Aggressive or impulsive behavior, Hallucinations ..."</p> <p>The current care plan dated 12/19/14, indicated "The resident uses antidepressant medication r/t depression, ... Goal: the resident will be free from discomfort or adverse reactions, ... Intervention Administer Celexa, ... Monitor/document/report ...s/sx [sign and symptoms] of depression unaltered by antidepressant meds: sad, irritable, anger, never satisfied, crying, ... worthlessness,...suicidal ideations, neg.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>[negative] mood/comments, ...agitation, ..."</p> <p>On 6/3/2015 at 2:45 p.m., an interview with the Director of Nursing indicated they have not been monitoring for targeted behaviors for the anti-depressant and anti-anxiety medications for any residents.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15, indicated no documentation of behaviors (Hostility, and rage, Aggressive or impulsive behavior, Hallucinations ) for the antianxiety medication Ativan 0.5 mg. There was no "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" provided for the month of June 2015.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 4/1/5 to 4/30/15, indicated no documentation of behaviors (Hostility, and rage, Aggressive or impulsive behavior, Hallucinations ) for the antianxiety medication Ativan 1 mg. There was no "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" provided for March, May and June 2015.</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15 indicated no documentation of behaviors (suicidal ideations, neg. [negative] mood/comments, ...agitation, ...) for the antidepressant medication Celexa. There was no "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" provided for the month of June 2015.</p> <p>On 6/8/15 at 3:40 p.m., the DON provided the facility's policy, "Antipsychotic Medication Use". The policy indicated, " ... 2. ...staff will gather and document information to clarify a resident's behavior, mood, function, symptoms, and risks. ... 4. Nursing staff will document an individual's target symptom(s). ... 6. The staff will observe, document, and report ...information regarding the effectiveness of any interventions...."</p> <p>There was documentation provided by the administration staff indicating Resident #76 was being monitored for any behaviors related to antidepressants and antianxiety medications.</p> <p>2). On 6/1/15 at 10:45 a.m., Resident #102 was observed in bed with her back on the mattress and her hips turned on the left side.</p>			

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	<p>On 6/1/15 at 11:15 a.m., Resident #102 was observed on her back in with her hips turned to the left side and was undressed from the waist down.</p> <p>On 6/1/15 at 11:45 a.m., Resident #102 was observed in bed on her back with her hips turned to the left side. CNA #1 indicated Resident #102 was turned every hour and it was documented in a chart at the nursing station on Hall B.</p> <p>On 6/4/15 at 11:15 a.m., Resident #102 was observed to be on her back in her bed.</p> <p>On 6/5/15 at 12:00 p.m., Resident #102 was observed in bed lying on her back with a posie roll pillow on both sides.</p> <p>On 6/8/15 at 10:50 a.m., Resident #102 was observed lying on her right side with an alternating pressure mattress on her bed.</p> <p>Resident #102's clinical record was reviewed on 6/3/15. Diagnosis included, but were not limited to: pressure ulcer, dementia, and failure to thrive.</p> <p>Resident #102 was admitted to hospice on 5/5/14.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>The current MDS (Minimum Data Set) Assessment dated 4/21/15, indicated Resident #102 needed extensive assistance of 2 persons physical assist for bed mobility, total dependence of 2 staff for transfer ..."</p> <p>On 6/1/15 at 2:33 p.m., RN #1 indicated on 12/12/14, Resident #102 was observed to have a stage IV pressure ulcer to the coccyx that was acquired in the facility.</p> <p>The care plan dated 2/2/15, indicated, " Resident noted to have. ... 1/30/14 coccyx areas stage IV .... Goals: Resident will have no s/sx [sign and symptoms] of infection, ... Intervention: ...Resident to be on bedrest, turn from side to side, to be on back for meals only. ... "</p> <p>The current care plan dated 4/30/15, indicated, "The resident has potential for impaired skin r/t [related to] Disease process dementia, immobility. With actual stage 2 noted on admission 5/1/14. ... Goals the resident's Pressure ulcer will show signs of healing and remain free from infection, ...Intervention The resident needs assistance to turn/reposition at least every 1 hour, more often as needed or requested, ... Follow facility policies/protocols for prevention/treatment of skin breakdown, ..."</p>			

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	<p>On 6/4/15 at 2:30 p.m., the Administrator provided documentation labeled, "Turn and Reposition Record" and indicated that was the form currently used by the CNA staff to indicate turning and repositioning residents.</p> <p>The "Turn and Reposition Record" form indicated there was no documentation on the following dates at the specified times:</p> <p>On 3/1/15 from 10:00 p.m. to 3/2/15 at 1:00 p.m.            On 3/2/15 from 11:00 p.m. to 3/3/15 at 1:00 p.m.            On 3/3/15 from 11:00 p.m., to 3/4/15 at 1:00 p.m.            On 3/4/15 from 11:00 p.m. to 3/5/15 at 1:00 p.m.            On 3/5/15 from 11:00 p.m. to 3/6/15 at 5:00 a.m.            On 3/16/15 at 1:00 p.m., and 2:00 p.m.            On 3/24/15 from 11:00 p.m. to 3/25/15 at 5:00 a.m.            On 3/26/15 from 11:00 p.m. to 3/27/15 at 1:00 p.m.            On 4/15/15 from 12:00 p.m. and 1:00 p.m.            On 4/20/15 from 7:00 a.m. to 1:00 p.m.            On 5/17/15 from 12:00 a.m., to 6:00 a.m.            On 5/26/15 from 12:00 a.m. to 5/27/15 to 6:00 a.m.</p>			

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F 0312 SS=D Bldg. 00	<p>On 5/29/15 from 11:00 p.m. to 5/30/15 at 6:00 a.m. On 6/4/15 at 1:00 p.m., and 2: 00 p.m.</p> <p>There were no turn and reposition forms provided by the facility for May 1 to May 16, 2015.</p> <p>On 6/4/14 at 2:00 p.m. the DON indicated if there is nothing written on the sheet [indicating the turn and reposition record] then someone didn't document." There should be something in every box."</p> <p>3.1-35(g)(2)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to transfer independently received the necessary assistance with transferring from their recliner chair to their wheelchair for 1 of 1 randomly observed resident during stage 1. (Resident #35)</p>	F 0312	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done Resident 35 had no adverse effect and is receiving the necessary assistance with transferring from their recliner chair to their wheelchair. All residents that require assistance with transfers</p>	07/08/2015

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	<p>Findings include:</p> <p>Resident #35's clinical record was reviewed on 6/8/15. Diagnosis included, but was not limited to: osteoporosis and Parkinson.</p> <p>The current Minimum Data Set assessment (MDS) dated 5/12/15, indicated Resident #35 needed extensive assistance of 2 staff persons physical assist for transfers.</p> <p>On 6/2/15 at 11:20 a.m., CNA #2 (Certified Nursing Assistant) and CNA #3 were observed to place a gait belt around the waist of Resident #35 while Resident #35 was seated in a recliner chair in her room. While on the right side of Resident #35 's chair, CNA #2 was observed to pull up a wheelchair and position it at the foot of the resident 's bed and not up to the recliner chair where Resident #35 was seated. CNA #3 was on Resident #35's left side. CNA #2 and CNA #3 were both observed to grab the gait belt and lift Resident #35 from the recliner to a slight standing position. CNA #2 was observed to pull the wheelchair up to Resident #35 as she was pulling Resident #35 and CNA #3 was walking and dragging Resident #35 to her wheelchair.</p>		<p>have been identified and could be at risk when proper techniques are not followed. All staff have been inserviced on 6/26/2015 by a licensed therapist on the proper techniques for a two person transfer with a gait belt from surface to surface and return demonstration provided. The director of nursing or designee will be responsible to audit two person transfers 5 times weekly for 30 days and then 5 times monthly for 6 months. All failed audits will be reeducated by a licensed physical therapist. Observations will be at random 7 days a week during all shifts. Audits have to be 100 % or audits will continue 5 times monthly until 100%.All results of audits will be brought to the monthly quality assurance committee which is overseen by the Administrator</p>	

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F 0314 SS=G Bldg. 00	<p>On 6/2/15 at 1:20 p.m., interview with CNA #2 indicated, Resident #35's wheelchair should have been pulled closer to the recliner before transferring Resident to her wheelchair.</p> <p>On 6/2/15 at 1:40 p.m. interview with CNA #3 indicated Resident #35's wheelchair should have been touching the recliner before transferring her to the wheelchair. "The new training said one CNA should stand behind the wheelchair." and the other CNA should be able to pivot and transfer by their self.</p> <p>On 6/8/15 at 3:40 p.m., the Director of Nursing provided policy "Gait Belt Transfers" dated 01/2011, and indicated the policy was the one currently used by the facility. The policy indicated, "...Stand as close to the resident as possible maintaining a broad base of support. ... Pivot resident into chair or bed, ..."</p> <p>3.1-38(3)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure</p>			

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	<p>sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was turned and repositioned every hour and the support surface had been inflated to reduce pressure as indicated by the care plan and facility policy, which resulted in a stage IV pressure ulcer for 1 of 3 resident reviewed for pressure ulcers. (Resident #102)</p> <p>Findings include:</p> <p>Resident #102' s clinical record was reviewed on 6/3/15. Diagnosis included, but were not limited to: pressure ulcer, dementia, and failure to thrive.</p> <p>Resident #102 was admitted to hospice on 5/5/14.</p> <p>The current MDS dated 4/21/15, indicated Resident #102 needed extensive assistance of 2 persons physical assist for bed mobility, total dependence of 2 staff for transfer ..."</p> <p>A current Care plan dated 8/1/14,</p>	F 0314	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. We disagree with the findings included in this federal tag and request an IDR for this deficiency. Our POC is as follows: Resident 102 has been reassessed for skin condition and repositioned based on care plan. Weekly wound assessment sheets continue and measurements documented. Care plan and assignment sheets reviewed and updated accordingly. Resident 102 wound has had no deterioration and turning and repositioning is in place in accordance with the plan of care. Residents have been reviewed for risk for pressure sores, are repositioned based on care plan, have preventative measures applied based on manufactures guidelines and receive quality care. All nursing staff were in-serviced 06/26/2015 by Director of Nursing to check all mattress for appropriate pressure and also to assure that documentation is charted electronically on POC. All nursing staff was in serviced by Director of Nursing on the use of pressure relieving devices,</p>	07/08/2015

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	<p>indicated, "The resident has skin breakdown to the coccyx [area at the base of the spinal column/lower back] on admission [a stage 2, that healed] ... "</p> <p>On 6/1/15 at 2:33 p.m., interview with RN #1, she indicated, on 12/12/14, was when staff observed a stage 4 pressure ulcer to the coccyx on Resident #102 and the pressure ulcer was acquired in the facility.</p> <p>Skin assessment dated 12/12/14, indicated Resident #102 had stage 4 pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle) to coccyx.</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 12/26/14, indicated Resident #102 pressure ulcer measured 7.0 x 5.0 x &lt;0.1 centimeter and was unstageable.</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 12/26/14, indicated Resident #102 pressure ulcer measured unstageable 7.0 x 5.0 x &lt;0.1</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 1/2/15, indicated Resident #102 pressure ulcer measured 5.0 x 4.5 x 1.5</p>		<p>turning and repositioning. Unit mangers to do random pressure relieving device check 5 times weekly for 1 month and 5 times monthly for 6 months. Director of Nursing or designee will audit turning and repositioning documentation 5 times weekly for 30 days and 5 times monthly for 6 months. Audits will randomly occur to cover all shifts and all days. Monthly report will be reviewed by Quality Assurance committee with additional recommendations. Susie Scott Informal Dispute Resolution Long Term Care Indiana State Department of Health 2 North Meridian, Section 4 H Indianapolis, IN 46204-3006 F314 G The facility respectfully request that the information under this tag be reviewed as part of the Informal Dispute Resolution from the annual licensure survey dated 6-8-15. Cloverleaf Healthcare believes that we provide excellent care to our residents and we disagree that our lack of actions resulted in a pressure ulcer. The 2567 indicates that this requirement is not met as evidenced by the facility failed to turn the resident every hour and the support surface had not been inflated to reduce to reduce pressure resulting in a stage IV pressure ulcer. (Resident #102) In December2014, the resident had a significant change of condition resulting in significantly reduced nutrition and hydration.</p>	

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	<p>unstageable</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 1/9/15, indicated Resident #102's pressure ulcer measured 5.5 x 4.0 x 1.0 unstageable</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 1/16/15, indicated Resident #102's pressure ulcer measured 4.7 x 5.3 x 2.0 unstageable</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 1/23/15, indicated Resident #102's pressure ulcer measured 4.0 x 3.5 x 2.0 unstageable.</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 1/30/15, indicated Resident #102's pressure ulcer measured 4.0 x 3.5 x 1.5 a stage 4.</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 2/6/15, indicated Resident #102's pressure ulcer measured 4.0 x 3.0 x 1.5 a stage 4.</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated</p>		<p>The family wanted no interventions as the resident was on hospice. Because of the significant decline the resident was expected to live only a short time. Hospice and physician believed the ulcers, that developed rapidly, were unavoidable because of the significant change in condition with poor nutrition, hydration, and constant movement related to the dementia. However, following this significant change of condition, the resident stabilized but continues in poor condition with end-stage dementia and failure to thrive. During the course of the survey it was indicated that the paper turning and repositioning form did not identify that the resident was repositioned every hour. It is agreed that on the paper form, it was not always completed. However, during the survey, the point click care documentation (facility electronic medical record) was provided to the surveyor. The nursing staff can utilize the Kiosk system in point click care to document turning and repositioning. This was available for reviewing on point click care and was printed off and provided to the surveyor. The documentation in the point click care system identified turning and repositioning every hour in accordance with the plan of care with the exception of March 2, 2014. However, we believe that</p>	

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	<p>2/13/15, indicated Resident #102's pressure ulcer measured 4.0 x 2.0 x 0.5 a stage 4.</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 2/20/15, indicated Resident #102's pressure ulcer measured 3.0 x 2.0 x 1.5 a stage 4</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 4/30/15, indicated Resident #102's pressure ulcer measured 3.5 x 1.5 x 1.0 tunneling 1.0 a stage 4.</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 5/8/15, indicated Resident #102's pressure ulcer measured 3.5 x 2.0 x 2.0 a stage 4</p> <p>Review of "Pressure Ulcer Evaluation Weekly Record" documentation dated 6/3/15, indicated Resident #102's pressure ulcer coccyx wound measured a 3.5 x 2.0 x 1.0 x 1.0 a stage 4.</p> <p>On 6/1/15 at 10:45 a.m., Resident #102 was observed in bed with her back on the mattress and her hips turned on the left side.</p> <p>On 6/1/15 at 11:15 a.m., Resident #102</p>		<p>the resident was repositioned, just not documented, as there was no worsening in the wound from the week before versus the week after per the assessment. The 2567 indicates that the documentation was absent. It was not absent, though it was not all documented on the paper form, it was documented in the electronic system for every hour. We are attaching the information identifying that turning and repositioning was completed appropriately that was also provided at the time of survey on the dates identified in the 2567 that there was lack of documentation The issue related to finding the mattress not inflated on 6-4 was correct. However, the 2567 indicates that even the surveyor had been in the room on days prior to this and the mattress being not inflated was not identified. Our belief is that the mattress not being inflated was only for a brief period and caused no worsening of the area. The issue in the 2567 where there was a reddened area identified on the left hip was verified by the nurse with the surveyor. However, when the facility nursing administration went into the room to assess the area 2 hours later the area was no longer identified. Therefore, it is believed the area was not a pressure ulcer but was redness that was relieved with repositioning. There continues to</p>	

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	<p>was observed on her back with her hips turned to the left side.</p> <p>On 6/1/15 at 11:45 a.m., with LPN #1 and CNA #1 (Certified Nursing Assistant) present Resident #102 was observed in bed on her back with her hips turned to the left side. CNA #1 indicated Resident #102 was turned every hour and it was documented in a chart at the nursing station on Hall B.</p> <p>On 6/4/15 at 11:15 a.m., Resident #102 was observed to be on her back in her bed. The waffle mattress was observed to be deflated at that time. Resident #102 was observed to be lying on a hard bed. LPN #2 entered the room was observed to walk over and touch Resident #102's mattress . LPN #2 indicated the waffle mattress was flat, "All the way flat." And the mattress was not doing Resident #102 any good. LPN #2 indicated hospice would be called right away.</p> <p>On 6/5/15 at 12:00 p.m., Resident #102 was observed in bed lying on her back with a posie roll pillow on both sides. There was no dressing observed on Resident #102's wound. RN #1 indicated she was trying to get a new order for Duoderm dressing for the coccyx wound. RN #1 indicated the wound should be covered at all times and sometimes it</p>		<p>be no area to the left hip area. To summarize, Cloverleaf Healthcare adamantly believes that we provide a high quality of care to the residents. The area that developed was unavoidable related to the resident's condition which is supported by the physician and hospice. There is documentation related to the turning and repositioning of this resident. The diameter of the area has decreased in size. It is unlikely there will be total healing of the wound related to the resident's nutritional status and overall condition but unrelated to the services provided by this facility. Respectfully Submitted, Deanna Hickman, HFA</p>	

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	<p>may fall off when repositioning Resident #102. "The CNA's should tell us [indicating the nurses] when the dressing is off."</p> <p>On 6/8/15 at 10:50 a.m., Resident #102 was observed lying on her right side with an alternating pressure mattress on her bed. With LPN #5 present, Resident #102 was observed to have a quarter size red area on Resident #102's left hip. LPN #5 indicated that was a new area to her. RN #2 indicated she was not aware of the reddened area on Resident #102's left hip.</p> <p>The care plan dated 2/2/15, indicated, " Resident noted to have. ... 1/30/14 coccyx areas stage IV .... Goals: Resident will have no s/sx [sign and symptoms] of infection, ... Intervention: ...cover with Hydrocolloid [wound dressing] daily &amp; [and] PRN [as needed] daily Resident to be on bedrest, turn from side to side , to be on back for meals only. ... Wound nurse to monitor weekly &amp; [and] PRN. ... waffle mattress to bed."</p> <p>The current care plan dated 4/30/15, indicated, "The resident has potential for impaired skin r/t [related to] Disease process dementia, immobility. With actual stage 2 noted on admission 5/1/14. ... Goals the resident's Pressure ulcer will show signs of healing and remain free</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>from infection, ...Intervention The resident needs assistance to turn/reposition at least every 1 hour, more often as needed or requested, ... Administer treatments as ordered and monitor for effectiveness, ...Follow facility policies/protocols for prevention/treatment of skin breakdown, ..."</p> <p>On 6/4/15 at 2:30 p.m., the Administrator provided documentation labeled, "Turn and Reposition Record" and indicated that was the form currently used by the CNA staff to indicate turning and repositioning residents.</p> <p>The "Turn and Reposition Record" form indicated there was no documentation on the following dates at the specified times:</p> <p>a). On 3/1/15 from 10:00 p.m. to 3/2/15 at 1:00 p.m. b). On 3/2/15 from 11:00 p.m. to 3/3/15 at 1:00 p.m. c). On 3/3/15 from 11:00 p.m., to 3/4/15 at 1:00 p.m. d). On 3/4/15 from 11:00 p.m. to 3/5/15 at 1:00 p.m. e). On 3/5/15 from 11:00 p.m. to 3/6/15 at 5:00 a.m. f). On 3/16/15 at 1:00 p.m., and 2:00 p.m.</p>			

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	<p>g). On 3/24/15 from 11:00 p.m. to 3/25/15 at 5:00 a.m.</p> <p>h). On 3/26/15 from 11:00 p.m. to 3/27/15 at 1:00 p.m.</p> <p>i). On 4/15/15 from 12:00 p.m. and 1:00 p.m.</p> <p>j). On 4/20/15 from 7:00 a.m. to 1:00 p.m.</p> <p>k). On 5/17/15 from 12:00 a.m., to 6:00 a.m.</p> <p>l). On 5/26/15 from 12:00 a.m. to 5/27/15 to 6:00 a.m.</p> <p>m). On 5/29/15 from 11:00 p.m. to 5/30/15 at 6:00 a.m.</p> <p>n). On 6/4/15 at 1:00 p.m., and 2: 00 p.m.</p> <p>There were no turn and reposition forms provided by the facility for May 1 to May 16, 2015.</p> <p>On 6/4/14 at 2:00 p.m. the DON indicated if there is nothing written on the sheet [indicating the turn and reposition record] then someone didn't document." There should be something in every box."</p> <p>On 6/4/15 at 3:23 p.m., interview with Hospice nurse indicated Resident #120 was on a low air mattress and it was so slick she would fall out of bed. So we went to a waffle mattress. We put posie roll guard in place. Her wound was not getting better with the low air mattress.</p>			

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	<p>On 6/5/15 RN #1 provided a new order for Resident #102 dated 6/3/15 indicating, " Hydrofera [dressing to help prevent infection] Blue 4 x 4 dressing, cleanse wound with NS [normal saline], cut hydrofera to fit wound , moisten with NS &amp; wring out excess and cover c [with] Exuderm [Hydrocolloid] 4 x 4 change QOD [every other day] &amp; PRN for soilage."</p> <p>On 6/5/15 at 2:23 p.m. the Minimum Data Set coordinator (MDS) provided policy "Prevention of Pressure Ulcers" dated 10/2010, and indicated the policy was the one currently used by the facility. The policy indicated, " ...General Preventive Measures ...2. For a person in bed: a. Change position at least every two hours or more frequently if needed; b. Determine if resident needs a special mattress. c. All ... at risk for pressure ulcer ... should have a pressure reduction mattress. ... 3 . Risk Factor-Bed fast a. Change position at least ... frequently as needed. b. Use a special mattress that contains foam, air, gel, or water, ... c. ... should have a pressure reduction mattress in place. ...e. Consider off-loading pressure hourly, ..."</p> <p>On 6/5/15 at 2:23 p.m. the Minimum Data Set coordinator (MDS) with the</p>			

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F 0329 SS=E Bldg. 00	<p>Director of Nursing present provided policy, "Pressure Ulcer Treatment &amp; Evaluation" dated 3/2011, and indicated the policy was the one currently used by the facility. The policy indicated, The purpose of this procedure is to provide guidelines for the care of existing pressure ulcers and the prevention of additional pressure ulcers. 1. Review the resident's care plan to assess for any special needs ... Stage IV [4] Pressure Ulcer Interventions/Care Strategies ...3. Treatment: ...b. Apply an alginate dressing, foam dressing or hydrogel to wound cavity ..."</p> <p>On 6/5/15 at 3:25 p.m., the MDS coordinator with the DON present provided documentation labeled "Unavoidability Statement for Impaired Skin Integrity" dated 2/12/15, indicated Resident #102 had a stage 4 pressure ulcer and receiving supplements to promote healing, receiving hospice care, and further declines are anticipated due to the disease process.</p> <p>3.1-40(a)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free</p>			

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	<p>from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to ensure residents who received a psychotropic medication were monitored for targeted behaviors and for effectiveness of medications for 5 of 5 residents reviewed for unnecessary medication use. (Resident #79, Resident #15, Resident #10, Resident #102 and Resident #76).</p> <p>Findings include:</p> <p>1. Resident #79's clinical record was reviewed on 6/3/2015 at 1:37 p.m. Diagnoses included, but were not limited to anxiety and depressive disorder.</p>	F 0329	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done The target behaviors have been identified for the following: Residents 79 is diagnosed with anxiety and depression and receiving trazodone. Her behavior being monitored is tearfulness. Resident 15 is diagnosed with depression and receiving paxil the behavior being monitored is crying. Resident 10 is diagnosed with depression and is receiving remeron which was prescribed prior to admission. Remeron was</p>	07/08/2015

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	<p>The June 2015, Medication Administration Record for Resident #79 indicated the medications included, but were not limited to:</p> <p>trazodone (anti-depressant) 150 mg daily for depression alprazolam (anti-anxiety) 0.25 mg three times daily for anxiety.</p> <p>A physicians order dated 2/24/2015, original start date 12/9/2014, indicated trazodone 150 mg tablet by mouth at bedtime for depression.</p> <p>A physicians order dated 2/25/2015, original start date 2/11/2015, indicated alprazolam 0.25 mg tablet by mouth tree times daily for anxiety.</p> <p>The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2015, Black Box Warning for trazodone (anti-depressant) indicated, teach caregivers how to recognize signs and symptoms of suicidal tendency or suicidal thoughts. Nursing considerations: Monitor patient for signs and symptoms of serotonin syndrome (mental status changes, tachycardia, labile blood pressure, hyperreflexia, incoordination, nausea, vomiting, diarrhea) or neuroleptic malignant syndrome (hyperthermia, muscle rigidity,</p>		<p>given for change of living environment. Resident 102 is diagnosed with depression receiving Cymbalta and is being monitored for crying out. Resident 76 has expired. The psychoactive medication monthly flow records have been updated to include these behaviors and are being monitored every shift. All residents who were on anti depressants, anxiolytics and antipsychotics have been identified and the monthly flow records have been updated to include specific behaviors that are being monitored every shift. The director of nursing or her designee will be responsible for auditing all new admissions admitted with a psychoactive medication and also all current residents with a psychoactive medication or one added to their drug regimen. The DON will audit 5 Residents weekly for 30 days and then 5 residents monthly for 6 months. The nursing staff have been educated on 6/26/2015 by the director of nursing on documentation on monitoring specific behaviors on psychoactive medications every shift. The results of the audits will be brought to the monthly quality assurance committee which is overseen by the Administrator</p>	

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	<p>rapidly fluctuating vital signs, mental status change).</p> <p>The quarterly MDS (Minimum Data Set) Assessment dated May 22, 2015, assessed Resident #79 as having had an antianxiety and antidepressant 7 out of the last 7 days.</p> <p>On 6/3/2015 at 2:45 p.m., the Unit Manager from Unit #C provided the Psychoactive medication monthly flow records for April, May and June 2015, for Resident #79. The flow records had no target behaviors identified to monitor for as indicated in the careplan for the use of trazodone or alprazolam.</p> <p>On 6/3/2015 at 2:45 p.m., an interview with the Director of Nursing indicated they have not been monitoring for targeted behaviors for the anti-depressant and anti-anxiety medications for any residents.</p> <p>On 6/8/2015 at 3:40 p.m., the DON provided the facility's policy, "Antipsychotic Medication Use". The policy indicated, "...2....staff will gather and document information to clarify a resident's behavior, mood, function, symptoms, and risks...4. Nursing staff will document an individuals' target symptom(s)...6. The staff will observe,</p>			

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	<p>document, and report...information regarding the effectiveness of any interventions..."</p> <p>2. Resident #15's clinical record was reviewed on 6/4/2015 at 2:39 p.m. Diagnoses included but were not limited to: depressive disorder, anxiety.</p> <p>The June 2015, Medication Administration Records for Resident #15 indicated the medications included but were not limited to: Paxil (anti-depressant) 25 mg daily for depression Ativan (anti-anxiety) 0.5 mg two times daily</p> <p>The quarterly MDS (Minimum Data Set) dated 3/30/2015, indicated Resident #15 had taken an anti-depressant and antianxiety for the last 7 out of 7 days.</p> <p>A physicians order dated 3/5/2015, the original start date was 10/31/2014, indicated Ativan 0.5 mg two times daily.</p> <p>A physicians order dated 11/3/2014, original start date was 10/21/2014, indicated Paxil CR 25 mg tablet daily for depression.</p> <p>The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2015,</p>			

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	<p>Black Box Warning for Paxil indicated, advise families and caregivers to closely observe patient for increased suicidal thinking and behavior.</p> <p>The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2015, indicated, Nursing Considerations: Monitor hepatic, renal, and hematopoietic function periodically in patients receiving repeated or prolonged therapy. Use of this drug may lead to abuse and addiction. Don't stop drug abruptly after long-term use because withdrawal symptoms may occur.</p> <p>On 6/5/2015 at 9:36 a.m., the Director of Nursing provided the Psychoactive medication monthly flow records for April, May, and June 2015 for Resident #15. The flow records indicated no target behaviors had been identified for use of the Paxil and Ativan.</p> <p>On 6/3/2015 at 2:45 p.m., an interview with the Director of Nursing indicated they have not been monitoring for targeted behaviors for the anti-depressant and anti-anxiety medications for any residents.</p> <p>On 6/8/2015 at 3:40 p.m., the DON provided the facility's policy, "Antipsychotic Medication Use". The</p>			

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	<p>policy indicated, "...2....staff will gather and document information to clarify a resident's behavior, mood, function, symptoms, and risks...4. Nursing staff will document an individuals' target symptom(s)...6. The staff will observe, document, and report...information regarding the effectiveness of any interventions..."</p> <p>3. Resident #10's clinical record was reviewed on 6/3/2015 at 11:00 a.m. Diagnoses included, but were not limited to depression.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 6/1/2015, assessed Resident #10 as taking an anti-depressant medication the last 7 out of 7 days.</p> <p>Physician's order dated June 2015, indicated Resident #10's medications included, but were not limited to: Remeron tablet (an anti-depressant) 30 milligrams every night at bedtime for depression and insomnia. The original start date of Remeron is unknown however, Resident #10 admitted to the facility on 10/2/2014, and was on the medication at that time.</p> <p>Current care plan dated 10/10/2014 indicated, "The resident uses antidepressant medication related to depression ... educate the resident,</p>			

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	<p>family, caregivers about risks, benefits and the side effects and/or toxic symptoms of anti-depressant drugs being given ..." The care plan did not address monitoring for behaviors related to anti-depressant medication use.</p> <p>The Wolters Kluwer Nursing 2015 Drug Handbook, 35th edition, copyright 2015, Black Box Warning for Remeron include: "... Advise families and caregivers to closely observe patient for increasing suicidal thinking and behavior. ..."</p> <p>The clinical record lacked documentation which indicated behaviors for which the medication was prescribed and the effectiveness of the medication were being monitored for Resident #10's Remeron since her admit date of 10/3/2014.</p> <p>On 6/05/2015 at 2:33 p.m., an interview with License Practical Nurse #3 (LPN #3) indicated, they only chart if the resident is exhibiting a behavior.</p> <p>On 6/3/2015 at 2:45 p.m., an interview with the Director of Nursing (DON) indicated, they have not been monitoring for targeted behaviors for the anti-depressant medications.</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>On 6/4/2015 at 3:10 p.m., the DON provided the facility's policy, "Antipsychotic Medication Use undated, and indicated the policy was the one currently being used by the facility and the only policy used for psychotropic medications which include anti-depressants. The policy indicated, "... 4. Nursing staff will document an individual's target symptoms ... 6. The staff will observe, document, and report to the Attending Physician information regarding the effectiveness on any interventions ... "</p> <p>4). Resident #102's clinical record was reviewed on 6/3/15 at 1:30 p.m. The diagnosis included, but were not limited to: anxiety, dementia with behavioral disturbance, and depression.</p> <p>The June 2015, physician's order, dated 9/18/14, indicated Resident #102 received Cymbalta 60 mg daily for depression since 9/18/14, Abilify 15 mg twice a day for agitation since 3/4/15, and diazepam 10 mg every 6 hours for anxiety since 12/9/14</p> <p>The current psychotropic care plan dated 10/2/14, indicated, "The resident uses psychotropic medication Abilify..with goal date through 6/17/15, indicated the resident will remain free of drug related complications, including movement</p>			

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	<p>disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment ...Interventions ... AIMS quarterly and prn [as needed], monitor/record/report MD ... side effects and adverse reactions of psychoactive medications: unsteady gait, tardive dyskinesia, EPS [shuffling gait, rigid muscles, shaking], frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, behavior symptoms not usual to the person. ..."</p> <p>The current care plan dated 10/23/14, "Hospice Spiritual Care" indicated ... "The resident is at risk for depression r/t [related to] change in environment, dx [diagnosis] of Dementia, anxiety, and is on caseload with ...hospice. ...goals: the resident will remain free of s/sx of distress, symptoms of depression, anxiety, or sad mood ... Monitor/document/report ... s/sx of depression, including hopelessness, anxiety, sadness, insomnia, ... verbalizing negative statements, ...tearfulness. ....Administer medications .."</p> <p>The current care plan dated 4/24/15, indicated, "The resident uses anti-anxiety</p>			

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	<p>medications r/t [related to] Anxiety disorder ...Goal: The resident will be free from discomfort or adverse reactions related to anti-anxiety therapy, ... Intervention: Attempt to remove the source of residents anxiety, ...administering ... valium ... Monitor /document side effect and effectiveness. ...Aggressive or impulsive behavior, Hallucinations,... PARADOXICAL SIDE EFFECTS: Mania, Hostility and rage, Aggressive or impulsive behavior, Hallucinations. Nursing to observe for side effects/adverse reactions with the use of this medication ..."</p> <p>The current care plan dated 6/5/15, indicated, "The resident uses antidepressant medication r/t [related to] depression,... Goal the resident will be free from discomfort or adverse reactions, ... Intervention: ... Monitor/document/report ...s/sx of depression unaltered by antidepressant meds: [medication] sad, irritable, anger, never satisfied, crying, .... suicidal ideations, neg.[negative] mood/comments, ...agitation, disrupted sleep, ... constant reassurance ..."</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15 indicated no documentation of behaviors</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>for the antianxiety medication Diazepam.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15 indicated no documentation of behaviors for the antidepressant medication Cymbalta.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15 indicated no documentation of behaviors for the antipsychotic medication Abilify. This medication was used for the diagnosis of agitation.</p> <p>On 6/4/15 at 2:10 p.m., the Director of Nursing indicated hospice placed Resident #102 on Cymbalta due to her crying and yelling out. "They use Cymbalta to control pain and behaviors."</p> <p>There was documentation provided by the administration staff indicating Resident #102 was being monitored for any behaviors ( EPS ([shuffling gait, rigid muscles, shaking) frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, related to antipsychotic, antidepressants ( sad, irritable, anger, never satisfied, crying, .... suicidal ideations, neg.[negative] mood/comments, ...agitation, disrupted</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>sleep) and antianxiety (Aggressive or impulsive behavior, Hallucinations,... PARADOXICAL SIDE EFFECTS: Mania, Hostility and rage)medications.</p> <p>5). Resident #76's clinical record was reviewed on 6/8/15 at 1:26 p.m. Diagnosis included but were not limited to: anxiety, depression, and dementia with behavioral disturbance.</p> <p>The June 2015, physician's order indicated Resident #76 received Celexa 20mg daily for depression since 5/18/15, lorazepam 0.5 mg in the morning since 5/13/15, and 1mg at night for anxiety since 2/26/15, and lorazepam 0.5 mg every 4 hours as needed for anxiety since 5/14/15.</p> <p>The current care plan dated 12/19/14, indicated, "The resident uses psychotropic mediations r/t dementia, agitation and behavioral disturbances, ...Goal: The resident will remain free of drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation impaction or cognitive behavioral impairment, ... Intervention, Monitor /document for side effects and effectiveness, Celexa , ...Monitor/record/report to MD [Medical Doctor] prn [as needed] side effects and</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>adverse reactions of psychoactive medications; unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking) , frequent falls, refusal to eat, ... depression, suicidal ideations, social isolation, blurred vision, ... behavior symptoms not usual to the person. ..."</p> <p>The current care plan dated 12/26/14 indicated, "The resident uses anti-anxiety medications r/t [related to] Anxiety disorder/agitation ...Goal the resident will be free from discomfort or adverse reactions related to anti-anxiety therapy, ... Intervention administer Ativan, ... Monitor /document side effects and effectiveness, ... 12/19/14, monitor for Hostility, and rage, Aggressive or impulsive behavior, Hallucinations ..."</p> <p>The current care plan dated 12/19/14, indicated "The resident uses antidepressant medication r/t depression, ... Goal: the resident will be free from discomfort or adverse reactions, ... Intervention Administer Celexa, ... Monitor/document/report ...s/sx [sign and symptoms] of depression unaltered by antidepressant meds: sad, irritable, anger, never satisfied, crying, ... worthlessness,...suicidal ideations, neg. [negative] mood/comments, ...agitation, ..."</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15, indicated no documentation of behaviors (Hostility, and rage, Aggressive or impulsive behavior, Hallucinations ) for the antianxiety medication Ativan 0.5 mg. There was no "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" provided for the month of June 2015.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 4/1/5 to 4/30/15, indicated no documentation of behaviors (Hostility, and rage, Aggressive or impulsive behavior, Hallucinations ) for the antianxiety medication Ativan 1 mg. There was no "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" provided for March, May and June 2015.</p> <p>Review of the "PSYCHOACTIVE MEDICATION MONTHLY FLOW RECORD" dated 3/1/2015 to 5/31/15 indicated no documentation of behaviors (suicidal ideations, neg. [negative] mood/comments, ...agitation, ...) for the antidepressant medication Celexa. There was no "PSYCHOACTIVE MEDICATION MONTHLY FLOW</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F 0371 SS=D Bldg. 00	<p>RECORD" provided for the month of June 2015.</p> <p>There was documentation provided by the administration staff indicating Resident #76 was being monitored for any behaviors related to antidepressants and antianxiety medications.</p> <p>3.1-48(a)(3)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure the puree container was air dried prior to pureeing foods for 25 residents who received a mechanically altered diet, and staff washed hands as the facility policy and CDC (Centers for Disease Control) indicated for 12 of 12 residents served from the C dining room.</p> <p>Findings include:</p> <p>1. On 6/1/2015 at 11:39 a.m., an</p>	F 0371	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done All 12 residents that that were being served in the dining room where Speech pathologist 1 and CNA 5 washed their hands for less than 20 seconds showed no adverse effect. The pureed food that was blended in the blender with standing water was disposed of at that time and new food was pureed. All residents are at risk if staff prepare, serve and</p>	07/08/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>observation of the Speech Pathologist #1 hand washing in the C dining room indicated she washed her hands for 10 seconds, she then began serving a cup of coffee to a resident.</p> <p>On 6/1/2015 at 11:41 a.m., an observation of Speech Pathologist #1 handwashing indicated she washed her hands for 10 seconds. At that time, she indicated the correct time for handwashing was fifteen seconds.</p> <p>On 6/1/2015 at 11:43 a.m., an observation in the C dining room indicated the CNA #4 washed her hands for fifteen seconds. At that time, she indicated the correct amount of time for hand washing was 30 seconds.</p> <p>On 6/1/2015 at 11:50 a.m., an observation of CNA #5 washed her hands for 10 seconds and then went down the hall to serve meal trays.</p> <p>12 residents were being served in the C dining room.</p> <p>Review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated "...Wet your</p>		<p>distribute food under unsanitary conditions. Therapy, Dietary, housekeeping and laundry have inservice scheduled for 7/7/15. This inservice will include the proper techniques of hand washing and how long to wash hands. This will include to hum silently "happy birthday" from start to finish twice if an example is needed to determine how long 20 seconds is. Dietary has also bought a second mixing bowl to have available incase the other one is drying when pureeing food. The nursing staff have been in serviced on the proper hand washing time and techniques provided by the CDC guidelines. The dietary staff manager will be responsible for auditing the procurement of pureed foods 5 times weekly for 30 days and 5 times monthly for 6 months. The director of nursing or her designee will be responsible for auditing hand washing in the dining room 5 times weekly for 30 days and 5 times monthly for 6 months. Observations will be at random 7 days a week during all meals. Audits have to be 100 % or audits will continue once weekly for 30 days until 100%. The results from the audits will be provided to the monthly quality assurance committee which is overseen by the administrator.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them ...".</p> <p>2. On 6/1/2015 at 10:25 a.m., an observation of Dietary Cook #1 pureeing rice. After pureeing the rice Dietary Cook #1 washed the food processor container in the sink, then placed the container back on the food processor, and placed the lid to the container back on the food processor. No air drying was observed. The Dietary Cook #1 was observed to remove the pork steaks from the oven and turned them over and placed them back in the oven. She then poured peaches into bowls covered them with plastic wrap and placed the peaches into the walk in refrigerator. At 10:40 a.m., Dietary Cook #1 then began to place the pork steaks into the puree container with approximately 1/4 inch of water standing in the bottom of the container. She indicated she was going to puree the pork steaks for the residents. When the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F 0386 SS=D Bldg. 00	<p>standing water in the bottom of the container was brought to her attention she then was observed to throw the pork steak away and started over.</p> <p>On 6/5/2015 at 9:16 a.m., the Administrator provided the Food Processor policy undated, and indicated it was the one currently being used by the facility. The policy indicated: "...Sanitation of Equipment Frequency: After each use (attachments only) 1. Wash attachments in hot water in pot and pan sink. Use hot water and sanitizing solution. Allow attachments to air dry....".</p> <p>3.1-21(i)(3)</p> <p>483.40(b) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. Based on interview and record review,</p>	F 0386	It is the policy of this facility to ensure the highest quality of care	07/08/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>the facility failed to ensure the physician signed medication orders as indicated by the facility policy for 1 of 5 residents reviewed for unnecessary medication use. (Resident #102)</p> <p>Findings include:</p> <p>Resident #102's clinical record was reviewed on 6/3/15 at 1:30 p.m. The diagnosis included, but were not limited to: anxiety, dementia with behavioral disturbance, hypertension, pressure ulcer, and depression.</p> <p>A review of the physician's orders dated 4/1/15 to 4/30/15, 5/1/15 to 5/31/15, and 6/1/15 to 6/8/15, indicated no signature from the attending physician.</p> <p>Resident #102 was admitted on 5/1/14.</p> <p>On 6/5/15 at 10:00 a.m., the Director Of Nursing (DON) indicated the physician was in the facility every Thursday. "I am not sure why he hasn't signed the orders."</p> <p>On 6/5/15 at 10:05 a.m., the DON provided policy "Physician Visit" undated, and indicated that was the policy currently used by the facility. The policy indicated, "... 1. Residents must be seen by a physician ...at least once every 60 days ... 7. During each visit, the physician</p>		<p>is afforded to our residents. Consistent with this practice, the following has been done Resident 102 physicians orders have been signed by the primary care physician for the dates as follows, 4/1/2015 through 4/30/2015, 5/1/2015 through 5/31/2015 and 6/1/2015 through 6/8/2015 Resident 102 suffered no adverse effects from the attending physician not signing the physician orders. All residents are under the care of a primary physician. The primary physician must sign and date all progress notes and orders. All residents and are at risk if their physician fails to sign orders and notes during their facility rounds. All physician orders have been reviewed. The physician orders have been all signed and dated accordingly by each residents primary care physician or his/her designee. The unit managers will ensure that during physician rounds that the physicians sign and date all progress notes and orders as needed. The director of nursing or her designee will audit physician orders on a monthly basis. An audit of 5 residents from each hall monthly for 6 months. Results will be reviewed in our monthly quality assurance committee which the administrator and medical director are members of</p>	

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F 0431 SS=D Bldg. 00	<p>must sign and date progress notes and orders. ..."</p> <p>3.1-22(c)(1)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure expired medications were discarded from the medication cart and medications had open and expiration dates for 2 of 3 halls (B and C hall) and expired medication were discarded from 1 of 3 medication storage rooms (B hall).</p> <p>Findings include:</p> <p>1). On 6/8/15 at 9:39 a.m., the C hall's medication cart was observed with LPN #6. Resident #134's Anoro inhaler (used to treat wheezing and shortness of breath) to be open without an open date nor expiration date, to indicate when medication expires.</p> <p>2). On 6/8/15 at 11:00 a.m., the B west medication cart was observed with LPN #5 present. Resident #34's Magnesium Citrate (laxative) bottle to be open without an open date nor expiration date. LPN #5 indicated "We have 30 days when open before medication expires." LPN #5 indicated, since there was no open date she would throw the medication away.</p> <p>3).Resident #38's Bicloro (used for cough</p>	F 0431	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been doneResident 134, 34, 38, 54, 18, 11 suffered no adverse effects from expired medications that were stored in the medication cart or from the medications that lacked an open date. All medication carts and medication storage rooms were observed and no other residents were found to be at risk for the storage of expired meds or meds without an open or expiration date. All nursing staff were inserviced regarding labeling and med storage on 6/26/2015 by the director of nursing. All nurses must check medications every shift 7 days a week for proper storage and medication labeling. The unit manager will perform weekly audits on their hall regarding their medication carts and medication storage rooms ensuring expired medications are discarded and meds have open and expiration date. Results from audits will be given to the quality assurance committee monthly. Administrator will take concerns to quarterly quality assurance meeting when pharmacy consultant attends</p>	07/08/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>and nasal congestion) had an expiration date of 2/10/15, and had no open date on the bottle. LPN #5 was observed to remove the Bicloro from the medication cart and discard.</p> <p>4). On 6/8/15 at 11:30 a.m., with RN #2 present observed the B East medication cart to have 2 bottles of Resident #54's Atropine eye drop. One eye drop bottle was opened on 5/14/15, and the other bottle was sealed. Both bottles had an expiration date of 3/2015. RN #2 indicated Resident #54 had last received a dose of the Atropine eye drops on 6/2/15. Physician's order dated 2/3/15, indicated 3 drops every 3 hours as needed. The pharmacy delivery date was 2/3/15. RN #2 was observed to remove the Atropine eye drops at that time.</p> <p>5). The following was observed in the B hall's medication storage room:</p> <p>a). The facility stock of 3 vials of pneumovax with Lot # K0003074 had expired on 3/13/15.</p> <p>b). Resident #18 had 8 (eight) Ducolax suppository 10 mg (treat constipation) with an expiration date of 5/2015.</p> <p>c). Resident #111's had diltiazem 120 mg tablets (treats high blood pressure) with</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F 0441 SS=D Bldg. 00	<p>a use by date of 4/23/15.</p> <p>3.1-25(o)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed related to hand washing and changing gloves during patient care as indicated by the facility policy and Center for Disease Control for 1 of 3 resident observed for infection control. (Resident #102)</p> <p>Findings include:</p> <p>On 6/4/15 ay 11:45 a.m., CNA #1 and LPN #1 were observed to enter Resident #102's room. No handwashing was observed. Both staff members placed gloves to positron Resident #102 in her bed for observation of Resident #102's pressure ulcer. LPN #1 walked over and raised Resident #102's bed. CNA #1 was observed to move Resident #102's bed from the wall and roll Resident #102 on her left side. LPN #1 held Resident #102 on her side while CNA #1 washed Resident #102's bottom. CNA #1 was observed with the dirty gloves on, to hand the dirty wash cloth to LPN #1 who placed the dirty wash cloth in a plastic bag. With the dirty gloves still on LPN #1 and CNA #1 were observed to position a pillow behind Resident #102.</p>	F 0441	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done Resident 102 did not suffer any adverse effect from CNA 1 and LPN 1not properly washing hands and changing gloves appropriately. All residents who are in need of ADL care are at risk of this deficient practice. Nursing staff have been inserviced on 6/26/2015 regarding the facility policy on proper glove use and handwashing during ADL care. The director of nursing or her designee will perform 5 audits weekly for 30 days and 5 audits monthly for 6 months with CNA's and LPNs during ADL care regarding handwasing and glove use. Observations will be at random 7 days a week during all shifts. Audits have to be 100 % or audits will continue once weekly for 30 days until 100%.</p>	07/08/2015

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	<p>No handwashing nor change of gloves was observed. LPN #1 and CNA #1 were observed to remove their gloves and place them in the trash bag. CNA #1 indicated she should have washed her hands and removed gloves after providing ADL (Activity of Daily Living) care and before positioning the pillow behind Resident #102.</p> <p>On 6/1/15 at 12:40 p.m., the Director of Nursing provided policy "HANDWASHING" undated, and indicated the policy was the one currently used by the facility. The policy indicated, "Handwashing should be performed: As promptly as possible after contact with ...body fluids, secretions, excretions, ... after gloves are removed, ...Before and after touching wounds, ... when indicated between tasks and procedures on the same resident to prevent cross contamination. ..."</p> <p>On 6/10/15, review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When ...to Wash Your Hands ... Before and after caring for someone who is sick, Before and after treating a cut or wound ..."</p> <p>3.1-18(1)</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F 0458 SS=D Bldg. 00	<p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>Based on observation, interview, and record review, the facility failed to provide at least 80 square feet (sq. ft.) per resident in multiple resident rooms. This was evidenced in 2 of 50 resident rooms in the facility. (Room #14 and #15).</p> <p>Findings include:</p> <p>Facility documentation of room size certification, non-dated, and provided by the Administrator on 6/1/2015 at 12:00 p.m., indicated the following room sizes of observed rooms:</p> <p>*1. Room #14 3 beds 225 sq. ft. SNF/NF 75 sq. ft. per resident</p> <p>*2. Room #15 3 beds 225 sq. ft. SNF/NF 75 sq. ft. per resident</p> <p>These room sizes were verified by the Administrator on 6/8/2015 at 11:35 a.m.</p> <p>3.1-19(1)(2)</p>	F 0458	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done SNF/NF room #14 3 beds 225 sq feet. Only 2 residents reside in this room. room # 15 3 beds 225 sq feet. Only 2 residents reside in this room. No other room were identified A letter for room waiver was mailed to Ella Yeachly at the ISDH.</p>	07/08/2015

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F 0465 SS=E Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure staff repaired damaged walls, replaced stained floor tiles and caulking and repaired a damaged night stand for 13 resident's observed for room furnishings during Environmental Observation (Resident #13, Resident # 99, Resident #80, Resident #78, Resident #10, Resident #55, Resident #133, Resident #107, Resident #18, Resident #76, Resident #53, Resident #74 and Resident # 89), and the residents' wheelchairs were in good repair for 7 residents in the Stage 2 Sample (Resident #38, Resident #103, Resident #80, Resident #62, Resident # 3, Resident #10, Resident #60) and for 1 of 1 randomly observed resident in Stage 1 (Resident #63).</p> <p>Findings include:</p> <p>1a. On 6/1/2015 at 2:30 p.m., an observation of Resident #13's bathroom indicated orange and black stains around the toilet and in the caulking around the floor tiles.</p>	F 0465	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done Resident # 13 bathroom has been stripped and cleaned around the toilet and the caulking has been replaced. Resident 99's bathroom floors have been stripped and cleaned. Resident #80 and 74 share a bathroom and it has been stripped and cleaned and walls have been painted. Resident 74 walls have been patched and painted. Resident 78 room and bathroom walls as well as ceiling have been patched and painted. Resident 10's wall in bathroom and room have been patched and painted. Resident 133 bathroom floor tiles have been stripped, cleaned and waxed. Resident 107 room walls have been patched and painted. Resident 18 and 76 wall by the window has been patched and painted. Resident 53 hole in wall has been patched and painted and the loose strip on the nightstand has been secured. Resident 89 walls and bathroom walls have been patched and painted. Residents 38, 103, 80, 62, 3, 10, 60,</p>	07/08/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2015
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>b. On 6/1/2015 at 2:35 p.m., an observation of Resident #99's room indicated the bathroom floor tiles are discolored and dirty looking.</p> <p>c. On 6/2/2015 at 9:51 a.m., an observation of Resident #80's room indicated several scuff marks on the wall and the floor tiles in the bathroom were dirty looking with black stains.</p> <p>d. On 6/2/2015 at 9:54 a.m., an observation of Resident #78's room indicated several scuff marks on the walls, on the bathroom walls, and two plaster areas on the wall above the residents bed.</p> <p>e. On 6/2/2015 at 10:10 a.m., an observation of Resident #10's room indicated scuff marks on the walls and on the bathroom walls.</p> <p>f. On 6/2/2015 at 10:14 a.m., an observation of Resident #55's room indicated several scuff marks on the wall and on bathroom walls.</p> <p>g. On 6/2/2015 at 10:38 a.m., an observation of Resident #133's room indicated a large black stained area on the bathroom floor tiles.</p>		<p>63 wheelchair arm rests have been replaced. All residents room walls and bathroom walls have the potential to receive scuff marks from wheelchairs, beds and recliners bumping up against them. All residents who utilize a wheelchair for transport have the potential to wear the arm rests out on wheelchair. A contracted painter is to audit all rooms to determine any other rooms that need additional patch and paint work done. Housekeeping and maintenance will determine which tiles in bathrooms and bathroom floors need additional cleaning. Housekeeping has prepared a full room cleaning schedule for each month which will include all painting and cleaning of bathrooms. Occupational therapy has audited all wheelchairs to determine which arm rests need replaced Maintenance and a contracted painter has corrected all of the findings included and will continue to audit all rooms weekly. Housekeeping will audit each room monthly or when turnover of the bed for cleanliness and patch and paint needed. The room readiness policy updated and all staff in serviced on 6/26/2015 and 7/7/2015. Occupational therapy will audit all wheelchairs quarterly to determine which ones need replaced. Any additional help needed to rooms will be brought</p>	

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>h. On 6/2/2015 at 10:40 a.m., an observation of Resident #107's room indicated several scuff marks on the wall.</p> <p>i. On 6/2/2015 at 11:04 a.m., an observation of Resident #18's room indicated a hole in the wall by the window.</p> <p>j. On 6/2/2015 at 11:05 a.m., an observation of Resident #76's room indicated a hole in the wall by the window.</p> <p>k. On 6/2/2015 at 11:51 a.m., an observation of Resident #53's room indicated a hole in wall behind the bed and a loose strip on the nightstand.</p> <p>l. On 6/2/2015 at 1:30 p.m., an observation of Resident #74's room indicated several scuff marks on the walls and the tiles on the bathroom floor are dirty.</p> <p>m. On 6/3/2015 at 9:32 a.m., an observation of Resident #89's room indicated scuff marks on the walls and on the bathroom walls.</p> <p>During the Environmental Tour with the Maintenance Director (MD) on 6/8/2015 at 10:30 a.m., he indicated the facility currently had no work order to paint the</p>		to the quality assurance committee and will get approval by administrator	

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	<p>rooms but there is a man currently painting rooms on the other units. He has not completed all rooms yet but he plans to do so. He further indicated, if the room is getting a new resident they will update and paint the room and repair any holes.</p> <p>On 6/8/2015 at 11:00 a.m., the MD indicated he doesn't know what the stains are on Resident #13's, Resident #99's, Resident #80's, Resident #133's and Resident #74's bathroom floors. He indicated he would ask the administrator about replacing all the tile and caulking, because it is difficult to find tile today that matches the original tile on the bathroom floor.</p> <p>On 6/8/2015 at 11:05 a.m., The MD indicated he would repair the holes in the walls in Resident #18's, Resident #53, Resident #76 rooms and will paint over the plaster areas in Resident #78's room immediately. He also indicated he would glue the strip down on Resident #53's nightstand today.</p> <p>On 6/8/2015 at 10:45 a.m., the Administrator indicated the facility does not have a policy on maintaining room readiness but maintenance uses a checklist to get a room ready for a new admission.</p>			

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	<p>On 6/8/2015 at 10:45 a.m., the Administrator provided the "Room Readiness Checklist and the Room Readiness Procedure" and indicated it is used by staff before a new admission arrives in the facility. The checklist indicated, "1) Maintenance ... patch holes in the wall ... touch up paint ... repair room and furniture as needed ... The above tasks have been completed and the room is ready for a new Resident. ... 2) Housekeeping ... deep clean the bathroom. ..."</p> <p>2a. On 6/1/2015 at 11:52 a.m., Resident #38 was observed seated in her wheelchair. The vinyl on both arms of the wheelchair were cracked, but not open.</p> <p>b. On 6/1/2015 at 12:35 p.m., Resident #103 was observed seated in his wheelchair. The vinyl on both arms of the wheelchair were torn.</p> <p>c. On 6/1/2015 at 12:35 p.m., Resident #80 was observed seated in her wheelchair. The vinyl on both arms of the wheelchair were torn.</p> <p>d. On 6/1/2015 at 12:35 p.m., Resident #62 was observed seated in her wheelchair. The vinyl on both arms of</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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	<p>the wheelchair were torn.</p> <p>e. On 6/1/2015 at 12:36 p.m., Resident #3 was observed seated in her wheelchair. The vinyl on both arms of the wheelchair were torn.</p> <p>f. On 6/1/2015 at 12:37 p.m., Resident #10 was observed seated in her wheelchair. The vinyl on both arms of the wheelchair were cracked, but not open.</p> <p>g. On 6/1/2015 at 12:38 p.m., Resident #60 was observed seated in her wheelchair. The vinyl on the right arm of the wheelchair was cracked but not open.</p> <p>h. On 6/2/2015 at 11:20 a.m., Resident #63 was observed seated in her wheelchair. The vinyl on both arms of the wheelchair were cracked but not open.</p> <p>On 6/8/2015 at 11:15 a.m., after the environmental tour the Maintenance Director (MD) indicated the wheelchair arms needed repaired and he would measure the armrests on all damaged wheelchair arms and get them fixed right away.</p> <p>On 6/8/2015 at 11:30 a.m., the Administrator indicated the facility does</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F 9999 Bldg. 00	<p>not have a policy related to maintaining the resident's wheelchairs so they are in good repair.</p> <p>3.1-19(f)(5)</p> <p>3.1-14(k)(1) PERSONNEL</p> <p>(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following: (1) Residents' rights.</p> <p>This State rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure staff obtained an annual inservice on residents' rights for 4 of 5 employees reviewed for ongoing inservice education and training. (CNA #6, CNA #7, RN #3, and Dietary Aide #1)</p> <p>Findings include:</p> <p>On 6/8/15 at 11:21 a.m., a personnel record review was completed. The</p>	F 9999	<p>It is the policy of this facility to ensure the highest quality of care is afforded to our residents. Consistent with this practice, the following has been done Healthcare Academy is a computerized program we utilize for our education and on going training. Resident rights was missed in 2014 for employees that have been employed for more than one year. All staff have been re educated on resident rights as of 7/7/2015. All residents have the potential to be at risk if facility doesn't provide annual education Human Resource director has had education on which inservices have to be provided to staff on annual basis. Human Resource will audit all employee files on their anniversary date to assure all ongoing education has been provided each year. Human resource will bring findings to monthly quality assurance committee meetings lead by the Administrator.</p>	07/08/2015

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	<p>employee personnel records indicated the following:</p> <p>CNA #6 began employment on 10/6/03. Her personnel record lacked documentation which indicated she received annual education and training on residents' rights.</p> <p>CNA #7 began employment on 5/16/13. Her personnel record lacked documentation which indicated she received annual education and training on residents' rights.</p> <p>RN #3 began employment on 1/24/13. Her personnel record lacked documentation which indicated she received annual education and training on residents' rights.</p> <p>Dietary Aide #1 was hired on 8/28/12. Her personnel record lacked documentation which indicated she received annual education and training on residents' rights.</p> <p>On 6/8/15 at 2:27 p.m., the Human Resources representative indicated the facility doesn't review residents' rights annually, only upon hire.</p> <p>On 6/8/15 at 3:39 p.m., the Director of Nursing indicated the facility does not</p>			

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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857		
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	have a policy in regard to annual inservices.				