

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2016
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BEDFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 NORTON LN BEDFORD, IN 47421
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00199025.</p> <p>Complaint IN00199025 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: May 10 and 11, and 19, 2016</p> <p>Facility number: 000040 Provider number: 155100 AIM number: 100274460</p> <p>Census bed type: SNF: 2 SNF/NF: 129 Total: 131</p> <p>Census payor type: Medicare: 5 Medicaid: 111 Other: 15 Total: 131</p> <p>Sample: 04</p> <p>These deficiencies reflect State findings cited in accordance with 410 IC 16.2-3.1.</p>	F 0000	Preparation and submission of this plan of correction does not constitute an admission or agreement by Garden Villa of the conclusions of this survey. We respectfully submit this plan of correction as proof of our compliance with the State and Federal regulations, and per the laws that mandate the submission of this plan of correction. Please review the attached documents with this plan or correction, as evidence of completion of this plan and evidence of compliance.	

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 0224 SS=D Bldg. 00	<p>Q.R. completed by 14466 on May 20, 2016.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATE</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure 2 residents were free from misappropriation of property in that two residents' narcotic medications were taken by Qualified Medication Aide (QMA) #2 for 2 of 2 residents reviewed for misappropriation of property. (Residents #D and #E)</p> <p>Findings include:</p> <p>1.) Clinical Record Review on 5/10/16 at 11:00 a.m., indicated Resident #D's diagnoses included, but were not limited to: chronic obstruction pulmonary disease, anxiety disorder, and muscle</p>	F 0224	An IDR has been requested for this deficiency as the facility had developed and implemented written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: The medications for Resident D and E were replaced by the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: Any resident who receives controlled substances has the	06/10/2016	

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	<p>weakness.</p> <p>April and May 2016, physician orders indicated Resident #D was prescribed oxycodone with APAP (generic for percocet with acetaminophen / schedule II controlled substance) to take 1 tablet every 6 hours for pain (scheduled) and to take every 4 hours as needed for pain (prn).</p> <p>Record Review on of reportable's to the State, provided by the Administration on 5/11/16 at 12:30 p.m., indicated on 05/09/2016; a medication card belonging to Resident #D, 150 pills of oxycod/APAP 10-325 mg were delivered to the facility on 4/15/2016. The DON indicated a card of oxycod/APAP 325 mg, containing 9 pills and the sign out sheet were missing . Review of pharmacy delivery record QMA#2 was on duty the night before and did not complete a narcotic count with the off-going or on-coming nurse on 5/8/16. QMA #2 was suspended and was requested to take a random drug screen.</p> <p>The DON indicated QMA#2 was called in for random drug test, and the DON indicated QMA#2 refused, resulting in QMA#2 being terminated.</p> <p>2.) On 5/12/16 at 11:50 a.m., the DON</p>		<p>potential to be affected. The Oncoming and off going nurses will complete a narcotic count with every change of nurse/QMA on a cart. Each nurse/QMA will sign the narcotic count sheet to indicate the medications were counted and correct. The pharmacy was contacted and only a 30 day supply of controlled substance medications will be sent at a time for new orders so there will not be multiple cards of medication. What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Nurses/QMAs were all inserviced on the policy and procedure for counting controlled substances. The pharmacy was contacted and will only send a 30 day supply of a controlled substance for all new orders. Each nurse/QMA will sign the narcotic count sheet to indicate the medications were counted and correct. The shift to shift controlled substance count sheet will be monitored daily by the Unit Managers. How the corrective action will be monitored to ensure the deficient practice will not recur The Unit Managers will monitor the shift to shift controlled substance count sheet and complete a count verification daily times 4 weeks then it will be monitored weekly for signatures and count verification. The Unit Managers, Nurses and QMAs will be educated on the audit tool and</p>				

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	<p>and Administrator indicated Unit 1 was attempting to re-order Resident #E's hydroco/APAP 7.5-325 mg (hydrocodone with acetaminophen / schedule III controlled substance) on 5/11/16, when the pharmacy indicated it was too early to re-order and 90 pills were sent on 4/22/16. The DON indicated 1 of 2 of a narcotic medication cards and the sign out sheets were missing and card 2 of 2 controlled drug record were started 5/5/16. It was indicated medication card 1 of 2 should have had 27 tablets left on 5/5/16 with Resident # E receiving one three times a day.</p> <p>QMA#2 was the one on duty at the time. Review of staffing schedule indicated QMA#2 was assigned to Unit 1 at the time the narcotic medication went missing.</p> <p>The DON indicated QMA#2 was called in for random drug test, and the DON indicated QMA#2 refused, resulting in QMA#2 being terminated.</p> <p>On 5/19/126 at 8:43 a.m., the DON provided a copy of the facility "abuse policy" and indicated it was the policy currently being used by the facility. The policy indicated, "It is the policy of [facility name] to ensure that alleged violations involving</p>		<p>the new narcotic count sheets. Education will be provided as needed to the nursing staff. The findings will be reviewed monthly in the QAPI meeting. By what date the systemic changes will be completed 6/10/16</p>				

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F 0425 SS=E Bldg. 00	<p>mistreatment, neglect, or abuse...misappropriation of resident property...Misappropriation of Resident Funds or Property - Means the deliberate misplacement, exploitation or wrongful, temporary or permanent use a resident's belongings ... without the resident's consent."</p> <p>3.1-28(a)</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p>			

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	<p>Based on interview and record review, the facility failed to ensure narcotic medication reconciliation was completed as indicated by facility policy for 8 of 9 medication carts reviewed.</p> <p>Findings include:</p> <p>Review on 5/12/16 at 9:50 a.m., of facility medication carts on each unit indicated a lack of signatures for the on-coming and off-going nurses related to the narcotic count. The controlled medication record 12 hour shifts lacked consistent signatures from both the off-going and on-coming nurse from March 2016 through May 12, 2016; for 8 of 9 medication carts throughout the facility.</p> <p>On 5/12/16 at 2:45 p.m., DON provided the controlled medication record 12 Shift sheets for March 2016, April 2016, and May 2016. Review of controlled medication record 12 hour shifts sheets indicated some sheets did not indicate which hall and for March 2016 and April 2016, only 5 medication sheets were provided.</p> <p>March 2016: Unknown hall: 31 days , 21 holes (no signature indicating narcotic medication reconciliation.) Unit 3 front hall cart: 31</p>	F 0425	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: All narcotics in the carts were reconciled for the entire building How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: Any resident who receives controlled substances has the potential to be affected. The Oncoming and off going nurses will complete a narcotic count with every change of nurse/QMA on a cart. Each nurse/QMA will sign the narcotic count sheet to indicate the medications were counted and correct. What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Any resident who receives controlled substances has the potential to be affected. The Oncoming and off going nurses will complete a narcotic count with every change of nurse/QMA on a cart. Each nurse/QMA will sign the narcotic count sheet to indicate the medications were counted and correct. How the corrective action will be monitored to ensure the deficient practice will not recur: The Unit Managers will monitor the shift to shift controlled substance count sheet and complete a count verification daily times 4 weeks then it will be</p>	06/10/2016	

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	<p>days, 17 holes Unit 3 back hall cart: 31</p> <p>days, 20 holes Front hall cart: 31 days, 22</p> <p>holes Back Hall cart: 31 days, 35</p> <p>holes</p> <p>April 2016: Unit 5 upstairs cart: 30</p> <p>days, 7 holes Unit 5 downstairs cart: 30</p> <p>days, 15 holes Front hall cart: 30 days, 20</p> <p>holes back hall cart: 30 days, 37</p> <p>holes</p> <p>May 2016: Unit 1 front hall cart: 12</p> <p>days, 2 holes Unit 1 back hall cart: 12 days, 4 holes</p> <p>Unit 3 back hall: 12 days, 5 holes</p> <p>Unit 3 front hall: 12 days, 2 holes</p> <p>Unit 4 front hall: 12 days, 8 holes</p> <p>Unit 5 upstairs cart: 12 days, 10</p> <p>holes</p> <p>Unit 5 downstairs cart: 12 days, 15 holes</p> <p>Unit 6 front cart: 12 days: 3 holes</p> <p>Unit 6 back cart: 12 days, 5 holes</p> <p>Interview with the DON on May 12, 2016 at 10:00 a.m., the DON presented a "Narcotic-Controlled Medication Shift to</p>		<p>monitored weekly for signatures and count verification. The Unit Managers, Nurses and QMAs will be educated on the audit tool and the new narcotic count sheets. Education will be provided as needed to the nursing staff. The findings will be reviewed monthly in the QAPI meeting. By what date the systemic changes will be completed 6/10/16</p>				

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	<p>"Shift Verification" policy, indicating it is the policy which the facility presently used to ensure the proper tracking of controlled medications. A review of the policy indicated, "Controlled medications will be subject to change of shift count verification."</p> <p>Under the Procedure section, the facility policy indicated, "...the Shift-to-Shift Narcotic Count Verification form will be signed by both outgoing an the on-coming nurse at each change of shift."</p> <p>Under the Discrepancies section, the facility policy indicated, "...if the count cannot be reconciled: Administration will be notified and an investigation will started."</p> <p>3.1-25(e)(2) 3.1-25(e)(3)</p>			
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