

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/24/2016
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NAME OF PROVIDER OR SUPPLIER  SUGAR CREEK REHABILITATION AND CONVALESCENT CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 5430 W US 40 GREENFIELD, IN 46140
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00201872 and IN00202515.</p> <p>Complaint IN00201872- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00202515- Substantiated. Federal/State deficiencies related to the allegations are cited at F425.</p> <p>Survey dates: June 22, 23, and 24, 2016</p> <p>Facility number: 000157 Provider number: 155254 AIM number: 100274720</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 4 Medicaid: 35 Other: 12 Total: 51</p>	F 0000	<p>This plan of correction constitutes written allegation of compliance. However, submission of this plan of correction is not an admission that a deficiency exists. This plan of correction is submitted to meet requirement established by the state and federal law. This facility respectfully requests a desk review to establish compliance.</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 0425 SS=D Bldg. 00	<p>Sample: 5</p> <p>This deficiency also reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on June 30, 2016</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on record review and interview, the facility failed to ensure pharmaceutical services were provided to supply a newly admitted resident (Resident C) with medications as ordered</p>	F 0425	<p><b>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice:</b> Resident was assessed for adverse effects frommissed does of medication.</p>	07/22/2016

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	<p>on a timely basis after admission. 1 resident of 3 reviewed for pharmaceutical services following admission.</p> <p>Findings include:</p> <p>The record of Resident C was reviewed on 6/23/16 at 1:45 P.M. Diagnoses, obtained from admission orders, included, but were not limited to, dementia, depression, epilepsy, peripheral vascular disease, and coronary artery sclerosis.</p> <p>A Minimum Data Set Assessment had not been completed for Resident C due to her recent admission to the facility.</p> <p>Nurse's notes indicated:</p> <p>6/10/16 6:00 P.M.: "(Age of Resident C) female arrived at the facility on stretcher by EMT (Emergency Medical Technician) (symbol for "at") 5:00 P.M...Resp (respirations) even and unlabor (sic) bowel sounds heard in all quadrants, lung sounds clear, abdomen soft and non-tender. B/P (blood pressure) 137/63, HR (heart rate) 81, Resp. 16, Sp O2 (oxygen saturation 98%, temp (temperature 98.1."</p> <p>6/11/16 (untimed) Resp even and unlabor (sic) bowel sounds heard in all quadrants,</p>		<p>Physician made aware.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> A complete MAR/Tar audit was completed on med cart to ensure all residents have ordered meds available and they are being administered. <b>What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not recur:</b> The nurse when ordering medications for all new admits will order the medications in a "stat" order to ensure timely delivery. All nurses were educated on proper procedure for ordering medications and utilization of EDK while awaiting med delivery when residents are admitted and ensuring timely delivery. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> DON/ADON will audit the MAR to ensure medications are received and administered timely on all newly admitted residents after admission. See audit form. DON/ADON will report results of audit monthly x 6 months to ensure 100% completion. Audit tool Resident Date Orders verified Meds ordered Meds delivered</p>		

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	<p>lung sounds clear, abdomen soft and non-tender. B/P 121/63, HR 80, Resp. 16, temp 98.1, Sp O2 98% RA (room air) ."</p> <p>6/11/15 6:00 P.M.: "...MD/NP (physician or Nurse Practitioner) to be here 6/12/16 to review medications...resident is pleasant..."</p> <p>Resident C's record contained no documentation of complaints of pain, discomfort, medication withdrawal, worsening of symptoms, or requests for medications, on 6/10/16 or 6/11/16.</p> <p>Admission physician's orders for medications dated 6/10/16 through 6/30/16 indicated Resident C was to have the following medications:</p> <p>'Mometasone Furoate 0.1 2 drops to each ear at HS (bedtime)...</p> <p>BioFreeze (or similar) apply to posterior neck daily x (times) 1 week...</p> <p>Azebastine 137 mcg (micrograms) nasal spray, 2 spray (sic) in each nostril BID (twice per day)...</p> <p>Benazepril 20 mg (milligrams) po (by mouth) qd (daily)...</p> <p>Calcium carbonate 500 mg bid...</p>		DON/ADON	

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	Colace 100 mg po Take 3 po qd...			
	Diazepam 2.5 mg po TID (3 times daily)...			
	Flexeril 5 mg bid...			
	HydroDiuril 50 mg po daily...			
	Imdur 60 mg po ER (extended release) take 1 po bid...			
	Levothyroxine 100 mcg po take 1 take AM...			
	Phenytoin 100 mg po cap (capsule) ER daily...			
	Phenytoin 200 mg po ER daily QHS...			
	Prevacid 30 mg po delayed release cap daily...			
	Ramelteon 8 mg po tab qd at HS...			
	Seroquel 25 mg one-half tab po QHS...			
	Claritin 10 mg po qd...			
	Diclofenac 1% topically q6h...			
	Prochlorperazine 5 mg po tab q6h...			

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	<p>Sorbitol 70% po liquid 30 milliliter qd..."</p> <p>Medication administration records for Resident C, dated as for the period of 6/10/16 through 6/30/16, indicated Resident C did not receive any medications, including all the medications noted above from her admission orders, from her admission on 6/10/16 at 5:00 P.M., and through all of 6/11/16.</p> <p>A Nurse Practitioner's "Progress Note" dated 6/12/16 indicated: "Chief Complaint/Nature of Presenting problem: HTN (hypertension) anxiety, pain, weakness, confusion...seen today for above medical problems...She has been confused since admission here to ECF (Extended Care Facility)...it appears she was confused at the hospital also. At least some of her confusion and falls may be due to her medications which were reviewed carefully today and discussed with (name of physician)..."</p> <p>Medication administration records for Resident C, dated as for the period of 6/10/16 through 6/30/16, indicated the following medications were discontinued after the review of medications and physician consult noted above:</p> <p>Diazepam 2.5 mg po TID (3 times</p>			

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	<p>daily)...</p> <p>Flexeril 5 mg bid...</p> <p>HydroDiuril 50 mg po daily...</p> <p>Phenytoin 100 mg po cap (capsule) ER daily...</p> <p>Phenytoin 200 mg po ER daily QHS...</p> <p>Medication administration records for Resident C, dated as for the period of 6/10/16 through 6/30/16, indicated Resident C's first medication administration was documented as being on the morning of 6/12/16 following the review and adjustment of medications by the Nurse Practitioner, and continued without interruption thereafter.</p> <p>During a meeting on 6/23/16 at 11:30 A.M., with the Administrator, Director of Nursing, Assistant Director of Nursing and the Vice President of Operations (V.P.O.) present, the V.P.O. indicated the following, concerning the process for ordering, delivery, and administration of Resident C's medication: That following Resident C's admission and assessment, and review of her hospital admitting orders, a medication order was called in to the facility's pharmacy late on the evening of 6/10/16. The V.P.O. indicated</p>			

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	<p>it was the pharmacy's practice to deliver medications to the facility each evening, and that the delivery for 6/10/16 had already been completed when Resident C's medication order was called in. Resident C's medications were delivered with the pharmacy's delivery on the evening of 6/11/16, after normal medication administration times for that day, and were put into the system to be available for medication pass on the morning of 6/12/16.</p> <p>Resident C was interviewed in private in her room on 6/24/16 at 9:30 A.M. She declined to discuss any issues related to her admission or medication administration. Her only stated concern was her wish to leave the facility as soon as possible.</p> <p>This Federal tag relates to Complaint IN00202515.</p> <p>3.1-25(a)</p>			