This visit was for the Investigation of Complaints IN00201872 and IN00202515.

Complaint IN00201872- Substantiated. No deficiencies related to the allegations are cited.

Complaint IN00202515- Substantiated. Federal/State deficiencies related to the allegations are cited at F425.

Survey dates: June 22, 23, and 24, 2016

Facility number: 000157
Provider number: 155254
AIM number: 100274720

Survey team: Chuck Stevenson RN

Census bed type:
SNF/NF: 51
Total: 51

Census payor type:
Medicare: 4
Medicaid: 35
Other: 12
Total: 51

This plan of correction constitutes a 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.
Sample: 5

This deficiency also reflects State findings cited in accordance with 410 IAC 16.2-3.1.

Quality review completed by 30576 on June 30, 2016

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.

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.

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

F 0425 What Correctiveaction(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident was assessed for adverse effects from missed doses of medication.

07/22/2016
on a timely basis after admission. 1 resident of 3 reviewed for pharmaceutical services following admission.

Findings include:

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.

A Minimum Data Set Assessment had not been completed for Resident C due to her recent admission to the facility.

Nurse's notes indicated:

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 unlab (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."

6/11/16 (untimed) Resp even and unlab (sic) bowel sounds heard in all quadrants,
**NAME OF PROVIDER OR SUPPLIER**
SUGAR CREEK REHABILITATION AND CONVALESCENT CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**
5430 W US 40 GREENFIELD, IN 46140

<table>
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<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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- 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).

  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..."

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.

Admission physician's orders for medications dated 6/10/16 through 6/30/16 indicated Resident C was to have the following medications:

- 'Mometasone Furoate 0.1 2 drops to each ear at HS (bedtime).
- BioFreeze (or similar) apply to posterior neck daily x (times) 1 week.
- Azebastine 137 mcg (micrograms) nasal spray, 2 spray (sic) in each nostril BID (twice per day).
- Benazepril 20 mg (milligrams) po (by mouth) qd (daily).
- Calcium carbonate 500 mg bid.
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SUGAR CREEK REHABILITATION AND CONVALESCENT CENTER

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GREENFIELD, IN 46140

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<td>EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY</td>
<td>COMPLETION DATE</td>
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Sorbitol 70% po liquid 30 milliliter qd...

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.

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)..."

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:

Diazepam 2.5 mg po TID (3 times)
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.

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...
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.

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.

This Federal tag relates to Complaint IN00202515.

3.1-25(a)