

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155822	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2015
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 18275 BURR STREET LOWELL, IN 46356
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00183755.</p> <p>Complaint IN00183755- Substantiated. Federal/State deficiency related to the allegation is cited at F329.</p> <p>Survey dates: October 15 & 16, 2015</p> <p>Facility number: 013144 Provider number: 155822 AIM number: 201246060</p> <p>Census bed type: SNF: 19 SNF/NF: 26 Residential 32 Total: 77</p> <p>Census payor type: Medicare: 19 Medicaid: 3 Other: 23 Total: 45</p> <p>Sample: 12</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 submitted by Cedar Creek Health Campus in order to respond to the alleged deficiencies sited during the complaint survey which was conducted on October 16, 2015. Preparation or execution of this plan of correction does not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. Please accept this plan of correction as the provider credible allegation of compliance effective November 9, 2015. The facility is requesting a desk review.</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 0329 SS=D Bldg. 00	<p>Quality review completed by 26143, on October 20, 2015.</p> <p>Quality review completed by 26143, on October 22, 2015.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free 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 record review and interview, the facility failed to ensure the resident's drug regime was monitored for adverse</p>			F 0329	Residents N and P cannot be assessed for ill effects due to discharged to home. Residents who take		11/13/2015

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	<p>consequences related to lack of on going assessments for 2 of 3 residents reviewed for the use of anticoagulation medications in a sample of 12. (Residents #N and #P)</p> <p>Finding includes:</p> <p>1. The record for Resident #N was reviewed on 10/15/15 at 12:30 p.m. The resident's diagnoses included, but were not limited to, atrial fibrillation (an irregular heart rhythm), high blood pressure, and cardiac pacemaker.</p> <p>The 9/2015 Physician orders and Medication Records were reviewed. The Physician orders indicated Coumadin 3 milligrams (mg) was administered at 5:00 p.m. daily 9/1/15 through 9/30/15. The 9/2015 Medication Records indicated Coumadin 3 mg was signed out as administered at 5:00 p.m. daily 9/1/15 -9/30/15.</p> <p>The 9/2015 Daily Coumadin Assessments were reviewed. The assessments indicated monitoring for lab results, signs and symptoms of bleeding or hemorrhage, and the current dose of the Coumadin were to be monitored. No daily assessments were completed on the following days: 9/2/15, 9/16/15, 9/23/15,</p>		<p>anticoagulation/coumadin medication have the potential to be affected. Coumadin risk assessments were reviewed for current residents on coumadin to ensure they are in place and being completed. Current residents medication regimen have been reviewed. All Licensed nurses have been re-education on the anticoagulant/ coumadin risk assessment guidelines. Re-education of licensed nurses on adverse consequences to medication regimen. DHS or her designee will monitor 5 residents receiving anticoagulants/coumadin during Clinical Care Meeting 3x per week for 4 weeks then 5 residents 2x times per week for 4 weeks then 5 residents weekly for 4 weeks for compliance with completion of daily coumadin assessment. 5 residents 3x per week will be reviewed for any adverse consequences of their medication regimen then 5 residents will be monitored 2x per week for 4 weeks for any adverse consequences of their medication regimen then 5 residents weekly x 4 weeks for any adverse consequences of their medication regimen. They will report findings to the Quality Assurance committee monthly for 6 months or until 100% compliance is obtained.</p>		

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	<p>9/25/15-26/2015, and 9/28/15- 9/30/15.</p> <p>The 10/2015 Physician orders and Medication Records were reviewed. The Physician orders indicated Coumadin 3 mg was to be administered at 5:00 p.m. daily 10/1/15 through 10/14/15. The 10/2015 Medication Records indicated Coumadin 3 mg was signed out as administered at 5:00 p.m. daily 10/1/15 -10/14/15.</p> <p>The 10/2015 Daily Coumadin Assessments were reviewed. The assessments indicated monitoring for lab results, signs and symptoms of bleeding or hemorrhage, and the current dose of the Coumadin were to be monitored. No daily assessments were completed on the following days: 10/1/15, 10/10/15, 10/12/15- 10/14/15.</p> <p>The resident's current Care Plans were reviewed. The Care Plans were last updated 8/2015. A Care Plan indicated the resident had the potential for abnormal bleeding tendencies related to the use of anticoagulant medications. Care Plan interventions included, but were not limited to, observe for signs and symptoms of bleeding, and to use caution while assisting the resident with transfers, oral care, and shaving.</p>						

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	<p>2. The record for Resident #P was reviewed on 10/15/15 at 11:10 a.m. The resident's diagnoses included, but were not limited to, high blood pressure and atrial fibrillation.</p> <p>The 9/2015 Physician orders and Medication Records were reviewed. Coumadin (a medication to prevent blood clots) ordered doses were administered as follows:</p> <p>9/3/15: Coumadin 1 mg I(milligram) orally at 5:00 p.m. daily. 9/9/15: Coumadin 0.5 mg at 5:00 p.m. daily 9/10/15: Coumadin 1 mg on 9/10/15 and 9/12/15 and Coumadin 0.5 mg on 9/11/15 and 9/13/15. 9/14/15 & 9/16/15: Coumadin 1 mg at 5:00 p.m. 9/15/15 & 9/17/15: Coumadin 0.5 mg at 5:00 p.m. 9/18/15: Alternate Coumadin 1 mg every other day with 0.5 mg every other day at 5:00 p.m.- completed through 9/30/15.</p> <p>The 9/2015 Daily Coumadin Assessments were reviewed. The assessments indicated monitoring for lab results, signs and symptoms of bleeding or hemorrhage, and the current dose of the Coumadin were to be monitored. No daily assessments were completed on the</p>			

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	<p>following days: 9/3/15, 9/6/15-9/8/15, 9/18/15, 9/20/15, 9/23/15, 9/26/15, and 9/28/15- 9/30/15.</p> <p>The 10/2015 Physician orders and Medication Records were reviewed. Coumadin ordered doses were administered as follows:</p> <p>10/1/15-10/14/15: Alternate Coumadin 1 mg every other day with 0.5 mg every other day at 5:00 p.m.- completed through 10/14/15.</p> <p>The 10/2015 Daily Coumadin Assessments were reviewed. No daily assessments were completed on the following days: 10/1/15, 10/7/15, 10/9/15-10/10/15, and 10/12/15- 10/14/2015.</p> <p>The resident's current Care Plans were reviewed. The Care Plans were last updated 9/2015. A Care Plan indicated the resident had the potential for abnormal bleeding tendencies related to the use of anticoagulant medications. Care Plan interventions included, but were not limited to, observe for signs and symptoms of bleeding, and to use caution while assisting the resident with transfers, oral care, and shaving.</p> <p>When interviewed on 10/15/15 at 12:45</p>			

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	<p>p.m., the Director of Nursing indicated daily assessments were to be completed for all resident's receiving Coumadin.</p> <p>When interviewed on 10/16/15 at 1:45 p.m., the Director of Nursing indicated there were no other Coumadin assessments for the above residents available.</p> <p>The facility policy titled "Daily Coumadin Assessment Guideline" was reviewed on 10/16/15 at 10:00 a.m. The policy was dated 12/2012. The Nurse Consultant provided the policy and indicated the policy was current. The policy indicated a Daily Assessment form was to be completed for all residents receiving Coumadin. The form was to be completed by a Licensed Nurse prior to the administration of the Coumadin.</p> <p>This Federal tag relates to Complaint IN00183755.</p> <p>3.1-48(a)(3)</p>				