

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155752	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/31/2016
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00195221.</p> <p>Complaint IN00195221 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225.</p> <p>Survey date: March 31, 2016</p> <p>Facility number: 004732 Provider number: 155752 AIM number: 200808300</p> <p>Census bed type: SNF/NF: 26 Total: 26</p> <p>Census payor type: Medicare: 1 Medicaid: 15 Other: 10 Total: 26</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on April 4, 2016.</p>	F 0000	<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility is requesting paper compliance with this deficiency.</i></p>	
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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 0225 SS=D Bldg. 00	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of</p>			

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	<p>the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure an incident of missing narcotic medications was reported to law enforcement. This deficiency affected 1 of 3 incidents reviewed. [Resident B]</p> <p>Finding includes:</p> <p>On 3-31-16 at 11:00 A.M., review of a reportable incident, received from the ED (Executive Director) at this time, indicated "...03/07/2016...09:01 AM...Residents Involved: [Resident B's name]...Staff Involved: [LPN (Licensed Practical Nurse) #3 and LPN #4's name]...Brief Description of Incident: 3/7/2016 First shift nurse went to pass medications she noted that the scheduled oxycodone [opioid analgesic, pain medication, a controlled substance] was not present. The facility had received 60 tablets 2/28/2016. These tablets were not present on 3/7/16. Investigation initiated...Immediate action taken: 3/7/16 Administrator, Director of Nursing, Pharmacy, Medical Director, and family notified...Follow up: Upon investigation, the facility was able to narrow the time frame of the potential loss. Facility was unable to determine which shift</p>	F 0225	<p>1. South Bend Police Department was contacted on 4/11/2016 to inform them of the missing narcotics per state guidelines. Resident affected did not show any negative outcomes by the missing narcotics. 2. Entire facility's controlled substances were audited by two licensed nurses on 3/7/2016 and 4/13/2016. No other residents were affected by the deficient practice. 3. Facility's policy, "Controlled Substances", was updated to meet state guidelines. Specifically stating, "If it is determined that there is the possibility of a controlled substance being diverted for any amount, the Administrator and/or Director of Nursing Services will contact the local police department immediately." All staff to be inserviced on the update to facility policy regarding reporting of missing controlled substances. 4. Any instances and/or investigations of missing controlled substances will be reported to the QA Committee for a period of 6months or until a pattern of substantial compliance is achieved to ensure compliance with the updated facility policy and state requirements.Date of Compliance- 4/13/2016</p>	04/13/2016			

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	<p>specifically the medication and the tracking sheets were actually lost on. Although, the facility did discipline/terminate one nurse for violation of nursing standards."</p> <p>On 3-31-16 at 2:00 P.M., an interview with the DON (Director of Nursing) was conducted. The DON indicated "...Monday morning [3-7-16] I came in and LPN #4 came to me and said there are narcotics missing, an entire package, and the tracking sheets...She called the pharmacy to reorder them and the pharmacy said they just filled them on 2-28-16. When LPN #4 went to give the 9 A.M. dose of his [Resident B's] oxycodone, it wasn't there. I called the night shift nurse and I couldn't get a hold of her that day. We narrowed it down who it was pretty quickly and I suspended her by phone on 3-7-16...We called the pharmacy to let them know it was missing and needed to be replaced, they said to notify the department of health...."</p> <p>On 3-31-16 at 2:35 P.M., an interview with the ED was conducted. The ED indicated the facility was counting all 60 tablets as missing, since they did not know for sure how many it was, and had not reported the missing narcotics to the local police department.</p>				

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	<p>On 3-31-16 at 2:40 P.M., review of the current "Controlled Substance Medication Management Count Record" policy, received by the ED on 3-31-16 at 11:00 A.M., indicated "...Report any discrepancy in controlled substance medication inventory to the Director of Nursing Services immediately. a) The Director of Nursing Services will lead the investigation and make every reasonable effort to reconcile reported discrepancies...c) Based on the results of the investigation, a determination will be made to report to required state police and/or state regulatory agencies per state and federal requirements..."</p> <p>This Federal tag relates to Complaint IN00195221.</p> <p>3.1-28(c)</p>			