

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155237	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/09/2014
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NAME OF PROVIDER OR SUPPLIER  BETHANY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S SHELBY ST INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for the Investigation of Complaint IN00154172.</p> <p>Complaint IN00154172 - Substantiated. Federal/state deficiencies related to the allegations are cited at F333.</p> <p>Survey dates: September 8 and 9, 2014</p> <p>Facility number: 000142 Provider number: 155237 AIM number: 100266940</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF/NF: 92 Total: 92</p> <p>Census payor type: Medicare: 15 Medicaid: 58 Other: 19 Total: 92</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after September 19, 2014.</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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F000333 SS=D	<p>Quality review completed on September 11, 2014; by Kimberly Perigo, RN.</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to ensure a resident received prescribed Coumadin as ordered by the physician for 1 of 3 residents reviewed for Coumadin. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 9/8/2014 at 9:50 a.m. Diagnoses for Resident #B included, but were not limited to, congestive heart failure, atrial fibrillation (A-fib/abnormal heart rhythm which cause blood to eddie in an upper heart chamber, clot, and obstruct blood flow), peripheral neuropathy and diabetes.</p> <p>Recapitulation of Resident #B's June 2014, medication orders indicated Coumadin (warfarin/anticoagulant - a medication which delays or prevents</p>	F000333	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after September 19, 2014. 1) What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? DNS Identified the medication error made on resident #B. Resident # B has STAT PT/INR drawn and MD made adjustments and restarted the Coumadin. Labs continued as ordered. Upon assessment completed, it was determined that no harm was caused to resident # B. 2) How</p>	09/19/2014

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	<p>blood clots) 4 milligrams (mg) a day on Monday, Wednesday and Friday for the treatment of A-fib. Further orders indicated Coumadin (warfarin) 6 mg a day on Sunday, Tuesday, Thursday and Saturday.</p> <p>A Care Plan dated 4/1/2014, indicated the resident was at risk for abnormal/excessive bleeding due to the use of an anticoagulant medication. Interventions for the risk of abnormal bleeding included, but were not limited to, medications (Coumadin/warfarin) as ordered.</p> <p>A laboratory report for monitoring Coumadin levels (blood coagulation times-PT/INR- prothrombin time, International Normalized Ratio) dated 6/9/14, indicated the resident's PT/INR results were high at 4.0 (standard anticoagulant results 2.0-3.0 and aggressive anticoagulant 2.5-3.5). The physician wrote an order to hold the Coumadin for 2 days (6/9 and 6/10, 2014) and repeat a PT/INR.</p> <p>Review of the resident's June medication administration record (MAR), indicated the Coumadin was discontinued on 6/9/14 as ordered. The record lacked documentation of any restart orders for the resident's Coumadin until 6/26/14 (15</p>		<p>other residents having the potential to be affected by the same deficient practice will be identified, and what corrective action will be taken? Residents receiving Coumadin have the potential to be affected by this deficient practice. All residents on Coumadin's orders were audited by DNS/designee to ensure Coumadin was administered as ordered and ensured PT/INRs were ordered as and prescribed by physician. Nurses were in serviced by DNS/MedicalRecords nurse on 7/15/2014 and 9/19/14 related to initiating hot charting when a resident is on Coumadin/anticoagulant to monitor for bleeding and bruising and to notify MD with abnormal findings. Nurses were in serviced about Coumadin, its indications for administration and the risks associated with use of Coumadin therapy. Education was provided related to the signs and symptoms to monitor for, and the updated procedures for all residents on anticoagulants.</p> <p>3) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Medical records nurse compiled a Coumadin tracking book. The Coumadin/anticoagulant tracking log contains residents name, medication dosage, PT/INR results, called to MD, and any new orders received. The Medical records nurse/designee</p>				

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	<p>days after the hold order date of 6/11/14, was to have been discontinued and the Coumadin/warfarin restarted).</p> <p>During an interview with the Director of Nursing (DON) and Medical Records Nurse on 9/8/14 at 2:30 p.m., they indicated the Unit Manager was responsible for following up with the Coumadin medications, but she (Unit Manager) had left employment due to pregnancy. They also indicated, at that time, there were no negative outcomes related to the lack of medication and added Coumadin monitoring to the "Continuous Quality Improvement" (quality assurance) tool to ensure this doesn't happen again.</p> <p>A current facility policy originally dated 11/02 and revised on 12/03, 1/06, and titled "Medication Errors" and provided by the DON on 9/9/14 at 10:35 a.m., indicated: "Policy: It is the policy of this provider to ensure residents residing in the facility are free of medication errors ...."</p> <p>This Federal tag relates to Complaint IN00154172.</p> <p>3.1-48(c)(2)</p>		<p>monitors and updates the log on all residents on Coumadin therapy. Medical records nurse/designee checks the Coumadin medication card daily and card will be checked with abnormal results to ensure administration has occurred per physician order. This medical records nurse/designee verifies Coumadin/anticoagulant orders are transcribed accurately in the Medication Administration records. DNS monitors daily documentation related to any abnormal results. Daily documentation includes any hold orders and new orders, lab orders and date to be drawn, and for the nurse to monitor for any bruising/bleeding and to notify MD of abnormal results. All resident care sheets updated to notify appropriate staff to notify nurse of bruising/bleeding. 4)How the corrective action will be monitored to ensure the deficient practice will be identified and what corrective actions will be taken? To ensure compliance, the DNS/Designee is responsible for the completion of the Coumadin Therapy CQI tool weekly times 4 weeks, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			anaction plan will be developed to ensure compliance. 5) By what date will the systemic changes be completed? 9/19/14		