

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155327	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2013
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NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for the Investigation of Complaint IN00130728.</p> <p>Complaint IN00130728 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: July 3 & 8, 2013</p> <p>Facility number: 000220 Provider number: 155327 AIM number: 100267650</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF: 28 NF: 125 Total: 153</p> <p>Census payor type: Medicare: 28 Medicaid: 93 Other: 32 Total: 153</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F000000	<p>This plan of correction is to serve as University Heights Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by University Heights Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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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	16.2. Quality review completed on July 09, 2013; by Kimberly Perigo, RN.			

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F000309 SS=E	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure sliding scale insulin had been administered according to the physician's orders for 1 of 3 resident's reviewed for sliding scale insulin orders in a sample of 3 (Resident # B and LPN # 1, RN # 2, and LPN # 3).</p> <p>Findings include:</p> <p>The record for Resident # B was reviewed on 7/3/13 at 10:00 A.M.</p> <p>Diagnoses for Resident # B included but were not limited to schizophrenia, diabetes, osteomyelitis, peripheral vascular disease, amputation, and polyneuropathy.</p> <p>Resident # B was admitted to the facility on 5/13/13 and discharged on 6/2/13.</p> <p>The physician's orders dated 5/15/13 indicated a need for blood sugar (BS) testing and sliding scale Novolog</p>	F000309	<p>1. Resident (B) no longer resides at the facility. 2. All residents receiving sliding scale insulin have the potential to be affected. MAR audits were completed back to 6/25/13 to ensure accuracy with sliding scale insulin administration and MD notifications made as indicated. Re-education was provided for any staff found to have administered sliding scale insulin incorrectly. 3. The policy related to insulin administration was reviewed and no changes were indicated at this time. Licensed staff will be re-educated on correct administration of sliding scale insulin now and at least annually. The same education will be provided to newly hired licensed nursing staff during orientation. The DON or her designee will review sliding scale insulin administrations on the eMAR for all residents receiving sliding scale insulin daily to ensure compliance for 4 weeks, then weekly for 12 months. 4. Findings of these audits will be reviewed during the facility's Quality Assurance/Quality</p>	07/09/2013			

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	<p>(insulin) before meals and at bedtime. Call the physician if BS were less than 70 or greater than 350.</p> <p>Sliding scale: 150 - 200 = 1 unit 201 - 250 = 2 units 251 - 300 = 3 units 301 - 350 = 4 units</p> <p>Review of the resident's medication administration record (MAR) for May 2013 indicated incorrect insulin doses for the following dates:</p> <p>5/21/13 at 8:00 P.M., BS 128 and administered 1 Unit (as indicated by LPN # 3's signature for administration)</p> <p>5/22/13 at 5:00 P.M., BS 263 and administered 4 Units (as indicated by RN # 2's signature for administration)</p> <p>5/23/13 at 12:00 P.M., BS 302 and administered 3 Units (as indicated by LPN #1's signature for administration)</p> <p>5/24/13 at 8:00 P.M., BS 201 and administered 1 Unit (as indicated by RN # 2's signature for administration)</p> <p>5/27/13 at 12:00 P.M., BS 211 and administered 0 insulin (as indicated by LPN # 1's signature for</p>		<p>Improvement meetings and the plan of action adjusted accordingly until 100% compliance is achieved. This plan of correction will be completed by 7/9/13. Addendum: As part of the re-education referenced above, testing was conducted to validate that staff can identify the appropriate amount of insulin to administer based on blood glucose testing results and sliding scale insulin orders, as was identified as the concern in the 2567. Five (5) observations of insulin administration will be completed weekly by the DON or her designee for 4 weeks then five per month. As with the above, the findings will be reviewed during the facility's Quality Assurance/Quality Improvement meetings and the plan of action adjusted accordingly until 100% compliance is achieved.</p>	

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	<p>administration)</p> <p>5/28/13 at 12:00 P.M., BS 279 and administered 2 Units (as indicated by LPN # 1's signature for administration)</p> <p>During an interview with LPN # 1 on 7/8/13 at 12:30 P.M., she indicated she didn't realize she had made a medication error with the sliding scale insulins.</p> <p>A current undated facility policy titled "Medication Administration: General Policies & Procedures" and provided by the Nurse Consultant on 7/8/13 at 1:25 P.M., indicated: "Policy: Medications are administered as prescribed in accordance with good nursing principles and practicesAll medications are to be administered only as prescribed by a physicianMedication errors ... shall be immediately reported to the attending physician, charted in detail in the resident's medical record and described in a full incident report."</p> <p>This Federal tag relates to Complaint IN00130728.</p> <p>3.1-37(a)</p>				

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