

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155720	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/01/2014
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NAME OF PROVIDER OR SUPPLIER  PROVIDENCE HOME HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9TH ST JASPER, IN 47546
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F000000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: September 24, 25, 29, 30, October 1, 2014</p> <p>Facility number: 000315 Provider number: 155720 AIM number 100289030</p> <p>Survey team: Amy Wininger, RN TC Terri Walters, RN Dorothy Watts, RN</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type: Medicare: 1 Medicaid: 29 Other: 6 Total: 36</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on October 2,</p>	F000000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective October 17, 2014 to the licensure survey conducted on September 24, 2014 through October 1, 2014. We also request that these corrections be reviewed for paper compliance. The facility will respectfully submit any additional information as needed.</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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F000282 SS=D	<p>2014 by Jodi Meyer, RN</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 5 residents reviewed for unnecessary medications, received topical medication the physician had ordered but did not follow the complete physician order for the transdermal patch, in that the site a transdermal patch was applied was not rotated as directed. (Resident #34) Findings include: Resident #34 was observed on 09/30/13 at 11:00 A.M., sitting in a chair in the television lounge. The clinical record of Resident #34 was reviewed on 09/30/13 at 11:30 A.M. The record indicated the diagnoses of Resident #34 included, but were not limited to, dementia. The most recent Quarterly MDS (Minimum Data Set) assessment dated 07/22/14 indicated Resident #34 experienced moderate cognitive</p>	F000282	<p><b>It is the practice of this facility to assure that patches are rotated appropriately in accordance with the manufacturer's guidelines. The correction action taken for those residents found to be affected by the deficient practice include:</b> Resident 34 is receiving the Exelon Patch in accordance with the manufacturer's guidelines. The rotating of sites is now being documented appropriately. <b>Other residents that have the potential to be affected have been identified by:</b> All residents have been reviewed. Those with orders for patches are receiving them in a manner in accordance with the manufacturer's guidelines. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b> The nurses have been in-service related to</p>	10/17/2014			

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	<p>impairment.</p> <p>The September 2014 Physician's Order Recap included, but was not limited to, an order for, "Exelon [a medicated patch used to treat mild to moderate dementia] 9.5 mg [milligram] /24 [twenty-four] hr [hour] patch apply 1 [one] patch topically once daily **...Do not apply a new patch to same spot for 14 days..."</p> <p>The September 2014 MAR (Medication Administration Record) indicated Resident #34 had been administered the Exelon patch daily from September 1, 2014 through September 29, 2014 on the following locations:</p> <p>"September 1, 2014: upper back left September 2, 2014: no documentation of location September 3, 2014: no documentation of location September 4, 2014: no documentation of location September 5, 2014: no documentation of location September 6, 2014: left back September 7, 2014: right back September 8, 2014: left chest September 9, 2014: right chest September 10, 2014: right arm September 11, 2014: right chest September 12, 2014: left shoulder September 13, 2014: right chest September 14, 2014: left chest September 15, 2014: right arm</p>		<p>assuring that they are documenting the site applications for patches. The in-service also included that any new orders for patches should automatically have a site rotation included. In addition, the IDT team reviews physician orders each business day. The team will also assure that any new orders related to patches have rotation sites documented appropriately. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> A Performance Improvement Tool has been initiated that will randomly review 5 residents with orders for patches (if applicable) to assure the documentation identifies rotation of site per manufacturer's guidelines. The Director of Nursing, or designee, will complete this tool weekly x3, monthly x3, and then quarterly x3. Any areas identified via the audit will be immediately corrected. The Quality Assurance Committee will review the tool at the scheduled meeting following the completion of the tool with recommendations as needed.</p> <p><b>The date the systemic changes will be completed:</b> October 17, 2014 <b>PERFORMANCE IMPROVEMENT TOOL TOPIC: Services Meet Professional Standards of Quality F281 Please answer YES or NO or NA for each of</b></p>				

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	<p>September 16, 2014: right arm September 17, 2014: right arm September 18, 2014: right arm September 19, 2014: right back September 20, 2014: right arm September 21, 2014: left back September 22, 2014: left arm September 23, 2014: right shoulder September 24, 2014: left shoulder September 25, 2014: right shoulder September 26, 2014: upper left back September 27, 2014: right arm September 28, 2014: left arm September 29, 2014: left arm"</p> <p>The patch locations were re-used within 5 days on the left back, 12 days on the right back, 2 days on the right shoulder, 2 days on the right chest, 6 days on the left chest, 12 days on the left shoulder, 1-7 days of the right arm, and/or 1-6 days on the left arm.</p> <p>The Nursing 2014 Drug Handbook 34th edition page 1225 indicated, "...Exelon...Administration...transdermal. ...change the site daily, and don't use the same site within 14 days..."</p> <p>During an interview on 09/30/14 at 2:30 P.M., the Director of Nursing indicated Exelon patches should be rotated according to manufacturer's instructions.</p> <p>The Policy and Procedure for Transdermal Drug Delivery System (Patch) Application Procedures: Purpose: To administer medication</p>		<p>thefollowing questions. Please note thatany response of "NO" requires Corrective Action. Resident à Corrective Action Per review of this resident, if there is an order for a patch, is there documentation that the site is rotated in accordance with the manufacturer's guidelines?</p> <p>Per observation of the patch, is the patch current location consistent with the location that is documented?</p> <p>_____ Signature of Auditor</p>	

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	through the skin for continuous absorption while is in place, through proper placement of the patch..."  3.1-35(g)(2)				