

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155788	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/22/2013
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NAME OF PROVIDER OR SUPPLIER GREENWOOD MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N SR 135 GREENWOOD, IN 46142
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F000000	<p>This visit was for the Investigation of Complaint IN00132658.</p> <p>Complaint IN00132658 - Substantiated. Federal/state deficiencies related to the allegations are cited at F-282, F-329 and F-502.</p> <p>Survey date: July 22, 2013</p> <p>Facility number: 012564 Provider number: 155788 AIM number: 201018510</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF/NF: 124 SNF: 30 Total: 154</p> <p>Census payor type: Medicare: 40 Medicaid: 87 Other: 27 Total: 154</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F000000	<p>Kim Rhoades, Director Long Term Care Division Indiana State Department of Health 2 North Meridian St Indianapolis, IN 46204</p> <p>Dear Ms Rhoades,</p> <p>On July 22nd, 2013 a complaint survey was conducted at Greenwood Meadows. We respectfully request this document be submitted as the Plan of Correction and be considered for desk review by the staff of your division.</p> <p>If any questions arise regarding this request and/or you would like us to attach documents, please feel free to contact me at your earliest convenience.</p> <p>Respectfully submitted,</p> <p>Austin Steele, HFA</p> <p>Cc: Chris Shuey, Director of Operations Sue Hornstein, Director of Compliance Martha Herron, Director of Clinical Services File</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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	IAC 16.2. Quality review completed on July 24, 2013; by Kimberly Perigo, RN.				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 record review and interview, the facility failed to follow physician's orders for completing labs and holding medications for a resident taking an anticoagulant (Warfarin/Coumadin-blood thinner) for 1 of 3 resident's reviewed for anticoagulant therapy in a sample of 3 (Resident # B).</p> <p>Findings include:</p> <p>The record for Resident # B was reviewed on 7/22/13 at 11:40 A.M.</p> <p>Diagnoses for Resident # B included, but were not limited to atrial fibrillation (heart rhythm disorder), hypertension (HTN), carotid artery stenosis, diabetes, venous insufficiency, congestive heart failure (CHF) and osteoporosis.</p> <p>A physician's telephone order dated 6/29/13 indicated Coumadin, 3.5 mg (milligrams) daily starting 6/30/13, a PT/INR (anticoagulant blood test) to be completed on 7/6/13 and to call the M.D. with the blood test results</p>	F000282	<p>F282</p> <p>It is the intent of this community to provide services by qualified persons in accordance with each resident's written plan of care.</p> <p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice?</p> <p>Date of Completion 7/30/13</p> <p>Resident B does not reside in the facility and is no longer under the care of this facility.</p> <p>How will other Residents having the potential to be affected by the same alleged practice be identified and what corrective actions will be taken?</p> <p>Any residents receiving anticoagulants have the</p>	07/30/2013			

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	<p>prior to administering the dose of Coumadin.</p> <p>Review of the resident's July medication administration record (MAR) indicated the resident was given Coumadin 3.5 mg on July 6.</p> <p>The record lacked documentation of the PT/INR for July 6, 2013.</p> <p>During an interview with the Director of Nursing on 7/22/13 at 1:39 P.M., she indicated the PT/INR was not done on 7/6/13.</p> <p>This Federal tag relates to Complaint IN00132658.</p> <p>3.1-35(g)(2)</p>		<p>potential to be affected by this alleged practice.</p> <p>All resident Medication Administration Records (MAR) will audited by each unit manager to identify residents currently receiving anticoagulants per physician orders.</p> <p>All scheduled labs related to anticoagulant will be audited to ensure scheduled labs have occurred by unit managers.</p> <p>Licensed nursing staff will be in-serviced and educated on but not limited to: proper lab ordering policies and procedures and follow up with lab orders.</p> <p>What measures will you put in place or what systematic changes you will make to ensure that the deficient practice does not recur?</p> <p>Licensed nursing staff will be in-serviced and educated on but not limited to: proper lab ordering policies and procedures, unnecessary medicines, and lab tracking.</p> <p>Each unit manager or</p>		

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			<p>designee will be responsible for checking daily that scheduled labs will be completed and a lab tracking report will be generated and completed daily by the unit manager or designee to monitor proper labs are drawn and submitted timely.</p> <p>Director of Nursing or designee will monitor lab tracking daily to ensure labs complete as ordered by physician.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>A Labs/ Diagnostics CQI audit will be used as a monitoring tool. This tool will be completed weekly x4, bi-monthly x2 and then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If the threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed and</p>	

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			implemented. The CQI tool will be monitored by the Director of Nursing Service, Medical Director, and its members.		

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F000329 SS=G	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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 received the correct dosage and adequate monitoring of an anticoagulant (Warfarin/Coumadin-blood thinner) to prevent suprathereapeutic levels for 1 of 3 resident's reviewed for anticoagulant therapy in a sample of 3 (Resident # B).</p> <p>Findings include:</p>	F000329	<p>F 329</p> <p>It is the intent of this facility to make sure 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</p>	07/30/2013	

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	<p>The record for Resident # B was reviewed on 7/22/13 at 11:40 A.M.</p> <p>The resident was discharged from the facility on 7/11/13.</p> <p>Diagnoses for Resident # B included, but were not limited to atrial fibrillation (heart rhythm disorder), hypertension (HTN), carotid artery stenosis, diabetes, venous insufficiency, congestive heart failure (CHF) and osteoporosis.</p> <p>A physician's telephone order dated 6/29/13 indicated Coumadin, 3.5 mg (milligrams) daily starting 6/30/13, a PT/INR (anticoagulant blood test) to be completed on 7/6/13 and to call the M.D. with the blood test results prior to administering the dose of Coumadin.</p> <p>Review of the resident's July medication administration record (MAR) indicated the resident was given Coumadin 3.5 mg on July 6.</p> <p>The record lacked documentation of the PT/INR for July 6, 2013.</p> <p>A hospital ED (emergency department) note dated 7/12/13 indicated the resident was sent to the hospital by her physician due to an</p>		<p>the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice?</p> <p>Date of Completion 7/30/13</p> <p>Resident B does not reside in the facility and is no longer under the care of this facility.</p> <p>How will other Residents having the potential to be affected by the same alleged practice be identified and what corrective actions will be taken?</p> <p>Any residents receiving anticoagulants have the potential to be affected by this alleged practice.</p> <p>All resident Medication Administration Records (MAR) will audited by each unit manager to identify residents currently receiving</p>		

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	<p>INR (PT/INR blood test to monitor anticoagulant therapy) of 14 (normal range from 1.5 - 3.5). The resident had just returned home from rehab yesterday (7/11/13).</p> <p>A hospital note dated 7/12/13 indicated the lab test performed in the ED indicated the resident's PT/INR was greater than 18, she was given 10 mg of Vitamin K (used to manage overdosages of warfarin/Coumadin) and admitted for observation and treatment of her coagulopathy.</p> <p>During an interview with the Director of Nursing on 7/22/13 at 1:39 P.M., she indicated the PT/INR was not done on 7/6/13.</p> <p>This Federal tag relates to Complaint IN00132658.</p> <p>3.1-48(a)(1) 3.1-48(a)(3)</p>		<p>anticoagulants per physician order.</p> <p>All scheduled labs related to anticoagulant will be audited by unit manager to ensure scheduled labs have occurred per physician order.</p> <p>Licensed nursing staff will be in-serviced and educated on but not limited to: proper lab ordering policies and procedures and follow up with lab orders.</p> <p>What measures will you put in place or what systematic changes you will make to ensure that the deficient practice does not recur?</p> <p>Licensed nursing staff will be in-serviced and educated on but not limited to: proper lab ordering policies and procedures, unnecessary medicines, and lab tracking.</p> <p>Each unit manager or designee will be responsible for checking daily that scheduled labs will be completed and a lab tracking report will be generated and completed daily by the unit manager or designee to</p>		

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			<p>monitor proper labs are drawn and submitted timely.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>A Labs/ Diagnostics CQI audit will be used as a monitoring tool. This tool will be completed weekly x4, bi-monthly x2 and then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If the threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed and implemented. The CQI tool will be monitored by the Director of Nursing Service, Medical Director, and its members.</p>		

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F000502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure laboratory tests were completed as ordered by the physician for 1 of 3 residents reviewed for lab tests in a sample of 3 (Resident # B).</p> <p>Findings include:</p> <p>The record for Resident # B was reviewed on 7/22/13 at 11:40 A.M.</p> <p>Diagnoses for Resident # B included but, were not limited to atrial fibrillation (heart rhythm disorder), hypertension (HTN), carotid artery stenosis, diabetes, venous insufficiency, congestive heart failure (CHF) and osteoporosis.</p> <p>A physician's telephone order dated 6/29/13 indicated Coumadin a PT/INR (anticoagulant blood test) to be completed on 7/6/13 and to call the M.D. with the blood test results prior to administering the dose of Coumadin.</p> <p>The record lacked documentation of the PT/INR lab test for July 6, 2013.</p>	F000502	<p>F 502 It is the intent of this facility provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Date of Completion 7/30/13 Resident B does not reside in the facility and is no longer under the care of this facility. How will other Residents having the potential to be affected by the same alleged practice be identified and what corrective actions will be taken? Any residents receiving anticoagulants have the potential to be affected by this alleged practice. All resident Medication Administration Records (MAR) will audited by each unit manager to identify residents currently receiving anticoagulants per physician order. All scheduled labs related to anticoagulant will be audited to ensure scheduled labs have occurred per physician order. Licensed nursing staff will be in-serviced and educated on but not limited to: proper lab ordering</p>	07/30/2013	

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	<p>During an interview with the Director of Nursing on 7/22/13 at 1:39 P.M., she indicated all the other PT/INR's were done but the one for 7/6/13 was not done.</p> <p>During an interview with the Director of Nursing on 7/22/13 at 3:10 P.M., she indicated she could not find a specific policy for lab tests and then called the corporate office to confirm there was not a policy.</p> <p>This Federal tag relates to Complaint IN00132658.</p> <p>3.1-49(a)</p>		<p>policies and procedures and follow up with lab orders. What measures will you put in place or what systematic changes you will make to ensure that the deficient practice does not recur? Licensed nursing staff will be in-serviced and educated on but not limited to: proper lab ordering policies and procedures, unnecessary medicines, and lab tracking. Each unit manager or designee will be responsible for checking daily that scheduled labs will be completed and a lab tracking report will be generated and completed daily by the unit manager or designee to monitor proper labs are drawn and submitted timely. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? A Labs/ Diagnostics CQI audit will be used as a monitoring tool. This tool will be completed weekly x4, bi-monthly x2 and then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If the threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed and implemented. The CQI tool will be monitored by the Director of Nursing Service, Medical Director, and its members.</p>		

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

PRINTED: 08/01/2013

FORM APPROVED

OMB NO. 0938-0391

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