

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155095	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/13/2014
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NAME OF PROVIDER OR SUPPLIER HERITAGE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN 46805
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F000000	<p>This visit was for the Investigation of Complaints IN00148317 and IN00148549.</p> <p>Complaint IN00148317–Substantiated, deficiency cited at F–282.</p> <p>Complaint IN00148549–Substantiated, no deficiencies related to the allegations are cited.</p> <p>Survey Date: May 8, 12 & 13, 2014</p> <p>Facility number: 000038 Provider number: 155095 AIM number: 100274830</p> <p>Survey team: Angela Strass, RN Christine Fodrea, RN (May 13, 2014)</p> <p>Census bed type: SNF: 13 SNF/NF: 144 Total: 157</p> <p>Census payor type: Medicare: 22 Medicaid: 104 Other: 31</p>	F000000	Heritage Park submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employees, agents, officers or directors. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedure should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and should be inadmissible in any proceedings on that basis. This provider respectfully requests that the 2567 Plan of Credible Allegation and requests paper compliance review in lieu of a Post Survey Review on or after May 20, 2014.	

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>Total: 157</p> <p>Sample: 6</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 13, 2014 by Randy Fry 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. Based on record review and interview the facility failed to ensure an order for eye drops was provided to the resident as prescribed by the physician for 1 resident (A) in a sample of 6 resident records reviewed.</p> <p>Finding includes:</p> <p>On 5/12/14 at 10:00 a.m. review of the clinical record for resident (A) indicated she was admitted to the facility on 5/8/10 with Diagnoses including but not limited to Senile</p>	F000282	282:It is the practice of this provider to ensure services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. However; based on the alleged deficient practice the following has been implemented:What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:Resident A has her medications administered as prescribed by the physician. No other residents were identified to have been affected by the alleged deficient practice. How will you identify	05/20/2014			

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	<p>Dementia, Muscle Atrophy, Diabetes and Legally Blind in the Left Eye.</p> <p>Review of a physician order dated 4/4/14 indicated an order for Vigamox (an antibiotic eye drop) 1 drop in the left eye three times daily for 7 days.</p> <p>Review of the medication administration record for the month of April, 2014 indicated the resident received the eye drops on 4/4, 4/7, 4/8, 4/9 and 4/10/14.</p> <p>Interview with nurse #1 on 5/13/14 at 8:30 a.m. indicated staff were unable to find the eye drops on 4/5 and 4/6/14 and had to order the eye drops through the facility pharmacy. Nurse #1 indicated Resident (A's) medications were received through a mail order and/or an outside pharmacy. Further discussion indicated he had phoned the residents power of attorney, who receives the medications and brings them to the facility, but was unable to reach her on the dates of 4/5 and 4/6/14.</p> <p>This Federal Tag is related to Complaint IN00148317</p>		<p>other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken:Residents receiving physician ordered medication have the potential to be affected by the alleged deficient practice. The Facility Nurse Managers reviewed the Medication Administration Compliance Report available thru the Electronic Matrix System and no other residents were identified to have been affected by the alleged deficient practice.Licensed Nurses have been re-educated on medication administration and documentation. Education includes but is not limited to interpreting the electronic medication administration record in the matrix system, utilizing the Medication Administration Compliance Report, physician notification for unavailable medication, utilizing the facility pyxis system, the process to obtain STAT medication from the facility pharmacy and obtaining medications timely from personal outside pharmacies. The Medical Records Nurse/Designee runs the Matrix Medication Administration Compliance Report daily for review to ensure medication is administered per physician's order.Education provided May 15-18, 2014 by the DNS/Designee. The Medical Records Nurse is responsible for</p>		

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	3.1-35(g)(2)		compliance.What changes will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur:Licensed Nurses have been re-educated on medication administration and documentation. Education includes but is not limited to interpreting the electronic medication administration record in the matrix system, utilizing the Medication Administration Compliance Report, physician notification for unavailable medication, utilizing the facility pyxis system, the process to obtain STAT medication from the facility pharmacy and obtaining medications timely from personal outside pharmacies. The Medical Records Nurse/Designee runs the Matrix Medication Administration Compliance Report daily for review to ensure medication is administered per physician's order.Education provided May 15-18, 2014 by the DNS/Designee. The Medical Records Nurse is responsible for compliance.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur:A CQI tool titled "Medication Administration" will be utilized every week x 4, monthly x 6 and quarterly thereafter. Data will be submitted to the CQI Committee overseen by the Executive Director. If threshold of 100% is not met; an action plan will be developed.		

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			Non-compliance with facility procedure may result in disciplinary action up to and including termination.	