

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155029	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 E 16TH ST INDIANAPOLIS, IN 46218
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F000000	<p>This visit was for Investigation of Complaints IN00136064 and IN00138708.</p> <p>Complaints IN00136064 and IN00138708 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: November 14, 15, 18 2013</p> <p>Facility number: 000012 Provider number: 155029 AIM number: 100274900</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF/NF: 101 Total: 101</p> <p>Census payor type: Medicare: 14 Medicaid: 64 Other: 23 Total: 101</p> <p>Sample: 7</p> <p>These deficiencies also reflect state</p>	F000000	<p>Please accept this 2567 Plan of Correction for the Complaint Survey ending November 18th, 2013 as the Provider's Letter of Credible Allegation. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction with a completion date of November 27th, 2013.</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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	findings cited in accordance with 410 IAC 16.2. Quality review completed 11/19/13 by Suzanne Williams, RN				

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure that complete and accurate records were maintained of physician's orders for administering supplemental oxygen therapy for 1 resident of 3 residents (Resident D) reviewed for supplemental oxygen in a sample of 7.</p> <p>Findings include:</p> <p>1. The record of Resident D was reviewed on 11/15/13 at 1:30 p.m.</p> <p>Diagnoses included, but were not limited to, pneumonia, chronic obstructive pulmonary disease, hypertension, and ischemic heart disease.</p>	F000514	<p>Please accept this 2567 Plan of Correction for the Complaint Survey ending November 18th, 2013 as the Provider's Letter of Credible Allegation. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction with a completion date of November 27th, 2013.F 514 Res Records Complete/Accurate/Accessible What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident #1 MD was notified and a clarification order was received for Oxygen per n/c continuously.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	11/27/2013			

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	<p>Resident D was admitted to the facility on 4/22/13. A hospital Discharge Summary on that date indicated "Discharge Orders...Home Oxygen...Length of Need...99 months."</p> <p>Nursing Progress Notes indicated:</p> <p>4/24/13 2:29 a.m. "Resident on O2 (supplemental oxygen) via n/c (nasal cannula) (symbol for "at") 3L (3 liters per minute..."</p> <p>5/04/13 7:54 p.m. "...breathing O2 at 2L per n/c..."</p> <p>5/11/13 8:07 p.m. "...O2 at 2L per n/c..."</p> <p>6/02/13 3:27 p.m. "...O2 at 2L per n/c..."</p> <p>7/06/13 4:59 p.m. "...remains on O2 at 2 liters via nasal cannula..."</p> <p>8/03/13 7:04 a.m. "Resident on O2 via n/c..."</p> <p>9/03/13 4:17 a.m. "On O2 at 2L nasal cannula (sic) continuously..."</p> <p>10/09/13 9:56 p.m. "...O2 via nasal cannula at 2L is patent..."</p>		<p>Any resident who require oxygen use that resides in this facility have the potential to be affected by the alleged deficient practiceThe Interdisciplinary Team will review current residents that require oxygen use to identify all have current ordersLicensed Staff will be in-serviced by November 27th, 2013 by the Staff Development Coordinator or designee on oxygen use and following MD orders.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?The Interdisciplinary Team will review current residents that require oxygen use to identify all have current ordersLicensed Staff will be in-serviced by November 30th, 2013 by the Staff Development Coordinator or designee on oxygen use and following MD orders.The Interdisciplinary Team will review oxygen use in clinical meeting to determine appropriate orders are in place for new Residents and Residents with a significant change. 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?An Oxygen use CQI tool will be completed weekly x 4 weeks, monthly x 2 months and then quarterly for 6 months with results reported to the Continuous Quality Improvement</p>				

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	<p>11/03/13 12:01 p.m. "...has O2 at 2L continuously..."</p> <p>11/07/13 9:47 p.m. "Continues on 2L O2 via nasal cannula (sic)..."</p> <p>A Care Plan for Resident D dated 4/23/13, indicated "Problem: Resident has a potential for impaired gas exchange related to: COPD (chronic obstructive pulmonary disease), acute bronchitis, and allergic rhinitis."</p> <p>Resident D's record included a July 2013 recapitulation of orders containing a hand written, undated note indicating "O2 per n/c at 2L continuously Dx (diagnosis) COPD."</p> <p>Resident D's record, including admitting orders of 4/23/13, and the most recent recapitulation of orders of November 2013, contained no other indication of a physician's order for supplemental oxygen therapy.</p> <p>The Director of Nursing was interviewed on 11/18/13 at 9:15 a.m. She indicated Resident D's record contained no other record of a physician's order for supplemental oxygen therapy for Resident D.</p> <p>Resident D was interviewed on 11/15/13 at 2:30. She was alert,</p>		Committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance				

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	<p>oriented, and cooperative. She indicated she had been on oxygen therapy since, and prior to, her admission to the facility. She indicated she needed it 24 hours per day and stated "I can't breathe without it."</p> <p>An undated facility policy titled "Oxygen Delivery Devices" received from the Director of Nursing on 11/18/13 at 11:00 a.m. and indicated to be a current facility policy indicated:</p> <p>"Aim: To provide and (sic) increased oxygen content to inspired air..."</p> <p>Procedure: Verify physician's order..."</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				