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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/05/2014 |
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| NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617 |
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| F000000 | <p>This survey was for the Investigation of Complaint IN00147153, Complaint IN00147392, and Complaint IN00148125. This visit resulted in an extended survey-immediate jeopardy.</p> <p>Complaint IN00147153 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00147392 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00148125 - Substantiated. Federal/state deficiencies related to the allegations are cited at F329 & F514.</p> <p>Survey dates: 05/01/14, 05/02/14, & 05/05/14</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Survey team: Honey Kuhn, RN, TC Brenda Meredith, RN (05/02/14)</p> <p>Census bed type: SNF/NF: 113 Total: 113</p> <p>Census payor type:</p> | F000000 | | |
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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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| F000329 SS=J | <p>Medicare: 12 Medicaid: 81 Other: 20 Total: 113</p> <p>Sample: 4 Supplemental sample: 2</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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</p> | | | | |

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| | <p>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 interviews, the facility failed to clarify medication orders upon admission and initiate monitoring for a resident who was ordered 3 anticoagulants (aspirin, warfarin and enoxaparin: blood thinners). This deficient practice resulted in a critically prolonged bleeding time and a hospitalization of 7 days for 1 of 4 residents sampled and a supplemental sample of 2 who were reviewed for physician's orders. (Resident "G")</p> <p>This deficient practice resulted in an immediate jeopardy. The immediate jeopardy began on 03/12/14 and was identified on 05/01/14 at 3:15 p.m. The Administrator, Regional RN, and the DNS (Director Nursing Services) were notified on 05/01/14 at 3:15 p.m. The immediate jeopardy was removed, and the deficient practice corrected on 4/25/14, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>Finding includes:</p> <p>The record of Resident "G" was reviewed</p> | F000329 | Past noncompliance: No POC required. | 05/21/2014 |

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| | <p>on 05/01/14 at 10:50 a.m. Resident "G" was admitted to the facility on 03/12/14 with diagnoses including, but not limited to, bacterial pneumonia, COPD (Chronic Obstructive Pulmonary Disease), hypertension, CVA (Cerebral Vascular Accident: stroke) and diabetes. The ACF (Acute Care Facility: hospital) H&P (History & Physical), dictated on 03/13/14, indicated: "Right upper extremity deep venous thrombosis [blood clot] during this hospital stay. The patient is on Lovenox and Coumadin."</p> <p>Resident "G" was sent from the ECF (Extended Care Facility: nursing home) to a local ACF on 03/29/14 and readmitted on 04/04/14. Resident "G" was discharged home on 05/01/14.</p> <p>Review of the ACF (Acute Care Facility: hospital) discharge orders, dated 03/12/14, and titled, " CLINICAL SUMMARY... " indicated: "MEDICATIONS ORDERED/RECOMMENDED TO BE CONTINUED for: (Res "G"'s name):... Aspirin (aspirin 81 mg [milligram] oral enteric coated tablet) 1 Tab, by Mouth, once a day... Exnoxaparin (enoxaparin 150 mg/ml [milligram/milliter: dose amount] 1 ml, Subcutaneous [SQ: beneath the skin]</p> | | | |

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| | <p>every 24 hours, stop when PT/INR [ProTime/International Ratio: lab measurement of blood clotting time] 2 or above...</p> <p>Warfarin 5 mg Tab (Coumadin...) 1 Tab, By Mouth] Daily..."</p> <p>Included in the Clinical Summary, under the sub title, "Transfer Medication Instructions: PT INR daily until INR 2 or above then MD [Medical Doctor] will decide, stop Lovenox if PT INR 2 or above...."</p> <p>Review of the MAR (Medication Administration Record), dated 03/12/14 through 03/31/14, indicated Resident "G" received the 3 anticoagulants:</p> <p>"ASA 81 mg enteric 1 po [per os: by mouth] QD [every day] 8:00 a.m." 10 of 17 days from 03/13/14 through 03/29/14:</p> <p>03/15/14 8:00 a.m. 03/16/14 8:00 a.m. 03/18/14 8:00 a.m. 03/20/14 8:00 a.m. 03/22/14 8:00 a.m. 03/23/14 8:00 a.m. 03/24/14 8:00 a.m. 03/27/14 8:00 a.m. 03/28/14 8:00 a.m. 03/29/14 8:00 a.m.</p> | | | |

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| | <p>"Enoxaparin 150 mg/ml SQ QD 8:00 a.m.": 11 of 17 days from 03/13/14 through 03/29/14:</p> <p>03/15/14 8:00 a.m. 03/16/14 X 2 : 8:00 a.m. & an unknown time. It was noted there was no documentation on 03/17/14. 03/18/14 8:00 a.m. 03/20/14 8:00 a.m. 03/22/14 8:00 a.m. 03/23/14 8:00 a.m. 03/24/14 8:00 a.m. 03/26/14 8:00 a.m. 03/27/14 8:00 a.m. 03/28/14 8:00 a.m.</p> <p>"Warfarin 5 mg QD 5:00 p.m.": 16 of 17 days from 03/13/14 through 03/29/14:</p> <p>03/13/14 5:00 p.m. 03/14/14 5:00 p.m. 03/15/14 5:00 p.m. 03/16/14 5:00 p.m. 03/17/14 5:00 p.m. 03/18/14 5:00 p.m. 03/19/14 5:00 p.m. 03/20/14 5:00 p.m. 03/21/14 5:00 p.m. 03/22/14 5:00 p.m. 03/23/14 5:00 p.m. 03/24/14 5:00 p.m. 03/25/14 5:00 p.m. 03/26/14 5:00 p.m.</p> | | | |

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| | <p>03/27/14 5:00 p.m.</p> <p>03/28/14 5:00 p.m.</p> <p>Review of the Progress Notes for Resident "G" indicated:</p> <p>"03/12/14 6:23 p.m. Informed [Physician's name] of resident's admission. [Physician's name] stated that he would assume care and that [ACF name] MD [Medical Doctor] orders 'will be fine' until he comes in and takes 'a look at them.'..."</p> <p>"03/28/14 2:21 p.m. [Physician's name] in to visit resident. New orders received...."</p> <p>"03/28/14 10:34 p.m. Resident labs came back critical labs. MD notified, N.O. [New Order] received. Resident on 15 min checks for bleeding precautions. No signs and symptoms noted this shift. Will continue to observe."</p> <p>"03/29/14 7:05 a.m. Res on bleeding precautions, one on one here all night, I noticed some dried blood from the left ear this AM, cleaned most of it out and the bleeding was stopped, will cont [continue] to monitor."</p> <p>"03/29/14 3:10 p.m. Resident noted to have moderate amount of blood coming from rectum. Vitals obtained, 911 called,</p> | | | |

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| | <p>MD notified, DON [Director of Nursing]...."</p> <p>"03/29/14 8:40 p.m. Resident was admitted to [ACF name] where he is getting transfusions of plasma."</p> <p>"04/04/14 6:51 p.m. Resident returned from [ACF name]...Resident has multiple bruises...."</p> <p>Review of Physician's orders indicated: "03/28/14 2:20 p.m.... 2. D/C [Discontinue] Lovenox [enoxaparin] injections... 6. Check PT/INR weekly on Mondays."</p> <p>An untimed Physician's order indicated: "03/28/14 Vitamin K [medication used to prevent hemorrhage] 10 mg IM [Intra-Muscular] for 3 days. Repeat INR in 3 days."</p> <p>Review of the PT/INR results for Resident "G" indicated: "Collection Date: 03/28/14 Collection Time 18:36 CDT [6:36 Central Daylight Time]... PT 255.8 Reference Range (9.3-12.3) INR 20.4 Reference Range 0.9-1.1)"</p> <p>Review of the ACF "Discharge Summary", dated 04/04/14, indicated: "HISTORY OF PRESENT</p> | | | |

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| | <p>ILLNESS...He had a GI [Gastro-Intestinal] bleed when he came in with a supratheraeutic [greatly above normal range] INR....</p> <p>HOSPITAL COURSE: The patient was admitted. He was reversed with fresh frozen plasma 4 units...."</p> <p>The DNS, on 05/01/14 at 11:45 a.m., provided a copy of, "Nursing Admission/Return Admission Procedure", dated 06/2013, which indicated:</p> <p>"Purpose: To provide baseline and accurate documentation of the mental and physical condition of each resident admitted...</p> <p>Physician orders:</p> <ol style="list-style-type: none"> 1. Upon admission, physician orders must be obtained... 2. Transcribe the admission orders from the original orders sent from the hospital or physician's office. 3. Transcribe the routine medication orders to include dosage, route, frequency, and diagnosis to support the use... 6. Lab work- complete lab requisitions-notify lab.... <p>Flow sheets pertinent to the resident: 1. Initiate all flow records pertinent to the resident...."</p> | | | | | | |

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| | <p>The Regional Nurse, Administrator and DNS were interviewed on 05/02/14 at 2:00 p.m. The Regional Nurse indicated all residents on Coumadin [warfarin] are to have an anticoagulant flow sheet to record the date, time, dosage of medication administration in addition to the MAR. The flow sheet also should address the resident's most recent PT/INR. The Regional Nurse provided copies of PT/INR results, dated 03/15/14 and 03/16/14, obtained from the contracted laboratory on 05/02/14. The Regional Nurse indicated the facility was unaware of any lab work having been done for the resident until 5/2/14 when they contacted the lab. There was no documentation of a physician's order for the lab, when the lab had drawn the sample, or the results of the PT/INR. The lab results indicated:</p> <p>"Collected Date: 03/15/14 Collected time 11:24 CDT PT: 15.0 Reference Range (9.3-12.3) INR: 1.4 Reference Range (0.9-1.1)"</p> <p>"Collected Date: 03/16/14 Collected time 07:31 CDT PT: 21.1 Reference Range (9.3-12.3) INR: 1.9 Reference Range (0.9-1.1)"</p> <p>PT: 21.1 Reference Range (9.3-12.3) INR: 1.9 Reference Range (0.9-1.1)"</p> | | | |

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| | <p>The past noncompliance immediate jeopardy began on 03/12/14. The immediate jeopardy was removed and the deficient practice corrected by 4/25/14, after the facility implemented a systemic plan that included the following actions: The facility notified the physician of the abnormal lab values and received new orders. The facility audited all residents with lab orders to ensure all labs and specimens had been obtained and were scheduled as ordered. The facility implemented a system to daily review all the physician orders and the orders related to labs would be cross checked to the Lab Tracking Form by the Management Team. This review included ensuring physician notification. A nursing in-service was held which included review of the procedure related to ordering and obtaining labs. A system for on-going monitoring had been developed.</p> <p>This Federal tag relates to Complaint IN00148125.</p> <p>3.1-48(a)(6)</p> | | | |

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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 accurately transcribe admission orders and ascertain medication administrations were documented as ordered for 1 of 1 residents in a sample of 4 and a supplemental sample of 2. (Resident "G")</p> <p>Finding includes:</p> <p>The record of Resident "G" was reviewed on 05/01/14 at 10:50 a.m. Resident "G"</p> | F000514 | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after May 28,2014.</p> <p>F 514 – Records – Complete/Accurate/Accessible It is the practice of this provider to maintain clinical records on each</p> | 05/28/2014 |

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| | <p>was admitted to the facility on 03/12/14, with diagnoses including, but not limited to, bacterial pneumonia, COPD Chronic Obstructive Pulmonary Disease), hypertension, CVA (Cerebral Vascular Accident: stroke) and diabetes. The ACF (Acute Care Facility: hospital) H&P (History & Physical), dictated on 03/13/14, indicated: "Right upper extremity deep venous thrombosis [blood clot] during this hospital stay. The patient is on Lovenox and Coumadin." The resident was readmitted to the ACF (Acute Care Facility: hospital) on 03/29/14.</p> <p>Review of the ACF discharge orders, dated 03/12/14, and titled, "CLINICAL SUMMARY...", indicated: "MEDICATIONS ORDERED/RECOMMENDED TO BE CONTINUED for: (Res "G"'s name):... Aspirin (aspirin 81 mg [milligram] oral enteric coated tablet) 1 Tab, by Mouth, once a day...</p> <p>Exnoxaparin (enoxaparin 150 mg/ml [milligram/milliter: dose amount] 1 ml, Subcutaneous [SQ: beneath the skin] every 24 hours, stop when PT/INR [ProTime/International Ratio: lab measurement of blood clotting time] 2 or above...</p> | | <p>resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible and systematically organized.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: <i>Resident G</i> has been discharged to home.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All newly admitted/re-admitted residents have the potential to be affected by this finding. A facility audit will be conducted by the DNS/Nurse Management Team. This audit will include review of all newly admitted/re-admitted Resident Transfer Medication Orders for the past 30 days. These Transfer Orders will be reviewed and compared to the MAR to ensure that all newly admitted/re-admitted residents' medications have been accurately transcribed and have been administered per physician's order. All admission/re-admission orders will be verified/and signed by two nurses to ensure accuracy in transcription. The Nurse Management Team will review admission/re-admission physician orders at the clinical meeting</p> | |

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| NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617 | | | |
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| | <p>Warfarin 5 mg Tab (Coumadin...) 1 Tab, By Mouth] Daily...."</p> <p>Included in the Clinical Summary, under the sub title, "Transfer Medication Instructions: PT INR daily until INR 2 or above then MD [Medical Doctor] will decide, stop Lovenox if PT INR 2 or above...."</p> <p>Review of the MAR (Medication Administration Record), dated 03/12/14 through 03/31/14, indicated Resident "G" received 3 anticoagulants. In addition to the MAR there were flow sheets to document the resident's blood sugar readings and O2 (Oxygen) Saturation Rates (SAO2). There was no anticoagulant flow sheet. The anticoagulants on the 03/2014 MAR indicated:</p> <p>"ASA 81 mg enteric 1 po [per os: by mouth] QD [every day] 8:00 a.m." 10 of 17 days from 03/13/14 through 03/29/14:</p> <p>03/15/14 8:00 a.m. 03/16/14 8:00 a.m. 03/18/14 8:00 a.m. 03/20/14 8:00 a.m. 03/22/14 8:00 a.m. 03/23/14 8:00 a.m. 03/24/14 8:00 a.m. 03/27/14 8:00 a.m.</p> | | <p>Monday-Friday. A member of the Nurse Management Team will review admission/re-admission physician orders on the weekends to ensure medications have been accurately transcribed and administered per physician's order. Any findings related to this audit will be clarified and/or corrected at the time noted.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>A mandatory nursing in-service for all currently employed nurses as well as newly hired nurses still in orientation will be conducted by the DNS/designee on or before 5/28/14. This in-service will include review of the facility policy related to accurate transcription of admission orders. This in-service will also include review of the policy related to administering medications per physician's order and appropriate documentation of this administration on the Medication Administration Record. The Nurse Management Team will review admission/re-admission physician orders at the clinical meeting Monday-Friday. A member of the Nurse Management Team will review admission/re-admission physician orders on the weekends to ensure medications have been accurately transcribed and administered per physician's</p> | | | | |

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| | <p>03/28/14 8:00 a.m. 03/29/14 8:00 a.m.</p> <p>"Enoxaparin 150 mg/ml SQ QD 8:00 a.m.": 11 of 17 days from 03/13/14 through 03/29/14:</p> <p>03/15/14 8:00 a.m. 03/16/14 X 2 : 8:00 a.m. & an unknown time. It was noted there was no documentation on 03/17/14. 03/18/14 8:00 a.m. 03/20/14 8:00 a.m. 03/22/14 8:00 a.m. 03/23/14 8:00 a.m. 03/24/14 8:00 a.m. 03/26/14 8:00 a.m. 03/27/14 8:00 a.m. 03/28/14 8:00 a.m.</p> <p>"Warfarin 5 mg QD 5:00 p.m.": 16 of 17 days from 03/13/14 through 03/29/14: 03/13/14 5:00 p.m. 03/14/14 5:00 p.m. 03/15/14 5:00 p.m. 03/16/14 5:00 p.m. 03/17/14 5:00 p.m. 03/18/14 5:00 p.m. 03/19/14 5:00 p.m. 03/20/14 5:00 p.m. 03/21/14 5:00 p.m. 03/22/14 5:00 p.m. 03/23/14 5:00 p.m. 03/24/14 5:00 p.m.</p> | | <p>order.</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: Ongoing compliance with this corrective action will be monitored through the facility CQI Program. The DNS/designee will be responsible for completion of the CQI Audit tool titled, "Admission/Re-Admission Review" no less than 5 times per week for 3 weeks and then monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed: Compliance Date: 5/28/14.</p> | | | | |

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| | <p>03/25/14 5:00 p.m. 03/26/14 5:00 p.m. 03/27/14 5:00 p.m. 03/28/14 5:00 p.m.</p> <p>Review of Physician's orders indicated: "03/28/14 2:20 p.m.... 2. D/C [Discontinue] Lovenox [enoxaparin] injections... 6. Check PT/INR weekly on Mondays."</p> <p>The Regional Nurse was interviewed on 05/01/14 at 2:00 p.m. and indicated all residents on Coumadin [warfarin] are to have an anticoagulant flow sheet to record the date, time, dosage of medication administration in addition to the MAR. The flow sheet also should address the resident's most recent PT/INR. The Regional Nurse indicated the facility did not have a Policy & Procedure specific to anticoagulants and related issues for monitoring and documenting in regard to anticoagulants and associated labs.</p> <p>The DNS was interviewed on 05/01/14 at 2:25 p.m. The DNS indicated she was unaware until 03/28/14 Resident "G" had not had a PT/INR drawn since admission. The DNS indicated a PT/INR was drawn on 03/28/14, a Friday, when the weekly PT/INR order was written and there was no specific order for the initial PT/INR</p> | | | | | | |

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| | <p>drawn on 03/28/14. The DNS indicated being unaware the MAR's documentation was did not accurately identify medication administration or why the medication may have been withheld.</p> <p>The DNS, on 05/01/14 at 11:45 a.m., provided a copy of, "Nursing Admission/Return Admission Procedure", dated 06/2013, which indicated: "Purpose: To provide baseline and accurate documentation of the mental and physical condition of each resident admitted... Physician orders: 1. Upon admission, physician orders must be obtained... 2. Transcribe the admission orders from the original orders sent form the hospital or physician's office. 3. Transcribe the routine medication orders to include dosage, route, frequency, and diagnosis to support the use... 6. Ancillary orders: Lab work-complete lab requisitions-notify lab...</p> <p>Flow sheets pertinent to the resident: 1. Initiate all flow records pertinent to the resident..."</p> <p>The Regional Nurse provided copies of</p> | | | |

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| | <p>PT/INR results obtained from the contracted laboratory on 05/02/14. The record of Resident "G" did not contain orders or results for the labs drawn and the facility did not provide further information in regards to the lab's being obtained or tracked for results. The lab results indicated:</p> <p>"Collected Date: 03/15/14 Collected time 11:24 CDT PT: 15.0 Reference Range (9.3-12.3) INR: 1.4 Reference Range (0.9-1.1)"</p> <p>"Collected Date: 03/16/14 Collected time 07:31 CDT PT: 21.1 Reference Range (9.3-12.3) INR: 1.9 Reference Range (0.9-1.1)."</p> <p>This Federal tag relates to Complaint IN00148125.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> | | | |