

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155693	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/29/2016
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NAME OF PROVIDER OR SUPPLIER  SILVER OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA STREET COLUMBUS, IN 47203
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00198913.</p> <p>Complaint IN00198913 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: April 28 and 29, 2016</p> <p>Facility number: 002955 Provider number: 155693 AIM number: 200346570</p> <p>Census bed type: SNF: 37 SNF/NF: 26 Residential: 38 Total: 101</p> <p>Census payor type: Medicare: 21 Medicaid: 18 Other: 24 Total: 63</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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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F 0309 SS=D Bldg. 00	<p>Quality review completed by 34233 on May 4, 2016.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to relay abnormal STAT (immediate) radiology results to the ordering Nurse Practitioner for one of three records reviewed. (Resident B)</p> <p>Findings include:</p> <p>Resident B's closed clinical record was reviewed on 4/28/2016 at 1:32 p.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), congestive heart failure and Alzheimer's dementia. The resident was a full code.</p> <p>Resident B's admission Minimum Data Set (MDS) assessment, dated 2/26/2016), indicated a Brief Interview for Mental Status (BIMS) score of 12; indicating the resident was mildly cognitively impaired.</p>	F 0309	<p>Resident B was discharged from the facility on 2-19-16. All residents have the potential to be affected by the practice. Licensed nursing staff will be in-serviced on the policy and procedure for physician notification guidelines. This will be conducted by the Director of Health Services (DHS), and the Assistant Director of Health Services (ADHS). Licensed staff will check the health center fax machine and sign off at the beginning and end of every shift to ensure lab results have been received and communicated to the physician and/or the Nurse Practitioner. The nurse will document in the medical record that the results have been communicated to the Physician and/or Nurse Practitioner. DHS, ADHS or Unit Manager will audit fax machine sign off with abnormal lab results 7 days/week for 2 weeks, then 5</p>	05/27/2016

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	<p>The resident required extensive, 1 person assistance with most activities of daily living (ADL's).</p> <p>Physician's orders, dated 4/1/2016, indicated, "LAT [lateral]: PA [posteroanterior] Chest: STAT - Immediately."</p> <p>Resident B's [Mobile] Radiology Report, time stamped as faxed to the facility on 4/1/2016 at 6:14 p.m., indicated, "DOS [Date of Service]: 4/1/2016 ...Chest - 1 view...Conclusion: Right basilar airspace disease and small right pleural effusion commonly relates to pneumonia.... "</p> <p>Handwritten documentation, on the same Radiology Report, did not contain a signature, date, or time. The handwritten documentation indicated, "NP [Nurse Practitioner] on call [name] 40 mg [milligrams] Lasix [diuretic] today. NP F/U [follow up] tomorrow ...Z-Pak [antibiotic] [2] caps [capsules] today. [1] [capsule] x 4 days ...."</p> <p>Resident B's Medication Administration Record (MAR) for April, 2016 indicated Resident B received the Lasix and first dose of Z-Pak on 4/3/2016.</p> <p>Resident B's Progress Notes, dated 4/3/2016, indicated, "Received CXR</p>		<p>days/week for 4 weeks, then 3 days/week for 4 weeks, then weekly for 4 weeks, and then monthly for 6 months.Results of audits will be reported, reviewed, and trended for compliance through the daily Clinical Care Meeting 5 days/week and the QA committee for a minimum of 6 months until substantial compliance is achieved.</p>	

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	<p>[chest x-ray] [results] this AM. NP notified and new orders received...."</p> <p>Resident B's clinical record for 4/2/2016 through 4/10/2016 indicated she continued to have fever, abnormal lung sounds, and a decrease in oral intake.</p> <p>Resident B's Progress Notes, dated 4/10/2016 at 9:22 p.m., indicated, "Resident noted with fever &gt;100.1 Resident observed to be having tremors...Modeling [sic] observed to bilateral lower extremities with HR [heart rate] 145 and B/P [blood pressure] 100/58. Unable to stabilize HR. EMS [Emergency Medical Services] called for transport."</p> <p>Hospital Discharge Records, dated 4/11/2016 at 4:30 a.m., indicated, "...Admission Diagnoses: Septic shock secondary to left lower lobe healthcare-associated pneumonia, Right pleural effusion, Metabolic encephalopathy, Acute kidney injury, Hyponatremia..."</p> <p>The facility NP was interviewed on 4/29/2016 at 1:22 p.m. She indicated she examined Resident B on 4/1/2016 and the resident complained of pain under her right breast, with increased pain upon deep breathing. On exam, the NP</p>			

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	<p>observed crackles in the resident's left lower lung lobe. The NP indicated she ordered a chest x-ray, but did not receive results until she returned to the facility routinely on 4/5/2016.</p> <p>The Assistant Director of Nursing Services (ADNS) was interviewed on 2/29/2016 at 2:16 p.m. She indicated Resident B's medication orders (Lasix and Z-Pak) were not received from the on-call NP until 4/3/2016, when they were first relayed to a physician or NP.</p> <p>Licensed Practical Nurse (LPN) #2 was interviewed on 4/29/2016 at 2:44 p.m. She indicated she observed the Radiology Report (above) on the fax machine during her shift on 4/3/2016, notified the on-call NP, and took telephone orders. LPN #2 indicated the handwriting on the Radiology Report was hers and that she forgot to sign, date, and/or time the order.</p> <p>On 4/29/2016 at 3:21 p.m., the Director of Nursing Services (DNS) indicated the facility did not have a policy related to receiving results or orders via fax. She indicated nurses on duty know that they are responsible for checking for and removing faxes from the fax machine during all shifts and reporting abnormal ones to the physician/NP in a timely manner.</p>			

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	<p>A copy of the current Physician Notification Guidelines Policy and Procedure was provided by the Executive Director (ED) on 4/28/2016 at 2:31 p.m. The policy indicated, "Purpose: To ensure the resident's physician is aware of all diagnostic testing results or change in condition in a timely manner to evaluate condition for need of provision of appropriate interventions for care. Procedure: ...2. The physician should be notified of critical lab results or an immediate need by phone as soon as the results are known with a response received before the call is competed ...5. During non-office hour times the nurse should notify the physician by phone of abnormal lab results or the need for physician intervention ...."</p> <p>A copy of the current Guidelines for Telephone Orders Policy and Procedure was provided by the ED on 4/28/2016 at 2:31 p.m. the policy indicated, "...4. The entry shall contain the instructions from the physician, date, time, and the signature and title of the person transcribing the information ...."</p> <p>This Federal tag relates to Complaint IN00198913.</p> <p>3.1-37(a)</p>			

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

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