STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155539	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERTHA D GARTEN KETCHAM MEM CENTER	601 E RACE ST ODON, IN 47562

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F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: January 27, 28, 29, 30, 31, February 1, 2013 Facility number: 000300 Provider number: 155539 AIM number: 100287340 Survey Team: Dorothy Watts, RN TC Martha Saull, RN 1/29,1/30, 1/31,2/1/2013 Terri Walters, RN Carole Mc Daniel, RN Census bed type: SNF: 8 SNF/NF: 40 Total : 48 Census payor type: Medicare: 14 Medicaid: 22 Other: 12 Total: 48 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.	F0000	**This plan of correction is to serve as Bertha D. Garten Ketcham Memorial Centers' credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Bertha D. Garten Ketcham Memorial Centers' or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We are in full compliance as of 02/15/2013 and respectfully request paper review.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality review completed on February 7, 2013, by Jodi Meyer, RN			

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F0176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. Based on observation, interview, and record review, the facility failed to ensure medications were not self-administered unless ordered by the physician and assessed by the interdisciplinary team to be a safe practice for self administration for 1 of 1 resident observed to have medications left at the bedside. Resident #42 Findings include: On 1/29/13 at 8:45 A.M., in Resident #42's room on her bedside table a clear medication cup was observed. This medication cup contained a small white tablet and a two tone rose color capsule. On 1/29/13 at 8:46 A.M., RN #1 entered Resident #42's room. She was made aware of the medication cup containing the 2 medications. She indicated at that time she had not left the medication at the resident's bedside table. The resident indicated at that time it was her thyroid and Prilosec (gastroesophogeal reflux) medication.	F0176	**F176 483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE** It is the practice of Bertha D. Garten Ketcham Memorial Center to allow individual residents to self-administer drugs if the interdisciplinary team has determined this practice to be safe. I. The physician for Resident #42 was notified during the survey of the lack of administration of the medications identified. The nurse responsible was re-educated regarding the importance of observing medication consumption for all residents unless there is a physician's order allowing for self-administration. II. All residents who take medications have the potential to be affected.	02/15/2013

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	RN #1 indicated the medications should not have been left at the bedside table but administered. RN #1 exited the resident's room taking the medication cup with the 2 medications with her. On 1/29/13 at 8:50 A.M., RN # 1 compared the two medications left at the bedside with Resident #42's medication in the medication cart and her medication administration record (MAR) and physician's orders. At that time she indicated the thyroid medication, Cytomel 25 mcg (micrograms) and Prilosec DR 20 mg (milligrams) were to be administered at 6:00 A.M., daily. Documentation was lacking of a medication self administration assessment on Resident #42's clinical record. On 2/1/13 at 10:59 A.M., the acting Director of Nursing (DON) was made aware of Resident #42's 6:00 A.M., medication being left at the bedside on 1/29/13 at 8:45 A.M. She indicated she had been concerned about medication being left at the bedside and not administered to the resident. On 2/1/13 at 11:55 A.M., the DON provided a facility policy entitled:		III. The facility's policy regarding medication administration was reviewed during the survey and found to be adequate. Licensed nurses and QMAs were re-educated regarding this policy. This re-education reinforced the importance of observing the resident during medication administration to ensure medications were taken as ordered. Additional systemic changes are being monitored through our quality improvement program as indicated below. IV. The Director of Nursing or her designee is conducting quality improvement audits of medication administration. A random sample of 5% of residents are being monitored during varying medication administration times. In addition, rounds are being completed during this audit to assist in monitoring for medications that may have been left unattended at the bedside. This audit is being completed weekly for 30 days; then monthly for 6 months. Results of all audits are reported to the facility's quality assurance committee monthly for additional recommendations if necessary.	

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	"Preparation and General Guidelines IIA2: Medication Administration-General Guidelines (no date)." This policy included but was not limited to: "... B. 4) Medications are administered at the time they are prepared...11) Residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications...15) the resident is always observed after administration to ensure that the dose was completely ingested..." On 2/1/13 at 12:40 P.M., during interview with the acting DON, she indicated Resident #42 did not have a physician's order to administer her medications. 3.1-11(a)			

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F0329 SS=D	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. 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.			
	Based on interview and record review, the facility failed to ensure pharmacy recommendations regarding gradual dose reduction were addressed for antianxiety medications for 1 of 7 residents reviewed for psychoactive medications. Resident #13 Findings include: The clinical record of Resident #13	F0329	**F329 483.25(l) UNNECESSARY DRUGS** - It is the practice of Bertha D. Garten Ketcham Memorial Center to ensure that each resident's drug regimen is free from unnecessary drugs. I. Resident #13 has been reviewed by her attending	02/15/2013

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	was reviewed on 1/31/13 at 10 A.M. Diagnoses included, but was not limited to, the following: dementia, depression, multiple sclerosis, anxiety, and insomnia. The most recent MDS (minimum data set assessment) dated 12/19/12 indicated the following for the resident: total cognition score of 9, which indicated the resident was of moderately impaired cognition. The clinical record indicated the resident was admitted to the facility on 3/13/12. A plan of care dated 3/14/12, addressed the following problem: "At risk for ADR (adverse drug reaction) of Ativan used for dx (diagnosis) of anxiety." Interventions included, but were not limited to, the following: "...Re-eval (re-evaluate) use at least quarterly with MD (Medical Doctor)..." A "Consultant Pharmacy Review Log" had a initial date of 3/14/12. Monthly reviews were conducted. The entry for 9/12/12 indicated the following: "Ativan GDR (gradual dose reduction)." The monthly review dated 11/16/12, indicated the following: "...no response on September recommendations."		physician for a gradual dose reduction as indicated. The Lorazepam has been decreased. II. All residents receiving psychoactive medications have the potential to be affected. An audit has been completed by the interdisciplinary team to determine which residents are receiving psychoactive medications. These medications are being reviewed quarterly by the IDT for continued necessity and attempted GDR. III. The facility's policy regarding psychoactive medication and gradual dose reductions has been reviewed and updated. The facility's interdisciplinary behavior management team has been re-educated on this policy. In addition, licensed nurses and the behavior management team have been re-educated regarding the facility's policy on following pharmacy recommendations. Pharmacy recommendations regarding psychoactive drug reductions will be reviewed during the facility behavior meeting monthly. IV. The Director of Nursing or her designee is conducting quality	

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	A "Note to Attending Physician/Prescriber" was dated 9/12/12. This form included, but was not limited to, the following: "Anxiolytic Dose Evaluation: The resident has been receiving Lorazepam (Ativan) 0.5 mg...q pm (every evening) for anxiety. This dose has been in place for approximately 6 months. CMS (Centers for Medicare/Medicaid) guidelines for therapy recommend that long term care facility residents on benzodiazepine drug therapy undergo periodic dose reductions to help determine that the resident is on the lowest effective dose of the medication..." The following portion of the form indicated the following: "Would a dose reduction be appropriate for this resident? Please indicate one of the following: Previous failures have been noted with attempts to reduce the current dose; Benefit of therapy is currently greater than the risk of adverse drug reactions. The current dose is felt to be the lowest clinically effective dose. Continue therapy as ordered.; Decrease the Lorazepam to 0.25 mg po q pm for anxiety.." The bottom of the page, was where the physician/prescriber would document response of agree, disagree and/or other. The form had been left blank.		improvement audits of psychoactive medication use. A random sample of 5% of residents receiving psychoactive medications are being reviewed weekly for 30 days; then monthly for 6 months to ensure that residents receiving psychoactive drugs have had an attempted GDR completed as required. The pharmacy consultant will assist in this audit monthly during facility visits. Results of all audits are reported to the facility's quality assurance committee monthly for additional recommendations if necessary.	

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	Documentation was lacking as to if a dose reduction was appropriate for this resident or not and the validation of such. On 1/31/13 at 12 P.M. a current copy of the facility policy and procedure which addressed "Interdisciplinary Team Process" (IDT) was provided by the RN Consultant. This form was dated 1/2011. This form indicated the following for IDT process: "...practice of this facility to assess each resident utilizing an interdisciplinary team approach. This will ensure a thorough assessment of clinical, medical, psychosocial...needs. Appropriate interventions will be implemented based upon the resident's...overall plan of care, and the interdisciplinary team assessments..." Review of residents with psychoactive medications included, but was not limited to, the following: "Residents receiving psychoactive medications will be reviewed by the IDT quarterly and with significant changes...A determination will be made regarding gradual dose reductions of the medication." A current medication administration record, dated February 2013, indicated the following: "Ativan 0.5			

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	mg tab (tablet), take 1 tablet by mouth every evening for anxiety." This medication had an initiation date of 3/13/12. On 2/1/13 at 12:07 P.M., the RN Consultant was interviewed. She indicated the GDR (gradual dose reduction) for Ativan should have been reviewed by the IDT quarterly. The RN Consultant stated the IDT should have reviewed the resident's medication in June, September and December 2012. She indicated documentation was lacking of the IDT having reviewed these medications in 2012. 3.1-48(a)(4)			