

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155803	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER HAMILTON POINTE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 ELI PLACE NEWBURGH, IN 47630
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177278.</p> <p>Complaint IN00177278 - Substantiated, Federal/State deficiency related to the allegations is cited at F425.</p> <p>Survey dates: July 15 and 16, 2015</p> <p>Facility number: 012966 Provider number: 155803 AIM number: 201110390</p> <p>Census bed type: SNF: 44 SNF/NF: 58 Residential: 47 Total: 149</p> <p>Census payor type: Medicare: 27 Medicaid: 50 Other: 25 Total: 102</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	

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 0425 SS=D Bldg. 00	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on interview and record review, the facility failed to ensure a resident received her Fentanyl patch (for pain control) as ordered, for 1 of 3 residents reviewed who received Fentanyl patches, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>On 7/15/15 at 9:40 A.M., the Director of Nursing (DON) indicated Resident B received routine and/or as needed pain medication.</p>	F 0425	<p>1) Immediate actions taken for those residents identified:</p> <p>Resident assessed for effective pain management, pain medications available and administered as ordered.</p> <p>2) How the facility identified other residents:</p> <p>All residents requiring narcotic pain</p>	08/10/2015

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	<p>The clinical record of Resident B was reviewed on 7/15/15 at 11:15 A.M. Diagnoses included, but were not limited to, hemiplegia (weakness on one side) and osteoarthritis.</p> <p>A Physician's order, initial order unknown but on the July 2015 recertification orders, indicated: "Duragesic-50 Patch 72 hour (Fentanyl). Apply 1 patch transdermally every 72 hours for severe pain and remove per schedule."</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/22/15, indicated the resident scored a 13 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated the resident had "pain or hurting" in the previous 5 days, "Occasionally" had pain or hurting in the previous 5 days, and rated her worst pain as a "6," with 0 being no pain and 10 as the worst pain imagined.</p> <p>Progress Notes included the following notations:</p> <p>"7/4/15 at 11:05 P.M.: Duragesic-50 Patch 72 Hour... Waiting on written Rx [prescription] before pharmacy can fill."</p>		<p>medications have the potential to be affected.</p> <p>3) Measures put into place/ System changes:</p> <p>Facility audit of all resident with current orders for narcotic pain medications were completed to ensure that medications have been received and are available as ordered per MD.</p> <p>Licensed staff was in-serviced on the policy Narcotic Reordering and regarding facility protocol to be implemented if staff is unable to obtain medication from pharmacy to administer as prescribed.</p> <p>Audits will be conducted on each unit two times per week to ensure that narcotic pain medications have been received from pharmacy and sufficient supply is available to administer as prescribed.</p> <p>Active controls log will be pulled and reviewed weekly from pharmacy reports for expired and soon to expire pharmacy scripts.</p>	

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	<p>"7/4/15 at 11:27 P.M.: Resident's Duragesic patch has not been delivered from pharmacy. Called pharmacy and [name] stated that RX [prescription] was not able to be filled today due to insurance coverage, however RX is expired as of today. I requested authorization to remove Duragesic from EDK [emergency drug kit], pharmacist denies due expired RX [sic]."</p> <p>The next notation regarding the resident's medication was on 7/5/15 at 7:00 P.M.: "Call placed to [name] pharmacy - spoke with [name] and discussed possibility of getting Duragesic patch for Pt. [patient]. She stated there was no way to approve dispensing patch from EDK without written RX. She spoke with Pharmacist who OKed a verbal order from [name of physician] or covering MD so that 1 could be taken from EDK if written RX received tomorrow. Call to [Physician's] Triage - [Physician] to call in verbal OK for refill and send written RX to pharmacy tomorrow...."</p> <p>The resident's Medication Administration Record (MAR), dated July 2015, was reviewed. The MAR indicated the resident should have received the Duragesic patch on 7/4/15 at 9:00 P.M., but that it was not administered that day.</p>		<p>Narcotic pain medications will be monitored per tracking log to ensure that new scripts are obtained prior to expiration and/or medication has exhausted.</p> <p>The Director of Nursing is responsible for oversight.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed weekly times 4, monthly x 2 then quarterly x 1. Further monitoring will be determined by Quality Assurance.</p>	

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	<p>On 7/16/15 at 10:55 A.M., during an interview with the Administrator, she indicated the unit managers check the narcotics twice during the week, to make sure reorders for narcotics are called in. The Administrator indicated she thought the pharmacy had the written prescription, but that the resident's Duragesic patch prescription had expired on 7/4/15. She indicated the pharmacy should have refilled it that day, or gave permission for the nurse to obtain the medication from the EDK, instead of waiting until the next day.</p> <p>On 7/16/15 at 12:45 P.M., the DON provided the current facility policy on "Reordering, Changing, and Discontinuing Orders," revised 5/1/10. The policy included: "...Electronic orders...Facility staff should review the transmitted re-orders for status and potential issues and Pharmacy response... [The electronic medication system] will indicate if the re-order is confirmed, if Pharmacy follow-up is required...Pharmacy will contact the facility...."</p> <p>The DON indicated at that time that the policy did not address obtaining a written "hard copy" prescription from the physician.</p>			

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	<p>This Federal tag relates to Complaint IN00177278.</p> <p>3.1-25(a)</p>			