

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/05/2015
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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN HOME & REHABILITATIVE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00185765.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on September 30, 2015.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00182476 completed on September 30, 2015.</p> <p>Complaint IN00185765- Substantiated. Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Survey dates: November 4 &amp; 5, 2015</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Census bed type: SNF/NF: 81 Total: 81</p> <p>Census payor type: Medicare: 13 Medicaid: 54</p>	F 0000	<p><b>Plan of Correction for Good Samaritan Complaint Survey 2015</b></p> <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. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after November 16, 2015</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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F 0514 SS=D Bldg. 00	<p>Other: 14 Total: 81</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on November 9, 2015</p> <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 maintain accurate and complete records for 1 of 3 residents reviewed for pain. Clinical records were incomplete with no follow- up assessment completed following the</p>	F 0514	<p>It is the practice of this provider to provide care/services for highest well being in accordance with State and Federal law.</p> <p><b>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</b></p>	11/16/2015

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	<p>administration of the pain medications. (Resident C)</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed on 11/4/15 at 1:30 p.m. Resident C had a physician's order, dated 5/25/15, for Acetamin (a pain medication) 325 mg (milligrams), two (2) tablets, every four (4) hours, as needed for pain/fever. Resident C also had a physician's order, dated 8/16/15, for Tramadol (a pain medication) 50 mg, every six (6) hours, as needed for pain.</p> <p>On 11/5/15 at 1:37 p.m., review of the MAR (Medication Administration Record) indicated Resident C received Acetamin two tablets (650mg) by mouth on 8/14/15 at 4:10 a.m., with no follow up assessment completed. On 8/16/15 and 8/18/15, Tramadol 50 mg was given orally, with no specified times and no follow-up assessment documented.</p> <p>On 11/05/15 at 1:08 p.m., an interview with the Director of Nursing (DON) queried as to how prn (as needed) medications were monitored. The DON indicated when a medication was given, the medication should be documented on the MAR and a pain assessment should be documented on the back of the MAR,</p>		<p>·ResidentC no longer resides at facility</p> <p><b>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</b></p> <p>·All residents have the potential to be affected by the alleged deficient practice</p> <p>·All residents at risk for pain or with current PRN pain medication orders will be reviewed by IDT to ensure pain is being controlled and notifying the physician with any changes to ensure pain is being managed.</p> <p><b>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p>·All residents at risk for pain or with current PRN pain medication orders will be reviewed by IDT to ensure pain is being controlled and notifying the physician with any changes to ensure pain is being managed.</p> <p>·DNS/designee will conduct in-service with licensed nurses on pain assessment, documentation, and medication pass general guidelines by November 16, 2015.</p> <p><b>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be</b></p>	

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	<p>using a pain scale. The DON indicated the follow up of a pain medication included, the nurse should assess the resident and document if the medication was effective.</p> <p>On 11/5/15 at 2:02 p.m., the DON indicated a follow up pain assessment should be done after 45-60 minutes after a medication was given. The DON indicated that non-pharmacological interventions should be tried first, then pain medication should be given. The DON further indicated if a pain medication was ineffective, the physician should be notified.</p> <p>On 11/5/15 at 1:58 p.m., a policy was received from the DON titled, "Medication Pass General Guidelines", dated on 2/2014. The policy indicated, all PRN medication orders must specify the reason and frequency and were to be documented on the MAR. A nursing assessment of the resident and symptoms prior to administration of the medication and the results were to be documented on the MAR or in the nurse's note.</p> <p>This Federal tag relates to Complaint IN00185765.</p> <p>3.1-50(a)</p>		<p><b>put into place</b></p> <p>·DNS/designee will be responsible for the completion of Pain CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed.</p> <p><b>5. Date completion:</b> November 16, 2015</p>	

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

PRINTED: 11/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

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