

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2016
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00195281.</p> <p>Complaint IN00195281-Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: March 17 and 18, 2016</p> <p>Facility number: 003376 Provider number: 003376 AIM number: N/A</p> <p>Census bed type: Residential: 37 Total: 37</p> <p>Sample: 10</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on March 24, 2016.</p>	R 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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R 0241  Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to ensure laboratory tests were obtained as ordered by a physician for 1 of 4 residents reviewed for laboratory tests (Resident K). The facility also failed to ensure topical medications ordered by a physician were completed as prescribed for 2 of 4 residents reviewed for medication orders (Resident H and J). The facility also failed to obtain a physician order for dressing changes for 1 of 4 residents reviewed for physician orders (Resident D).</p> <p>Findings include:</p> <p>1. The clinical record for Resident K was reviewed on 3/17/16 at 3:10 p.m. Diagnoses included, but were not limited to, hypertension, arterial fibrillation, dementia, edema and hypothyroidism.</p> <p>Review of a laboratory final report, dated 2/25/16, indicated an elevated prothrombin time of 38.3, with a normal</p>	R 0241	<p>1. Resident K – PT/INR was drawn on 3/17/16, on Resident K and results sent to the physician; new orders were received on 3/17/16.</p> <p>Resident H was transferred to SNF on 2/19/16. Resident J – The wound care order was clarified with the physician on 3/18/16 and was updated in the treatment record to reflect it is a PRN order. Resident I – An order for wound care was obtained by the physician on 3/16/16.</p> <p>1. Current residents have the potential to be affected by the alleged deficiencies</p> <p>2. The nursing staff was in-serviced regarding obtaining and follow up on physician orders, including PT/INR and wound care orders on 3/23/16 by Jennifer Beck, RN.</p> <p>3. The CSM is responsible for sustained compliance. The CSM and/or designee will review wounds, wound treatments and wound orders weekly, at a minimum, to ensure physician's orders are obtained for treatment and treatments are completed as</p>	04/30/2016			

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	<p>range being 9.5-11.5. The report also indicated an elevated International Normalized Ratio (INR) of 3.4, with a normal range being 0.9-1.1. The report indicated a physician's order to "Hold Coumadin [warfarin] x 2 days 3.5 mg daily PT/INR."</p> <p>A prescription, dated 2/26/16, indicated "Hold Coumadin x 2 days then start Coumadin 3.5 mg daily Re-check PT/INR in 1 week." The order indicated it was a telephone order from the nurse practitioner and signed by a facility nurse.</p> <p>During an interview on 3/18/16 at 7:45 a.m., the Director of Nursing (DON), indicated she was not in the facility the day of the Coumadin audit and the lab test had not been done. She indicated "she had her nurse do it and it got missed."</p> <p>2. The clinical record for Resident H was reviewed on 3/17/16 at 3:21 p.m. Diagnoses included, but were not limited to, Parkinson's disease, urinary retention, leukemia chronic lymphoid and fatigue.</p> <p>Review of a physician's order, dated 9/3/15, indicated "CP [compound] Rileys Butt Past to buttocks TID [three times daily] et [and] PRN [as needed] until</p>		<p>ordered. The CSM will review physician's orders for Coumadin changes and PT/INR as they are received to ensure follow through of any further testing required. Monitoring will be ongoing.</p>				

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	<p>healed. The verbal ordered was received on 9/3/15 and signed by a facility nurse.</p> <p>Review of the August 2015, Medication Administration Record (MAR), indicated "CP Riley's Butt past to buttocks daily as needed." The order was dated 8/20/15.</p> <p>The September 2015 MAR indicated the order continued to indicate "daily as needed" and not three times daily in addition to "as needed."</p> <p>Review of the most recent physician order's, signed 1/22/16, indicated the following order: "CP Riley's Buttocks Cream Apply Topically To Buttocks Once A Day As Needed. The order still indicated a PRN schedule. Review of the MAR's from 8/15 to 3/18/16 indicated no initials were made indicating the topical cream was ever applied.</p> <p>Review of a Nursing Note, dated 9/3/15 at 2:00 p.m., indicated "open area noted to L [left] buttocks. Area measured 0.2 cm x 0.2 cm....Physician faxed for new order."</p> <p>A Nursing Note, dated 12/2/15, indicated "Area to L [left] buttocks re-opened. 0 [no] s/s [signs/symptoms] of infection, Bloody drng [drainage] noted. Area</p>			

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	<p>measured 2.2 cm x 1.2 cm."</p> <p>A physician's order, dated 2/10/16, indicated Resident H was referred to a wound center.</p> <p>A Nursing Note, dated 2/19/16, indicated Resident H was transferred to a skilled nursing facility for continued wound care. Resident H was discharged with an unstageable pressure ulcer on his coccyx.</p> <p>During an interview on 3/17/16 at 3:37 p.m., the DON indicated the family had refused a bed and the resident slept in a recliner. She indicated it made her mad that the cream was not put on the MAR, but knew they were doing it. She indicated staff were providing him with showers and daily toileting care. She indicated Resident H was admitted with home health care three times weekly.</p> <p>During an interview on 3/17/16 at 4:32 p.m., the DON indicated she looked at the wound weekly and put it on a Risk Report that she then sent to the corporate office. She indicated the measurements were done weekly, but the new measurements must have replaced the old measurements.</p> <p>A copy of the wound measurements that were submitted to the corporate office</p>			

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	<p>included the dates of only 1/29/16, 2/5/16 and 2/12/16. The wound measured 2.0 cm x 1.5 cm on 2/12/16.</p> <p>The most recent Service Plan, dated 12/9/15, indicated Resident H required staff to stay with him or physically assist during showers, dressing and toileting. Resident H also required the assistance of 2-persons to get in and out of both a chair and bed.</p> <p>3. The clinical record for Resident J was reviewed on 3/18/16 at 9:10 a.m. Diagnoses included, but were not limited to, pressure wound to left heel, arterial fibrillation, cardiomyopathy, diabetes mellitus, ischemic colitis and hypertension.</p> <p>Review of a physician visit, dated 10/8/15, indicated the following: "Assessment/Plan: ...4. Skin prep to left heel wound border, apply hydrogel dly [daily]."</p> <p>Review of the October, 2015 MAR indicated the following: "Skin prep to wound edges on [L] heel then apply hydrogel drsg dly [daily]." The order was dated 10/8/15. Review of the MAR's from October to 3/18/16 indicated no documentation was noted as to the treatment having been done.</p>						

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	<p>4. The clinical record for Resident I was reviewed on 3/18/16 at 7:50 a.m. Diagnoses included, but were not limited to, gout, hypertension, dementia with delusions and anxiety.</p> <p>Review of a Nursing Note, dated 2/15/16, indicated "OA [open area] to L [left] foot. Area on side....Cleansed c [with] NS [normal saline]. Dry drsg applied. MD [medical doctor] notified....Area measured 1 cm x 1 cm."</p> <p>A Nursing Note, dated 2/15/16 at 8:15 p.m., indicated the dressing to the left foot was changed. The area was cleansed with normal saline and covered.</p> <p>A Nursing Note, dated 2/16/16 at 10:40 p.m., indicated the dressing to the left foot had been changed. The wound was cleaned with normal saline and covered with a dry dressing.</p> <p>A Nursing Note, dated 2/17/16 at 2:00 p.m., indicated the wound was cleaned with a wound cleanser solution and a dry dressing was applied. On 2/19/16, home health care assumed all wound care for Resident I.</p> <p>Review of the physician order's for February 2016 indicated no order was</p>			

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	<p>noted related to any wound care.</p> <p>A physician's order, dated 2/15/16, indicated Resident I was referred to a wound center.</p> <p>During an interview on 3/18/16 at 10:30 a.m., the DON indicated a treatment was done as a nursing measure for Resident I and a physician's order was not needed.</p> <p>Review of a current facility policy dated 7/1/14, titled "SKIN AND WOUND CARE", provided by the DON on 3/18/16 at 11:15 a.m., indicated the following: "I. Residents who are at risk of skin breakdown should be monitored for redness, irritation, or open areas.</p> <p>...III. Physician order for wound care should be obtained by the Care Service Manager or designee responsible for implementing the care.</p> <p>Review of a current facility policy dated 7/1/14, titled "PHYSICIAN ORDERS", provided by the DON on 3/18/16 at 1:05 p.m., indicated the following: "I. The Community must have proper physician's orders before providing assistance with any medication or treatment. Orders may be received from</p>			

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	a physician in any of the formats outlined below: ...IV. Orders for services whether provided by community staff or outside providers, must also be initiated.  ...VII. Any requested deviation from the physician's orders must be communicated...."				