

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155788	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/26/2013
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NAME OF PROVIDER OR SUPPLIER  GREENWOOD MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N SR 135 GREENWOOD, IN 46142
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 19, 20, 21, 22, 23, and 26, 2013</p> <p>Facility number: 012564 Provider number: 155788 AIM number: 201018510</p> <p>Survey team: Patti, Allen, SW-TC Leia, Alley, RN Diana, Zgonc, RN (August 19, 20, 21, 22, and 23, 2013)</p> <p>Census bed type: SNF: 33 SNF/NF: 122 Total: 155</p> <p>Census payor type: Medicare: 37 Medicaid: 74 Other: 44 Total: 155</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 30, 2013; by Kimberly Perigo, RN.</p>	F000000	<p>September 12, 2013 Kim Rhoades, Director Long Term Care Division Indiana State Department of Health 2 North Meridian St Indianapolis, IN 46204 Dear Ms Rhoades, On August 26, 2013 a Recertification and State Licensure Survey was conducted at Greenwood Meadows. We respectfully request this document be submitted as the Plan of Correction and be considered for desk review by the staff of your division. If any questions arise regarding this request or attached documents, please feel free to contact me at your earliest convenience. Respectfully submitted, Austin Steele, HFA Cc: Chris Shuey, Director of Operations Sue Hornstein, Director of Compliance Martha Herron, Director of Clinical Services File</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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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow a physician's order for 1 of 5 residents, in a sample of 5, who met the criteria for unnecessary medication review. (Resident #164)</p> <p>Findings Include:</p> <p>Resident #164's clinical record was reviewed on 8/22/13 at 1:00 p.m.</p> <p>Diagnoses included but were not limited to, hypertension (high blood pressure), and aortic insufficiency (aortic heart valve disease).</p> <p>A facility care plan dated 5/2/12, last reviewed 3/28/13, indicated "observe for and document any...variations in b/p (blood pressure)."</p> <p>A physician's order dated 05/03/12 indicated, "Lisinopril 40mg (milligram), take 1 tablet by mouth once daily for hypertension [high blood pressure]."</p> <p>A physician's order dated 12/1/12</p>	F000282	<p>282 What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice: Vital Sign Monitoring Log was placed on affected resident's MAR for nursing staff to monitor Blood Pressure every shift. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken: Any residents that have a physician order to monitor blood pressure have the potential to be impacted. All resident Medication Administration Records (MARs) will be audited by Unit Managers to identify any resident that might have a blood pressure monitoring physician order. Vital Sign Monitoring Log will be placed on affected resident's MAR for nursing staff to monitor Blood Pressure every shift. Licensed nursing staff will be educated on but not limited to: proper blood pressure documentation, Blood Pressure Monitoring Log, &amp; Physician notification. Staff was educated on 9/5/13, 9/7/13, and 9/9/13 by the Staff Development Coordinator. What measures will be put into place or what</p>	09/12/2013			

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	<p>indicated, "Toprol XL 50mg, take 1 tablet by mouth twice daily for hypertension."</p> <p>A physician's order dated 03/09/13 indicated, "Hydralazine 25mg, take 1 tablet by mouth twice daily for hypertension."</p> <p>A physician's order dated 03/09/13 indicated, "Attars 0.1mg, take 1 tablet by mouth once daily with breakfast, diagnosis: hypertension."</p> <p>A physician's order dated 03/09/13 indicated, "Catapres 0.1mg tablet, take 2 tablets by mouth daily at bed time, diagnosis: hypertension."</p> <p>A physician's order dated 03/09/13 indicated, "Coreg 12.5mg, take 1 tablet by mouth twice daily, diagnosis: hypertension."</p> <p>A physician's order dated 11/30/12 indicated, "MONITOR BLOOD PRESSURE EVERY SHIFT, CALL IF BLOOD PRESSURE IS LESS THAN 90/60 OR GREATER THAN 180/90, NO BLOOD PRESSURE TO RIGHT ARM."</p> <p>All of the physician's orders, for the treatment and monitoring of hypertension, were current orders on</p>		<p>systematic changes will be made to ensure that the deficient practice does not recur: Licensed nursing staff will be educated on but not limited to: proper blood pressure documentation, Blood Pressure Monitoring Log, &amp; Physician notification. Staff was educated on 9/5/13, 9/7/13, and 9/9/13 by the Staff Development Coordinator Vital Sign Monitoring Log will be placed on affected resident's MAR for nursing staff to monitor Blood Pressure every shift. Each unit manager or designee will be responsible for auditing daily that residents needing blood pressure documentation is completed. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie what quality assurance program will be put into place: A CQI Tool will be completed as a monitoring tool. This tool will be completed weekly x4, bi-monthly x2, then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If a threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed. The CQI tool will be overseen by the Director of Nursing, Medical Director, and its members. Date of Completion: 9-12-13</p>		

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	<p>the August 2013 physician's recapitulation orders.</p> <p>Further information was requested on 8/22/13, from the DNS (Director of Nursing Services) in regard to daily, every shift blood pressure monitoring as indicated in the physicians' order.</p> <p>The dates for blood pressure monitoring for the month of August 2013 are as follows...</p> <p>8/1: Day and Evening shifts, missing Night shift. 8/2: Day shift only, missing Evening and Night shifts. 8/3: Day and Night shifts, missing Evening shift. 8/4: Day shift only, missing Evening and Night shifts. 8/5: Day shift, twice on Evening shift, missing Night shift. 8/6: Day and Evening shift, missing Night shift. 8/7: Day shift only, missing Evening and Night shifts. 8/8: Day and Night shifts, missing Evening shifts. 8/9: Day shift only, missing Evening and Night shifts. 8/10: Day shift only, missing Evening and Night shifts. 8/11: Day shift only, missing Evening and Night shifts.</p>						

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	<p>8/12: Day and Night shift, missing Evening shifts.</p> <p>8/13: Day shift only, missing Evening and Night shifts.</p> <p>8/14: Day shift only, missing Evening and Night shifts.</p> <p>8/15: Day and Night shift, missing Evening shift.</p> <p>8/16: Day shift only, missing Evening and Night shifts.</p> <p>8/17: Day shift only, missing Evening and Night shifts.</p> <p>8/18: Day and Night shifts, missing Evening shifts.</p> <p>8/19: Day and Night shifts, missing Evening shifts.</p> <p>8/20: Day and Night shifts, missing Evening shifts.</p> <p>8/21: Day and Night shifts, missing Evening shifts.</p> <p>8/22: Day shift only, missing Evening and Night shifts.</p> <p>The Medication Administration Record indicated, there were 33 shifts, where no blood pressure monitoring occurred between 8/1/13 through 8/22/13 for Resident #164.</p> <p>During an interview with the DNS and Unit Manager for the "200 Hall [hall Resident #164 resided]," on 8/22/13 at 3:30 p.m., they indicated the facility did not have any further information in regard to blood pressure monitoring</p>						

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	for Resident #164.  3.1-35(g)(2)				

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F000371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and record review, the facility failed to serve food in a sanitary manor. This had the potential to effect 155 of 155 residents who eat from the facility kitchen. (CNA #2, LPN #1, and Server #3)</p> <p>Findings Include:</p> <p>During an observation of the lunch meal on 8/19/13 at 11:50 a.m., LPN (Licensed Practical Nurse) #1 was making changes to a resident's sandwich, by switching the bread on the sandwich, with her bare hands.</p> <p>During an observation of the same meal at 12:00 p.m., Server #3 was observed preparing a small salad. A piece of the salad fell over the side of the bowl. Server #3 picked the piece up with her fingers, placed it back into the bowl, and served it to a resident in the dining room.</p> <p>During an observation of the same</p>	F000371	<p>371 What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice: · Staff members "CNA #2, LPN #1, and Server #1" were in-serviced 9/5/13, and 9/9/13 by the Staff Development Coordinator on, but not limited to: hand washing, infection control, food handling, assisting residents to eat. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken: · All residents have the potential to be affected. · All licensed staff members will be in-serviced 9/5/13, 9/7/13, and 9/9/13 by the Staff Development Coordinator on, but not limited to: hand washing, infection control, food handling, and assisting residents to eat. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: · All licensed staff members will be in-serviced 9/5/13, 9/7/13, and 9/9/13 by the Staff Development Coordinator on, but not limited to: hand</p>	09/12/2013	

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	<p>meal at 12:10 p.m., CNA (Certified Nursing Assistant) #2 was observed feeding a resident a sandwich with her bare hands.</p> <p>A facility policy titled, Food Handling Policy, dated 04/2011, indicated, "Employees will minimize the potential for food contamination. Any employee who makes contact with the resident's food will wash hands prior to assisting and will use suitable utensils (deli tissue, spatulas, fork, knife, single-use gloves, or dispensing equipment) when utensils can be used."</p> <p>3.1-21(i)(3)</p>		<p>washing, infection control, food handling, and assisting residents to eat. Management staff will monitor staff in dining room each meal to ensure appropriate infection control techniques are followed. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie what quality assurance program will be put into place:</p> <p>A meal service observation CQI will be completed as a monitoring tool. This tool will be completed weekly x4, bi-monthly x2, then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If a threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed. The CQI tool will be overseen by the Director of Nursing, Medical Director, and its members. Date of Completion: 9-12-13</p>		