

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155236	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/30/2014
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NAME OF PROVIDER OR SUPPLIER  AVON HEALTH & REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 4171 FOREST POINTE CIR AVON, IN 46123
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F000000	<p>This visit was for the Investigation of Complaints IN00153943 and IN00153859.</p> <p>Complaint IN00153859 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00153943 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: October 29, 30, 2014</p> <p>Facility number: 000141 Provider number: 155236 AIM number: 100283860</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF/NF: 125 Total: 125</p> <p>Census payor type: Medicare: 17 Medicaid: 74 Other: 34 Total: 125</p>	F000000	<p>The facility requests paper compliance for this citation.</p> <p><i>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</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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F000157 SS=D	<p>Sample: 4</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/31/14 by Brenda Marshall, RN.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p>				

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	<p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure family members were informed of a scleral hemorrhage (broken blood vessel in the eye) and changes in medication orders for 1 of 4 residents reviewed for family notification in a sample of 4 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 10/29/14 at 10:45 a.m. His diagnoses included, but were not limited to, prostate hypertrophy with obstruction, and diabetes mellitus.</p> <p>The recapitulation of Physician's Orders for July, 2014, indicated Resident B was to receive glimepiride (medication for diabetes) 1 milligram every day. On August 1, 2014, the order for the glimepiride was discontinued by the physician.</p> <p>The Nursing Progress Notes did not indicate the medication had been discontinued or the family had been notified.</p>			F000157	<p><b>What the facility did to correct the deficient practice for each client cited in the deficiency:</b></p> <ul style="list-style-type: none"> <li>-Responsible party of Resident B received a copy of resident's current medication regimen</li> <li>-Unable to correct notification of sclera hemorrhage due to condition has resolved.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <ul style="list-style-type: none"> <li>-All resident condition changes being monitored on alert charting in last 7 days were reviewed for responsible party notification and if any found that were not notified were notified and documented in the resident's medical record.</li> <li>-All medication changes ordered in the last 7 days were reviewed for missed responsible party notification and if any found, responsible party was notified.</li> </ul>		11/11/2014

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	<p>A Physician's Progress Note, dated 8/6/14, indicated Resident B had a "scleral hemorrhage RT (right) eye.... Will hold ASA (aspirin) x (times) 3 days,..."</p> <p>Nursing Progress Notes did not indicate the scleral hemorrhage had occurred, the family had been notified of the hemorrhage or of the medication (ASA) was held.</p> <p>During an interview with the ADON (Assistant Director of Nursing) and Regional Nurse Consultant on 10/30/14 at 11:45 a.m., they indicated the glimepiride was discontinued on 8/1/14. Both indicated, at that time, they were unable to find documentation the family had been notified of the medication being discontinued, the aspirin being held, or that the resident had a scleral hemorrhage.</p> <p>During an interview with the Regional Nurse Consultant on 10/30/14 at 1:10 p.m., she indicated she would have expected the hemorrhage and medication changes to have been reported to the family.</p> <p>An undated facility policy, identified by the Regional Nurse Consultant as current on 10/30/14 at 1:10 p.m., titled "Physician/Family/Responsible Party</p>		<p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· Policy for Physician and Responsible Party notification will be In-Serviced by the Director of Nursing/Designee to all Licensed Nurse personnel.</li> <li>·All physician orders will be reviewed in the next business clinical meeting for responsible party notification and documentation of notification.</li> <li>·All resident condition changes will be reviewed in the next business clinical meeting for responsible party notification and documentation of notification.</li> </ul> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b></p> <ul style="list-style-type: none"> <li>·Audit form will be done in each clinical meeting 5x/week times 4 weeks; then 3x/week times 2 months; then weekly times 3 months. Results will be reviewed in Quality Assurance monthly.</li> </ul>				

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	<p>Notification For Change In Condition" indicated: "Purpose: To ensure medical care problems are communicated to the attending physician and family/responsible party in a timely, efficient, and effective manner.... Policy: 1. Physician and family/responsible party notification is to include, but is not limited to: ...Any accident or incident... ...Change in condition that may warrant a change in current treatment..."</p> <p>This federal tag relates to complaint IN00153943.</p> <p>3.1-5(a)(3)</p>		<p><b>Who will oversee the program:</b></p> <p>-DON/Designee</p>		