STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MARION	2452 W KEM RD MARION, IN 46952

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: July 5 & 6, 2016. Facility Number: 010682 Provider Number: 010682 AIM Number: n/a Residential Census: 36 Sample: 8 These State findings are cited in accordance with 410 IAC 16.2-5. QR completed by 11474 on July 8, 2016.	R 0000		
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense (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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. This Residential Rule was not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure a resident who self-administered medications had a physician's order to self-administer medications for 2 of 2 residents reviewed for self-administration of medications in a sample of 8. (Residents #8 and #2) Findings include: 1. During observation of a medication pass on 7/5/16 at 11:40 a.m., LPN #2 set up a nebulizer (a device that produces a fine spray of liquid, used to inhale a medicinal drug) treatment for Resident #8. The medication label indicated IPRAT-Albut (ipratropium and albuterol) (a bronchodilator medication) 0.5-3 (2.5) mg (milligram)/3 ml (milliliter), use one vial via nebulizer four times a day. LPN #2 then handed Resident #8 the nebulizer mouth piece for the resident to inhale the medication and indicated she would be back to check on the resident in approximately 10 minutes. The clinical record of Resident #8 was	R 0241	Corrective Action for residents found to be affected:Order for Nebulizer treatment for Resident #8 changed to thefollowing:Staff to set up nebulizer treatment for Iprat-Albut 0.5-3 and Mucomyst Reisdent may be unaccompanied while administering Self-Administrationevaluation completed for this resident. Nebulizer orders for Resident # 2 changed to the following:Staff to set up nebulize treatment for albuterol Sul 2.5mg/3 ml and pulmicort 0.5 mg Resident may be unaccompanied while administering .Self-Administration evaluation completed for this resident. How will facility identify other residents having thepotential to be affected by the same deficient practice and what correctiveaction will be taken:Residents that receive nebulizer treatments in the communityare at risk to be affected by same alleged deficient practice. Facilitycompleted an audit on 7.20.16 to identify residents who receive nebulizertreatments. 3 additional residents were identified to be on nebulizertreatments. 2 of the residents identified administer nebulizer treatmentsafter set up by staff. Nebulizer order for these residents now state that	08/01/2016

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	reviewed on 7/5/16 at 12:00 p.m. Diagnoses for the resident included, but were not limited to; asthma, congestive heart failure, dementia and dementia related anxiety. A review of Resident #8's current physician orders indicated the following: "...STAFF TO ADMINISTER MEDICATIONS... ...ACETYLCYSTEINE 20% VIAL INHALE 3 ML (600 MG) BY NEBULIZER TWICE DAILY - ASTHMA/COPD (chronic obstructive pulmonary disease)... (a medication used to help thin and loosen mucus) ...IPRAT-ALBUT 0.5-3(2.5) MG USE 1 VIAL VIA NEBULIZER BY MOUTH FOUR TIMES DAILY - COPD...." There was no physician order for self-administering of medications. 2. The clinical record of Resident #2 was reviewed on 7/6/16 at 11:20 a.m. Diagnoses for the resident included, but were not limited to; altered mental status, intrinsic asthma, shortness of breath and anxiety.		resident may be unaccompanied while administering nebulizer treatments. Self -Administration evaluations completed for these residents. What measures will be put into place or what systematicchanges the facility will make to ensure that the deficient practice does notrecur:Nursing staff were in-serviced on 7.22.16 newpractice. Residents who do not have an order to administer nebulizer treatments unaccompanied must be accompanied throughout nebulizer treatment. How the corrective actions will be monitored to ensure the deficient practice will not recur:Health and Wellness Director or designee, will monitor residents who receive nebulizer treatment to ensure that residents are able tomanage their treatments without assistance. Resident will be re-assessed biannually and with change of conditions throughout their residency at this community. By what date the systemic changes will be completed:Changes completed by 8/1/16	

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	A review of Resident #2's current physician orders indicated the following: "...ALBUTEROL SUL 2.5 MG/3 ML USE 1 VIAL VIA NEBULIZER TWICE DAILY - ASTHMA ...BUDESONIDE 0.5 MG/ 2 ML... USE 1 VIAL VIA NEBULIZER TWICE DAILY... (a steroid medication used to prevent inflammation) ...ALBUTEROL SUL 2.5 MG/3 ML USE 1 VIAL VIA NEBULIZER FOUR TIMES DAILY AS NEEDED FOR SHORTNESS OF BREATH...." No self-administer assessment or physician order was in the clinical record for Resident #2. During an interview with LPN #2 on 7/6/16 at 9:20 a.m., she indicated that there were two residents who received breathing treatments and self-administered those treatments after set up. She also indicated that Residents # 8 and #2 were set up only and she would leave their rooms after she handed them their mouth pieces for the nebulizer. LPN #2 further indicated she would come back after approximately ten minutes and			

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	check on the residents to see that their breathing treatments were completed. LPN #2 indicated she did not know if Residents #8 and #2 needed a self-administer order when asked. During an interview with LPN #1 on 7/6/16 at 11:55 a.m., she indicated Resident #8 did not have a current physician order to self-administer nebulizer treatments after set-up. LPN #1 further indicated Resident #2 also did not have a current physician order or an assessment to self-administer nebulizer treatments after set up. A review of the policy titled "How To: Nebulizer Treatments...", with a revision date of 12/2014, was provided by the Executive Director on 7/6/16 at 9:18 a.m. It indicated the following: "...Purpose: A nebulizer is a type of inhaler that sprays a fine, liquid mist of medication. This is typically done through a mouthpiece or mask connected to a compressor machine via plastic tubing to deliver medication... ...It is important that the resident receive the entire amount of medication scheduled to be delivered in the dose you			

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	are administering... ...Suggested Guidelines: ...11. Encourage the resident to take slow deep breaths in and out of their mouth. The mist should "disappear" with each breath... ...13. Encourage the resident to continue slow, deep breaths until all the medication in the nebulizer cup is dispersed. You may need to tap the sides of the nebulizer cup to ensure all medication is given...." A review of the policy titled "Medication & Treatment - Administration/Assistance...", with a revision date of 10/2015, was provided by the LPN #1 on 7/6/16 at 12:16 p.m. It indicated the following: "...Policy Overview Medication Assistance and or treatment shall be provided in a safe and timely manner, and as prescribed by the resident's health care provider. ...Policy Detail ...3. Medication assistance and administration must be in accordance			

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	with the prescriber's orders...." A review of the policy titled "Medication & Treatment - General Guidelines for Medication Administration/Assistance...", with a revision date of 07/2016, was provided by the LPN #1 on 7/6/16 at 12:16 p.m. It indicated the following: "...Policy Overview Trained and/or licensed associates may administer or assist the resident with medication management or medication administration and treatments per physician /healthcare provider...order and as per state regulation... Policy Detail 1. Trained or licensed associates administering or assisting with medications shall follow... ...d. The observation of the resident taking the medication to verify administration or assist per state regulation... ...21. Residents should be observed taking the medication...Medications shall not be left for the resident to consume at a later time...			

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	...23. Medications and treatments are to be given only within the parameters of the physician...orders...." No further information was provided by exit on 7/6/16 at 12:20 p.m.			
R 0306 Bldg. 00	410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. This Residential Rule was not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medications and supplies were disposed of following expiration dates for 1 of 1 medication storage rooms including 2 of	R 0306	What corrective actions will be accomplished for theresidents found to have been affected by alleged the deficient practice:No residents identified How the facility will identify other residents having thepotential to be affected by the same deficient practice and what correctiveaction will be taken:Audits of medication carts	07/22/2016

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	2 medication carts observed. (Cart A & Cart B) Findings include: 1. During an observation of the medication storage room with LPN #1 on 7/6/16 at 8:30 a.m., the following was observed: An unopened bottle of Tizanidine HCL (hydrochloride) (a muscle relaxer medication) 4 mg (milligram) tablets with a use before date of 6/24/16. The label indicated to take one-half tablet by mouth twice a day as needed and contained 90 tablets. 2. During an observation of medication cart B with LPN #1 on 7/6/16 at 9:45 a.m., the following was observed: A prescription card of MAPAP (acetaminophen) (a pain reliever and fever reducer) 325 milligram tablets with a discard date of 5/18/16. The label indicated to take 2 tablets (650 mg) by mouth every 6-8 hours as needed for pain. A total of 10 out of 60 tablets were left in the prescription card. 3. During an observation of medication cart A with LPN #1 on 7/6/16 at 10:08 a.m., the following was observed:		and medication storage areas completed by HWD 5 x weekly for 4 weeks, 1x a week x 4 week then 1 x monthly for 4 months. Expired medications properly disposed of. What measures will be put into place or what systemicchanges the facility will make to ensure that the deficient practice will notrecur:Nursing staff in-serviced on medication administration aswell as medication disposal policies 7.22.16 Night shift to check for expiredmedications in carts and storage. How the corrective actions will be monitored to ensure thedeficient practice will not recur:Health and Wellness Director to ensure that night shiftnurse checks carts and storage area for medications 5 times a week X 4 weeks, 1 time a week x 4 weeks, 1 x monthly for 4 months. Expected compliance will be 7.22.16	

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	a. A house supply of four Tegaderm film dressings that measured 4 inches by 4 and 3/4 inch in size with an expiration date of 04/2013. b. A house supply of two pouches of lemon glycerin swab sticks (3's) with an expiration date of 05/2014. Each pouch contained three swab sticks. During an interview with LPN # 1 with the Executive Director present on 7/6/16 at 11:20 a.m., LPN #1 indicated expired medications, biologicals and dressings should be disposed of. A review of the policy titled "Medications & Treatments - Unused Medication Disposal/Return to Resident/Legally Responsible Party or Pharmacy...", with a revision date of 04/2013, was provided by the LPN #1 on 7/6/16 at 12:16 p.m. It indicated the following: "...Non-Controlled Medications Policy Overview... ...Expired Medications: Expired medication should be disposed of properly at the community within seven days...."			

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	No further information was provided by exit on 7/6/16 at 12:20 p.m.			