

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155026	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/17/2013
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NAME OF PROVIDER OR SUPPLIER GREENWOOD VILLAGE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143
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F000000	<p>This visit was for the Investigation of Complaint IN00138136.</p> <p>Complaint IN00138136 - Substantiated. Federal/state deficiencies related to the allegations is cited at F329.</p> <p>Survey date: October 17, 2013</p> <p>Facility number: 000010 Provider number: 155026 AIM number: 100453660</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF: 54 SNF/NF: 83 Residential: 70 Total: 207</p> <p>Census payor type: Medicare: 17 Medicaid: 42 Other: 148 Total: 207</p> <p>Sample: 03</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F000000	<p>Preparation and execution of the Plan of Correction in no way constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. In fact, Greenwood Village South reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as the credible allegation of compliance.</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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	16.2. Quality review completed on October 25, 2013; by Kimberly Perigo, RN.			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure adequate monitoring for placement of Opioid analgesic patches and Cholinergic patches for 2 of 3 residents reviewed. (Resident #A for Fentanyl patch (Opioid) and Resident #B for Nicotine patch (Cholinergic))</p> <p>Findings include:</p> <p>1) Resident #A's clinical record was reviewed on October 17, 2013 at 1:45</p>	F000329	<p>1. Residents A and resident B had no adverse affects from the alleged deficient practice. Both physician and family notifications were made. It should be noted that these medications errors were identified prior to the complaint visit and a process improvement was implemented immediately as described below in response number three (3).2. The community realizes that all resident's with physician's orders for medication patches could have the potential to be affected by the alleged deficient</p>	11/01/2013			

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	<p>p.m.</p> <p>Resident #A's diagnosis included; but were not limited to depression, HTN (hypertension), anxiety, CHF (congestive heart failure), and COPD (chronic obstructive pulmonary disease).</p> <p>Interview with confidential complainant on 10/17/13 at 10:30 a.m., indicated a second Fentanyl patch, which should have been removed, was found on Resident #A when complainant went to change the patch.</p> <p>The September 2013 physician orders indicated Resident #A was prescribed Fentanyl 75 mcg/hr patch (Opioid analgesic) to be applied topically every 72 hours.</p> <p>Written Physician orders dated 9/25/13, indicated the applied Fentanyl patch was to be changed every 72 hours. Written physician orders dated 9/25/13, indicated the Fentanyl patch was to be checked, "6-2, 2-10, and 10-6" (between 6:00 am and 2:00 pm, 2:00 pm and 10:00 pm, and 10:00 pm and 6:00 am).</p> <p>Review of medication administration</p>		<p>practice.3. The community implemented a systemic change by the modification of an existing Patch Verification Log. Licensed nurses received education regarding the log. It will be documented by all off-going and on-coming licensed nurses as to the verification and location of the medication patch every shift.4. Clinical leaders will review the Patch Verification Log weekly for the first thirty days, and monthly thereafter for the next six months. All findings will be documented and reviewed at the monthly Quality Assurance Process Improvement meetings for further recommendations as necessary for the next six months.5. November 1, 2013.</p>				

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	<p>record (MAR) dated September 2013, indicated from September 25, 2013 through September 30, 2013; no indication of notification that placement check of Fentanyl patch was to have begun as indicated on 9/25/13, nor were any times inserted.</p> <p>A new patch verification log dated September 2013, which per interview with DON on 10/17/13 at 2:10 p.m., was initiated on 9/26/13. However, there were no signatures in the 6:00 a.m. to 2:00 p.m. on coming, 6:00 am to 2:00 p.m. off going, 2:00 p.m -10:00 p.m. on coming, nor the 2:00 p.m. - 10:00 p.m. off going.</p> <p>A hand written entry on bottom of MAR dated 10/01/13, indicated to check placement of Fentanyl patch every shift. The MAR lacked documentation which indicated placement check of Fentanyl patch had been implemented on 10-2-13 and 10-8-13 (no signature).</p> <p>Interview with Resident #A's daughter on 10/17/13 at 1:45 p.m., indicated she was informed by facility there were problems getting the Fentanyl patch to stick to resident. During Interview with resident on 10/17/13 at 1:55 p.m., indicated [gender] would allow the patches to be applied to</p>			

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	<p>[gender] arms only.</p> <p>Interview with the DON on 10/17/13 at 2:35 p.m., indicated an error with a Fentanyl patch being left on did occur on 9/24/13, to Resident #A. Due to the error the facility began implementing the patch verification log. The Nurse was counseled and inservice was conducted.</p> <p>Review of Fentanyl patches in the 2010 Nursing Spectrum Drug Handbook on 10/24/13 at 3:00 p.m., indicated "Fentanyl levels peak between 24 and 72 hours of treatment: serious or life-threatening hypoventilation may arise during initial Duragesic (Fentanyl) application period."</p> <p>Review of the Department of Health and Human Services Centers for Medicare & Medicaid Services indicated, "...that even after 3 days of use, 28 to 84.4% of the original Fentanyl dose was still present in the patch. ... The remaining Fentanyl in a used patch is a potential vehicle for abuse and accidental overdose and warrants 'Implementation of adequate disposal policies'."</p> <p>Continued interview with the DON on 10/17/13, indicated the facility had no</p>						

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	<p>policy at present for monitoring and/or disposal of Fentanyl patches, just a patch verification log.</p> <p>2) Resident #B's clinical record was reviewed on 10/17/13 at 11:00 a.m.</p> <p>Resident #B's diagnosis include; but are not limited to TIA (trans ischemia attack), anxiety, anemia, weakness, and COPD (chronic obstructive pulmonary disease).</p> <p>Interview with confidential complainant on 10/17/13 at 10:30 a.m., indicated Resident #B had 2 Nicotine patches on dated 10/06/13 and 10/7/13.</p> <p>Review of progress notes by Occupational Therapist on 10/17/13 at 1:00 p.m., indicated Resident #B's medications listed included a Nicotine 21 mg/24 hr patch to be applied to the skin daily and the old patch was to be removed first.</p> <p>MAR (medication administration record) dated 10/01/13, indicated the Nicotine patch was placed on 10/8/13. A new written physician order indicated the Nicotine patch was to be decreased to 14 mg/24 hr period for 7 days and then to be discontinued.</p>			

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	<p>Review of Resident #B's patch verification log dated October 2013, received from the DON on 10/17/13 at 2:10 p.m., indicated there was no documentation of placement check until the 14th of October 2013, thru the 16th of October of 2013.</p> <p>Review of the medication record dated 10-08-13, indicated the Nicotine patch was assessed on evening and nights for placement, except for October the 11th 2013, where no signatures were noted to indicate assessment for placement of the patch was done.</p> <p>Continued interview with the DON on October 17, 2013, indicated on 10/10/13, an error of two patches found, related to a Nicotine (Cholinergic) was discovered, and said the Nicotine patch along with Lidoderm patches were added to the patch verification sheet.</p> <p>Review of 2010 Nursing Spectrum Drug Handbook, indicated the Nicotine patch should be applied and removed the same time each day., and review of 2010 Nursing Spectrum Drug Handbook, page 820, indicated the Nicotine patch should be applied and removed the same time each</p>			

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	<p>day.</p> <p>Continued interview with the DON on 10/17/13, indicated the facility had no policy at present for monitoring and/or disposal of medication patches, just a patch verification log.</p> <p>This Federal tag relates to Complaint IN00138136.</p> <p>3.1-48(a)(3)</p>						