

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155651	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2013
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00128694.</p> <p>Complaint IN00128694 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 14, 15, 16, 17, 20 & 21, 2013.</p> <p>Facility number: 000353 Provider number: 155651 AIM number: 100291330</p> <p>Survey team: Marcy Smith , RN-TC Leia Alley, RN Dinah Jones, RN Patti Allen, SW</p> <p>Census bed type: SNF: 12 SNF/NF: 87 Total: 99</p> <p>Census payor type: Medicare: 9 Medicaid: 75</p>	F000000	Homeview Center of Franklin request paper Compliance for the following 2567. This plan of correction is submitted in compliance and conformance with State and Federal requirements. This plan of correction is not an admission to nor does it signify agreement with the survey allegations, rather it is submitted because it is required. This survey report does not present an accurate depiction of the manner in which nursing care and services are provided to this facility's residents.	

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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	<p>Other: 15 Total: 99</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on May 23, 2013; by Kimberly Perigo, RN.</p>			

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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 give specific, individualized, resident focused reasoning for not attempting Gradual Dose Reductions (GDR's) for 3 of 10 residents reviewed for unnecessary medications. (Resident #36, #52, and #94)</p> <p>Findings Include:</p> <p>1) The clinical record for Resident</p>	F000329	<p>1. Resident #36 will decrease Zyprexa to 2.5mg daily. Resident #52 Seroquel was decreased to 125 mg @ bedtime. Resident #94 Seroquel was decreased to 12.5mg. Simvastain will not be discontinued due to resident having a history of multiple strokes per Dr. Cornnett.2. All resident receiving antipsychotic medication have the potential to be affected. Over the next 90 days, review of residents receiving antipsychotic will occur during the monthly GDR meetings for possible reduction.3. The</p>	06/20/2013			

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	<p>#36 was reviewed on 5/17/13 at 9:00 a.m.</p> <p>Diagnoses included, but were not limited to dementia.</p> <p>A physicians order started 7/29/11, indicated Resident #36 received olanzapine (Zyprexa), 5 mg once daily.</p> <p>A review of a pharmacy Consultation Report indicated, "Repeated Recommendation from 8/17/2012, Please respond promptly to assure facility compliance with Federal regulations. Resident #36 [report referred to name of resident] has dementia and receives an antipsychotic, olanzapine 5 mg daily. Recommendation: Please consider reducing the dose of olanzapine to 2.5 mg daily, with the eventual goal of discontinuation, if possible."</p> <p>Written on the bottom half of the paper in large lettering was "Contraindicated" with a line under the word. The Consultation Report was not signed.</p> <p>2) The clinical record for Resident #52 was reviewed on 5/17/13 at 10:30 a.m.</p>		<p>Interdisciplinary team will be re-inserviced on the GDR process. Physicians will be in-serviced on the required documentation for declining pharmacy recommendation for reduction.4. DON/designee will review GDR meeting notes monthly to verify reduction or appropriate documentation not to reduce. Results will be reported to the QA committee for any action. this is an ongoing review.5. 6/20/2013</p>				

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	<p>Diagnoses for Resident #52 included, but were not limited to depression, anxiety, dementia and multiple sclerosis (MS, a disease affecting the central nervous system).</p> <p>A physicians order started 9/21/12 indicated Resident #52 received Seroquel (antipsychotic), 150 mg by mouth every night at bed time.</p> <p>A review of a pharmacy Consultation Report indicated, "Resident #52 [report referred to name of resident] has received Seroquel 150 mg HS (at night) since 9/12. Please consider a gradual dose reduction, perhaps decreasing Seroquel to 125 mg HS while concurrently monitoring for re-emergence of target and/or withdrawal symptoms. If therapy is to continue at the current dose, please provide rationale describing a dose reduction as clinically contraindicated.</p> <p>Resident #52's physician signed the document and place an "X" in a space that read "I decline the recommendations above because GDR (gradual dose reduction) is CLINICALLY CONTRAINDICATED for this individual. The resident's target symptoms returned or worsened after the most recent GDR</p>						

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	<p>attempt within the facility and a GDR attempt at this time is likely to impair this individual's function or increase distressed behavior AS DOCUMENTED BELOW."</p> <p>The physician failed to provide documentation below this space as to why the GDR attempt would be contraindicated for Resident #52.</p> <p>3. Resident #94's clinical record was reviewed on 5/20/13 at 2:15 p.m. and indicated diagnoses included, but were not limited to secondary Parkinsonism, unspecified essential hypertension, dementia with behavioral disturbance, generalized anxiety disorder, depressive disorder, and hyperlipidemia.</p> <p>On 5/20/13 The Physician's Order sheet reflected an order for Seroquel (quetiapine Fumarate) tablet 25 MG oral (by mouth) at bedtime 25 MG tablet oral (by mouth) give 25 gm by mouth daily, start date 10/19/12.</p> <p>Review of pharmacy Consultation Report (dated 2/21/13) indicated Resident #94 had dementia and received an antipsychotic, quetiaplne 25 mg daily.</p> <p>Recommendation:</p>						

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	<p>please consider reducing the dose of quetiapine to 12.5 mg daily with the goal of discontinuation, if possible.</p> <p>Rationale for recommendation: FDA BOXED WARNING statement in the antipsychotic's product information identifies a potential increased risk of mortality in elderly individuals. taking antipsychotic medications for dementia related behavioral disorders. The 2012 American Geriatrics Society Beers Criteria also recommends avoiding antipsychotic medications used for behavior problems in dementia due to an increased risk for stroke and mortality. The quality of evidence is reported as high and the strength of their recommendation is strong.</p> <p>On 2/27/13, the physician indicated he declined the recommendation, and wrote "no change." He failed to provide a resident-specific rationale describing why a GDR attempt for Seroquel would be likely to impair function or cause psychiatric instability in this resident. Instead he simply noted no change in response.</p> <p>On 5/20/13 The Physician's Order sheet reflected an order for simvastatin (simvastatin/antihyperlipidemic) tablet</p>			

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	<p>10 mg oral (by mouth) at bedtime 10 mg tablet oral (by mouth) other and unspecified hyperlipidemia (272.4) give 1 tablet orally at bedtime (start date 6/16/11)</p> <p>Review of a pharmacy Consultation Report, dated 11/15/12, indicated Resident #94 received Simvastatin 10 mg daily and had a recent LDL of 56 on 10/10/2012.</p> <p>recommendation : Please consider re-evaluating continued use of simvastatin, perhaps discontinuing simvastatin when current supply exhausted due to LDL (low-density lipoprotein) is at goal.</p> <p>Rationale for recommendation: the dose of 5 mg or 10 mg of simvastatin is unlikely to decrease the LDL enough for clinically beneficial reduction in LDL -C levels.</p> <p>The physician declined the pharmacy recommendation on 11/19/12, but failed to provide a resident-specific rationale for his decision to decline. Instead he simply noted "no change."</p> <p>During an interview with the DON on 5/20/13 at 11:00 a.m., she indicated the facility had no other documentation which indicated why</p>			

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	<p>the physician declined these GDR recommendations for Resident #94.</p> <p>During an interview with the facility DON (Director of Nursing) and facility Nurse Consultant, on 5/17/13 at 2:00 p.m., they indicated they had tried many times to have the facility physicians provide documentation as to individualized reasoning for not attempting a dose reduction, but they had not been able to get them to comply.</p> <p>A facility policy titled Gradual Dose Reductions, indicated, "The denial of the recommendation must be supported by a physician's note indicating the GDR would be contraindicated. The DON or Designee shall follow-up as needed to ensure a contraindicated statement is written and placed on the chart."</p> <p>3.1-48(a)</p>				

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F009999	<p>3.1-14 PERSONNEL</p> <p>(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to the following:</p> <p>(1) Residents' rights.</p> <p>(5) Needs of specialized populations served.</p> <p>(6) Care of cognitively impaired residents.</p> <p>(l) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel as follows: For nursing personnel, this shall include at least twelve (12) hours of inservice per calendar year and six (6) hours of inservice per calendar year for non-nursing personnel.</p> <p>(u) In addition to the required inservice hours in subsection (l), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours</p>	F009999	<p>1. LPN#1 will have in-service on dementia, abuse and resident rights. Certified Nursing Assistant #2 will receive 6 hours of dementia training.2. Review of all personnel file for needed in-services. If indicate in-services will provide through Upstairs Solutions or through teaching sessions with trained professionals.3. Have hired a new HR Director who will be oriented and will track needed in-services.4. Administrator/designee will review 5 personnel files weekly time four weeks then monthly time five, then quarterly ongoing for in-service compliance. These audits or any concerns will be reported to the QA Committee for action.5. 6/20/2013</p>	06/20/2013	

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	<p>annually thereafter to meet the needs or preferences or both of cognitively impaired.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a Licensed Practical Nurse (LPN) received annual inservice training for resident rights, dementia, and abuse and a Certified Nursing Assistant (CNA) received 6 hours of dementia training within 30 days of her hiring date, prior to working independently on the secured dementia unit. (LPN #1 and CNA #2)</p> <p>Findings include:</p> <p>A review of employee records on 5/20/13 at 2:00 p.m., did not indicate LPN #1, who was hired on 10/4/2010, received any inservice training in resident rights, dementia or abuse during 2012.</p> <p>During an interview with the Regional Consultant on 5/21/13 at 8:50 a.m., she indicated she was unable to find inservice training for resident rights, dementia or abuse for LPN #1 during 2012.</p>						

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	<p>This review of employee records also did not indicate CNA #2, who was hired on 3/6/2013, received dementia-specific training with-in 30 days of her employment and prior to working independently on the secured dementia unit.</p> <p>During an interview with the Director of Nursing on 5/21/13 at 9:45 a.m., she indicated CNA #2 worked independently on the secured dementia unit "probably about a week after she was hired."</p> <p>An undated facility policy, titled, "Orientation and Inservice Training Policy," received from the Regional Consultant on 5/21/13 at 11:15 p.m., indicated, "...Standards...7. All employees will receive orientation and initial training in...Needs of the resident population...Resident Rights...Abuse identification intervention and reporting, Dementia Training i. All employees must have six hours within first six months of employment and an additional three hours annually thereafter. ii. All employees working directly in the Dementia Unit must have six hours within the first 30 days of employment and an additional three hours annually thereafter....All nursing personnel shall be provided at least</p>						

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	twelve hours of staff development programs annually...Annual programs to be conducted in the facility for all staff include:...Resident's Rights, Abuse identification, prevention, reporting Dementia Training (three hours per year minimum)..."			