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| 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 12/19/2012 |
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| NAME OF PROVIDER OR SUPPLIER LAMPLIGHT INN AT THE LELAND | STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH A STREET RICHMOND, IN 47374 |
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| R0000 | <p>This visit was for the Investigation of Complaint IN00120676.</p> <p>Complaint IN00120676 - Substantiated. Residential State deficiencies related to the allegations are cited at R241.</p> <p>Survey dates: December 18 and 19, 2012</p> <p>Facility number: 012497 Provider number: 012497 AIM number: N/A</p> <p>Survey team: Sharon Lasher RN, TC Barbara Gray RN</p> <p>Census bed type: Residential: 73 Total: 73</p> <p>Census bed type: Other 73 Total: 73</p> <p>Sample: 6</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 12/21/12 by Suzanne</p> | R0000 | <p>This plan of correction is submitted under Federal and State regulations and status applicable to long term care providers.</p> <p>This plan of correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied.</p> <p>The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly.</p> <p>Please accept this plan as our credible allegation of compliance.</p> <p>LL Leland, LLC respectfully requests paper compliance for this survey.</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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| | Williams, RN | | | |

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| R0241 | <p>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 on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview and record review, the facility failed to administer an antibiotic as ordered by the physician and complete physician's ordered dressing changes for 1 of 5 residents reviewed for medication administration in the sample of 6 and failed to administer a stool softener as ordered for 8 days, for 1 of 8 residents observed for medication pass. (Residents #C & #F)</p> <p>Findings include:</p> <p>1.) The record of Resident #C was reviewed on 12/18/12 at 12:55 p.m. Resident #C's diagnoses included, but were not limited to, venous stasis (diminished venous flow of blood) and diabetes.</p> <p>a. Resident #C's physician's order, dated 10/21/12, indicated "Keflex (antibiotic) 500 mg (milligram), by mouth, every 6 hours times ?? days (please clarify a stop date)."</p> | R0241 | <p><u>R 241</u> A. Resident #C voluntarily moved from facility 12/14/2012. Resident #F's physician orders were compared to her MAR to verify for completeness and accuracy. B. All resident MARs will be reviewed by comparing MAR to physician orders to ensure proper transcription. All resident MARs will also be reviewed for omission of medication and appropriate follow-up. C. Residents with first missed dose will be evaluated by nurse for any adverse effects and documented. Pharmacy will be notified of non-available medication. If not delivered within 36 hrs., backup pharmacy will be contacted for delivery. Nursing will contact surgical center for residents scheduled for surgical procedures, to ensure proper orders obtained. Nursing staff will have all new/admission orders co-signed by a second nurse, to ensure transcription is correct from orders to MARs. Nursing staff in-serviced on above procedures on 1/2/2013.</p> | 01/11/2013 | | | |

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| | <p>Resident #C's MAR (Medication Administration Record), indicated the Keflex was not given as indicated by the nurse's initials being circled (not given) 20 times.</p> <p>The dates the Keflex was not administered and the reason were unavailable on the "nurse's medication notes" on the back of the MAR on the following dates and times:</p> <ul style="list-style-type: none"> - 11/20/12, 12:00 a.m. and 6:00 a.m. - 11/21/12, 12:00 a.m. and 6:00 a.m. - 11/22/12, 12:00 a.m., 6:00 a.m. and 12:00 p.m. - 11/23/12, 6:00 a.m., 12:00 p.m. and 6:00 p.m. - 11/24/12, 12:00 a.m., 6:00 a.m. and 12:00 p.m. - 11/25/12, 12:00 a.m. and 6:00 a.m. - 11/26/12, 12:00 a.m. and 6:00 a.m. - 11/27/12, 6:00 a.m. and 12:00 p.m. - 11/28/12, 12:00 a.m. <p>An interview with the DON on 12/18/12 at 1:55 p.m., indicated Resident #C had refused the Keflex at times and that was documented on the back of the MAR. The DON indicated he had missed a lot of doses of the Keflex because the pharmacy needed a stop date on the Keflex and had not received one. Resident #C's family had supplied the Keflex for a while, but the order was</p> | | D. D.O.N. will review MARs monthly for compliance and report to administrator. | | | | |

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| | <p>not refilled and the Keflex was not available. On 11/26/12 the physician was contacted for a stop date, and at that time the Keflex was reordered. The DON also indicated the physician had not been informed of the Keflex not administered, and going by the MAR it appeared sometimes Resident #C received the Keflex and sometimes he didn't.</p> <p>b. Resident #C's record indicated he was admitted to the facility with a venous stasis ulcer that was a closed area on his right small toe covered with eschar (dead tissue), but no open areas.</p> <p>Resident #C was hospitalized for amputation of a toe on the right foot, and had a physician's order, dated 11/30/12, to "change dressing to surgical site on right foot every 12 hours. Wet to dry. Wet 2 x 2's with saline and pack site. Cover with 4 x 4's and wrap with Kerlix then ACE wrap times 2 times daily."</p> <p>An interview with the DON on 12/19/12 at 2:20 p.m., indicated on 11/28/12, Resident #C had an amputation of his right toe and when he returned to the facility on 11/28/12, they did not receive orders for the dressing changes on Resident #C's</p> | | | | | | |

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| | <p>right small toe. The DON stated, "the dressing was missed one time on 11/28/12, two times on 11/29/12 and once on 11/30/12. I was helping the nurse practitioner on 11/30/12 and I poured normal saline on the dressing to loosen it because it was stuck to the wound."</p> <p>2.) Resident #F's record was reviewed on 12/19/12 at 3:25 p.m.</p> <p>Resident #F's physician's order, dated 12/11/12, indicated "Colace 100 mg (milligram), 2 capsules, daily."</p> <p>Resident #F was observed receiving his medication on 12/19/12 at 9:35 a.m., but did not receive her Colace 100 mg 2 capsules.</p> <p>An interview on 12/19/12 at 11:00 a.m. with the DON, indicated there was not an order for Colace on the MAR. The admission order for Resident #F to have Colace was not transcribed to the MAR and Resident #F had not received her Colace since she was admitted to the facility on 12/11/12.</p> <p>This state residential finding relates to complaint IN00120676.</p> | | | |