

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155149	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2015
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NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint's IN00172471, IN00172848 and IN00173169.</p> <p>Complaint: IN00172471 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00172848 - Substantiated. Federal/State deficiencies cited at F157, F314 and F502.</p> <p>Complaint IN00173169 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 13 & 14, 2015</p> <p>Facility Number: 000070 Provider Number: 155149 AIM Number: 100266190</p> <p>Census Bed Type: SNF: 4 SNF/NF: 96 Total: 100</p> <p>Census Payor Type: Medicare: 7 Medicaid: 72 Other: 21 Total: 100</p>	F 000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after May 30, 2015	

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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F 157 SS=D Bldg. 00	<p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</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</p>			

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	<p>specified in paragraph (b)(1) of this section.</p> <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 the physician and an interested family member were notified in regard to laboratory services and the lack of laboratory work conducted, the nursing staff failed to immediately notify the physician and an interested family member for 1 of 3 resident's reviewed for notification in a sample of 6. (Resident "D").</p> <p>Findings include:</p> <p>The record for Resident "D" was reviewed on 05-13-15 at 10:15 a.m. Diagnoses included, but were not limited to, senile dementia, chronic kidney disease, constipation, hypertension, confusion, anemia and cataracts. These diagnoses remained current at the time of the record review.</p> <p>The physician assistant progress notes, dated 04-21-15 indicated the resident with "agitation, staff notes pt. [patient] resisting care more agitated/confused than normal." The physician orders instructed the nursing staff to check the resident's urine, culture and sensitivity, a</p>	F 157	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident D no longer resides in this facility. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents who have orders for lab shave the potential to be affected by the alleged deficient practice. An audit of all labs will be conducted by the lab to ensure that all labs were drawn per physician's order and physician was notified by May 30, 2015. Licensed Nurses will be in-serviced by the DNS/designee on the Change of Condition and Lab Tracking guidelines by May 30, 2015. Nurse Managers will be in-serviced on Change of Condition and Lab Tracking guidelines by the DNS/designee by May 30, 2015. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient</p>	05/31/2015

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	<p>complete blood count and a basic metabolic profile.</p> <p>The results of the complete blood count and were dated as "collected" on 04-22-15. The result of the resident's white blood cell count was documented as 18.1 with a normal range of 4.5 - 10.8.</p> <p>A subsequent physician assistant notation, dated 04-22-15 instructed the nursing staff to "start Rocephin [an antibiotic] empirically."</p> <p>The physician notation dated 04-24-15, indicated the resident "found to be confused earlier this week - not eating or drinking. No fever, no diarrhea, no cough. Has been agitated refusing urinalysis [in and out catheterization]."</p> <p>The physician ordered a repeat to the complete blood count as well as the basic metabolic profile. The results of these blood tests were documented as collected on 04-28-15. The result of the complete blood count indicated an increase to the white blood cell count with a result of 20.6 with normal ranges of 4.5 - 10.8.</p> <p>On 04-28-15 the physician assistant ordered "blood cultures times 2 STAT" as the resident had persistent altered mental status "more than normal, still combative, still not taking much PO [by</p>		<p>practice does not recur?</p> <ul style="list-style-type: none"> ·Licensed Nurses will be in-serviced bythe DNS/designee on the Change of Condition policy and Lab Tracking guidelines May 30,2015. ·ADNS/designee will complete lab trackinglog daily to ensure that labs have been drawn and physician has been notified. ·Licensed nurses will review copies ofall orders every shift to ensure that STAT labs were drawn and physician werenotified using nurse shift audit tool. <p>How thecorrective action(s) will be monitored to ensure the deficient practice willnot recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·Change of Condition and Labs/Diagnostic CQI tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director. ·If 95% a threshold is not achieved, an action plan will be developed to ensure compliance 	

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	<p>mouth]."</p> <p>A review of the Nursing Progress Notes, dated 04-28-15 at 5:53 p.m., indicated "Med [medical] technician unable to draw sufficient amount of blood at this time for blood cultures. Med lab [laboratory] will attempt again. Med lab will send another tech. [technician]."</p> <p>During an interview on 05-13-15 at 12:20 p.m., a concerned family member indicated she was very concerned about the continued decline in the resident's condition. The family member indicated she was aware the staff member from the laboratory services was unable to obtain enough blood to have a sample for the blood cultures, and was assured another laboratory technician would come to the facility in an attempt to draw enough blood to complete the test.</p> <p>The family member indicated she instructed the facility nurse to call and update even if during the night time hours.</p> <p>"When no one called or left a message I called the facility and they told me the blood work had not been drawn because it had not appeared on the laboratory manifest."</p> <p>During an interview on 05-14-15 at 11:00 a.m., the Director of Nurses verified the</p>			

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	<p>blood work had not been drawn, the facility was still trying to find out why it was not drawn.</p> <p>The record lacked documentation the physician had been notified the blood cultures had not been drawn as ordered.</p> <p>A review of the facility policy on 05-14-15 at 9:00 a.m., titled "Resident Change of Condition," and dated as "revised" 01-2015, indicated the following:</p> <p>"POLICY - It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely and effective intervention takes place."</p> <p>"PROCEDURE - ...3. Routine Medical Change - a. All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly. Routine changes are a minor change in physical and mental behavior, abnormal laboratory and x-ray results that are not life threatening."</p> <p>This Federal tag relates to the investigation of Complaint IN00172848.</p>			

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F 314 SS=G Bldg. 00	<p>3.1-5(a)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review and interview, the facility failed to ensure a dependent resident did not develop pressure areas, in that when a resident was identified as requiring extensive assistance upon staff for areas of Activities of Daily Living, including turning, bed mobility and repositioning the nursing staff failed to immediately identify areas of bruising (deep tissue injury) to the resident's lower legs and feet which resulted in pressure ulcers for 1 of 4 residents reviewed for pressure ulcers in a sample of 6. (Resident "D").</p> <p>Findings include:</p> <p>1. The record for Resident "D" was reviewed on 05-13-15 at 10:15 a.m. Diagnoses included, but were not limited</p>	F 314	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident D no longer resides in this facility <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be effected by the alleged deficient practice. ·Facility skin sweep will be conducted by May 30, 2015 by Nurse Management Team to ensure all skin conditions are identified, physician and responsible party is notified and plan of care is developed. ·Nursing staff will be in-serviced 	05/31/2015

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	<p>to, senile dementia, chronic kidney disease, constipation, hypertension, confusion, anemia and cataracts. These diagnoses remained current at the time of the record review.</p> <p>A review of the resident's MDS (Minimum Data Set Assessment), dated 03-13-15 indicated the resident had cognitive impairments and required extensive assistance of 2+ staff members with transfer, bed mobility and toileting. In addition, the assessment indicated the resident was not steady with surface to surface transfers, and not steady when moving from a seated to a standing position, walking, turning around and moving on and off the toilet with stabilization only staff assistance. The resident was identified "at risk for pressure ulcers," but at the time of the assessment, had no identified pressure ulcers or unstageable areas in regard to deep tissues injury.</p> <p>A review of the resident's current plan of care, originally dated 02-18-12, indicated the resident was at risk for skin breakdown due to anemia, incontinence, impaired mobility, confusion, hypertension and dementia. Interventions to this plan of care included, "assess and document skin condition weekly and as needed. Notify the MD [Medical Doctor]</p>		<p>on Skin Management Program including skin checks and shower sheets by the DNS/designee by May 30, 2015.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Nursing staff will be in-serviced on Skin Management Program including skin checks and shower sheets by the DNS/designee by May 30, 2015. ·Nursing staff will have skin check skills validation completed by the Clinical Education Coordinator/designee by May 30, 2015. ·DNS/designee will complete an audit daily to ensure that skin assessments have been done per schedule. ·DNS/designee will review shower sheets daily to ensure that all areas of impaired skin integrity have been identified and plan of care is developed. ·All residents will have a skin assessment done weekly by the licensed nurse and documented in the clinical record. ·Skin sweeps will be conducted by Nurse Management Team two times monthly. <p>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?</p> <ul style="list-style-type: none"> ·A Skin Management Program CQI tool will be utilized weekly x 4 		

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	<p>of abnormal findings as needed, and assist resident to reposition every two hours."</p> <p>A review of the Progress notes indicated the resident had an unwitnessed fall on 04-16-15 at 2:15 a.m., and subsequently began to display a change in condition.</p> <p>Documentation indicated the resident began to display increase agitation, and eventually a decrease in meal consumption.</p> <p>The physician assistant progress notes, dated 04-21-15 indicated the resident with "agitation, staff notes pt. [patient] resisting care more agitated/confused than normal." The physician orders instructed the nursing staff to check the resident's urine, culture and sensitivity, a complete blood count and a basic metabolic profile.</p> <p>The results of the complete blood count, dated as "collected" on 04-22-15, indicated the resident had increased white blood cell count with a result of 18.1 with a normal range of 4.5 - 10.8.</p> <p>A subsequent physician assistant notation, dated 04-22-15 indicated "worsening agitation, dysphagia, noted to have worsening change in mental status</p>		<p>weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director</p> <p>If 95% a threshold is not achieved, an action plan will be developed to ensure compliance</p>	

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	<p>with agitation. Unable to obtain urine. Pt's behavior worsening and now not swallowing meds or food." The physician instructed the nursing staff to "start Rocephin [an antibiotic] empirically."</p> <p>The physician notation dated 04-24-15, indicated the resident "found to be confused earlier this week - not eating or drinking. No fever, no diarrhea, no cough. Has been agitated refusing urinalysis [in and out catheterization]."</p> <p>The physician ordered a repeat to the complete blood count as well as the basic metabolic profile.</p> <p>The result of the complete blood count indicated an increase to the white blood cell count with a result of 20.6 with normal ranges of 4.5 - 10.8.</p> <p>The resident was again seen by the physician assistant on 04-27-15 and again on 04-28-15 and indicated the resident had persistent altered mental status "more than normal, still combative, still not taking much PO [by mouth]."</p> <p>A review of the "Shower Report," dated 04-23-15 indicated a "complete bed bath given - resident tolerated well, but combative at times."</p> <p>A section of the report instructed the</p>			

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	<p>certified nurses aide to "circle problem areas and check all boxes as needed."</p> <p>The report lacked information related to changes or concerns to the resident's skin. The 04-28-15 "Shower Report," indicated the resident "refused a shower" but lacked information if a bed bath was performed and also lacked any "circled areas" of skin concerns.</p> <p>The Nursing Weekly Assessment, dated 04-28-15 indicated the resident had a skin tear to the left lower leg and groin and had physician orders for Bacitracin ointment. The documentation lacked assessment of any deep tissue injury to the resident's feet or lower legs.</p> <p>A review of the Progress Notes, dated 04-29-15 indicated the resident's condition did not show any improvement, and the family member requested the resident be transported to the local area hospital for evaluation and assessment.</p> <p>A review of the Hospital record on 05-11-15 at 9:00 a.m., indicated the following:</p> <p>During an evaluation in the Emergency Room, the resident was found with "multiple pressure areas."</p> <p>The physician "History and Physical,"</p>			

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	<p>dated 04-29-15, DTI's [deep tissue injury's - ("an injury to underlying tissue below the skin's surface that results from prolonged pressure in an area of the body and restricts blood flow in the tissue causing the tissue to die")], over lat. [lateral] foot and medial right foot without exudate. Erythema [redness]. Tenderness. One inch skin tear over R [Right] knee - not infected, superficial. Bandaged sore over L [Left] med. [medial] ankle. Impression/Assessment: Leg wounds - Wound care - pressure wounds."</p> <p>"Adult Patient Profile," dated 04-29-15, "Completely dependent" for "ambulation, transferring, toileting, bathing dressing."</p> <p>"Document Skin Report", dated 04-30-15, titled "wound/skin evaluation," indicated the resident with "altered mental status, and multiple pressure ulcers."</p> <p>WOUND #1 Pressure - Suspected Deep Tissue Injury 3 cm (centimeters) in length by 2 cm in width - Right foot proximal wound - skin intact.</p> <p>WOUND #2 Pressure - Suspected Deep Tissue Injury 4.5 cm. in length by 1.5 cm in width - - right medial mid foot - skin intact.</p>			

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	<p>WOUND #3 Pressure - Suspected Deep Tissue Injury 2.5 cm in length by 1.5 cm in width - Right Medial foot - Distal.</p> <p>WOUND #4 Pressure - Suspected Deep Tissue Injury 2.5 cm in length by 1.5 cm in width - Right Medial Heel - skin intact.</p> <p>WOUND #5 Pressure Suspected Deep Tissue Injury 2 cm. in length by 2 cm in width - Left Lateral Distal Foot - Skin Intact.</p> <p>WOUND #6 - Pressure Suspected Deep Tissue Injury 4 cm in length by 3 cm in width - Left Lateral Mid Foot - Skin intact.</p> <p>WOUND #7 Pressure - Suspected Deep Tissue Injury 4 cm in length by 3 cm in width - Left Lateral Heel - Skin Intact.</p> <p>WOUND #8 Pressure - Suspected Deep Tissue Injury 5 cm in length by 1 cm in width - Suspected Deep Tissue Injury - Left Lateral malleolus (ankle) - Skin Intact..</p> <p>WOUND #9 Pressure - Unstageable 1 cm in length by 2.5 cm in width by 0.1 cm in depth - Left Medial malleolus - Skin Intact.</p>			

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NAME OF PROVIDER OR SUPPLIER HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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	<p>WOUND #10 Pressure - Unstageable 2 cm in length by 1 cm in width by 0.1 cm in depth 100 % Yellow Slough - Left Medial Proximal Ankle - Skin Broken.</p> <p>WOUND #11 - Left lateral knee wound skin open with 50 % yellow slough and 50 % pink.</p> <p>A review of the Hospital Case Management Report dated 04-29-15, indicated the following: "Patient does not speak or ambulate. Patient comes into the emergency room with abnormal labs [laboratory blood work]. His [family member] demanded he be brought in based on his long term care facilities lack of urgency. The [family member] states that he has bruises and scrapes/abrasions on both legs, which I verified, and requested pictures be taken for medical records."</p> <p>"Evidence Collected 04-29-15 at 1520 [3:20 p.m.] - Photography: Body."</p> <p>The Hospital Nutrition Assessment, dated 04-30-15 indicated, "Pt. [patient] with edema non-pitting to bilateral legs/feet on 04-29. Skin issues: L [left] knee abrasion, bilateral skin abrasions, L lower inner leg ulceration, R [right] medial foot pressure ulcer. L lateral foot & L ankle</p>			

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	<p>pressure ulcer, bilateral heels boggy."</p> <p>During interview on 05-11-15 at 8:30 a.m., the Hospital Registered Nurse indicated the resident was admitted with areas identified as deep tissue injuries to both lower legs and feet.</p> <p>During observation on 05-11-15 at 8:40 a.m., with the Hospital Registered Nurse, the resident was observed laying on his back. The Registered Nurse moved the bedsheet to one side, to expose the resident's lower legs. Waffle boots which had been applied to both lower legs/feet were removed. Observation of the right foot included three dark purple areas of bruising, one of which was actively bleeding. During this observation the Hospital Registered Nurse indicated the area started "bleeding over the weekend." In addition there was bruising to the resident's heel. There were areas along the resident's right shin, too numerous to count, were observed with scabs.</p> <p>An observation of the resident's left foot revealed an abrasion to the left lower leg, a pressure ulcer to the malleolus and adjacent to the malleolus, bruising along the outer aspect of the residents foot, and heel.</p> <p>There were numerous abrasions along the right shin with scabbing present. The</p>			

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F 502 SS=D Bldg. 00	<p>licensed nurse indicated the area to the left ankle was a deep tissue injury with a pressure ulcer on the malleolus. The side of the resident's foot was observed with multiple dark purple areas, which the licensed nurse also identified as deep tissue injuries.</p> <p>During an interview on 05-14-15 at 4:00 p.m., the Director of Nurses verified the weekly assessment lacked information related to the condition of the resident's skin in regard to pressure ulcers or a deep tissue injury.</p> <p>This Federal tag relates to the investigation of Complaint IN00172848.</p> <p>3.1-40(a)(1) 3.1-40(a)(2) 483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview the facility failed to ensure the timeliness of physician ordered blood work, in that when a resident displayed a change in condition, and the physician ordered specific blood work to aid in the assessment and identification of the change in condition, the facility did not</p>	F 502	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? ·Resident D no longer resides in this facility How will you identify other residents having the potential to be affected by the</p>	05/31/2015			

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	<p>ensure the resident's blood cultures were drawn for 1 of 3 resident's reviewed for laboratory services in a sample of 6. (Resident "D").</p> <p>Findings include:</p> <p>The record for Resident "D" was reviewed on 05-13-15 at 10:15 a.m. Diagnoses included, but were not limited to, senile dementia, chronic kidney disease, constipation, hypertension, confusion, anemia and cataracts. These diagnoses remained current at the time of the record review.</p> <p>The physician assistant progress notes, dated 04-21-15 indicated the resident with "agitation, staff notes pt. [patient] resisting care more agitated/confused than normal." The physician orders instructed the nursing staff to check the resident's urine, culture and sensitivity, a complete blood count and a basic metabolic profile.</p> <p>The results of the complete blood count and were dated as "collected" on 04-22-15. The result of the resident's white blood cell count was documented as 18.1 with a normal range of 4.5 - 10.8.</p> <p>A subsequent physician assistant notation, dated 04-22-15 instructed the</p>		<p>samedeficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents who have orders for labshave the potential to be affected by the alleged deficient practice. ·An audit of all labs will be conductedby the lab to ensure that all labs were drawn per physician's order and physicianwas notified by May 30, 2015. ·Licensed Nurses will be in-serviced bythe DNS/designee on the Change of Condition policy by May 30, 2015. ·Nurse Mangers will be in-serviced on labtracking by the DNS/designee by May 30, 2015. <p>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Licensed Nurses will be in-serviced bythe DNS/designee on the Change of Condition policy and Lab Tracking guidelinesby May 30, 2015. ·ADNS/designee will complete lab trackinglog daily to ensure that labs have been drawn and physician has been notified. ·Licensed nurses will review copies ofall orders every shift to ensure that STAT labs were drawn and physician werenotified using nurse shift audit tool. <p>How thecorrective action(s) will be monitored to ensure the deficient practice willnot recur,</p>				

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	<p>nursing staff to "start Rocephin [an antibiotic] empirically."</p> <p>The physician notation dated 04-24-15, indicated the resident "found to be confused earlier this week - not eating or drinking. No fever, no diarrhea, no cough. Has been agitated refusing urinalysis [in and out catheterization]."</p> <p>The physician ordered a repeat to the complete blood count as well as the basic metabolic profile. The results of these blood tests were documented as collected on 04-28-15. The result of the complete blood count indicated an increase to the white blood cell count with a result of 20.6 with normal ranges of 4.5 - 10.8.</p> <p>On 04-28-15 the physician assistant ordered "blood cultures times 2 STAT" as the resident had persistent altered mental status "more than normal, still combative, still not taking much PO [by mouth]."</p> <p>A review of the Progress Notes, dated 04-28-15 at 5:53 p.m., indicated "Med [medical] technician unable to draw sufficient amount of blood at this time for blood cultures. Med lab will attempt again. Med lab will send another tech. [technician]."</p> <p>Further review of the notations and</p>		<p>i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> -Change of Condition and Labs/Diagnostic CQI tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director. -If 95% a threshold is not achieved, an action plan will be developed to ensure compliance. 	

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	<p>laboratory results lacked information the blood cultures were drawn by another technician and the facility failed to follow up with the laboratory services for this STAT laboratory work to be completed as ordered.</p> <p>This Federal tag relates to the investigation of Complaint IN00172848.</p> <p>3.1-49(a)</p>				