STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155338	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES - PRESTWICK	445 S CR 525 E AVON, IN 46123

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F000000	This visit was for the Investigation of Complaint IN00148102. This visit was in conjunction with the Recertification and State Licensure Survey. This visit included the Investigations of Complaints IN00144667, IN00144643, IN00147389, and IN00146660. Complaint IN00148102 substantiated. Federal/state deficiency related to the allegations is cited at F 157. Survey dates: April 30, May 1, 2, 2014 Facility number: 000231 Provider number: 155338 AIM number: 100267900 Survey team: Connie Landman RN-TC Census bed type: SNF: 7 SNF/NF: 80 Total: 87 Census payor type: Medicare: 7 Medicaid: 65 Other: 15	F000000	The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	

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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	Total: 87 Sample: 3 This deficiency also reflects state findings in accordance with 410 IAC 16.2. Quality review completed on 5/8/14 by Brenda Marshall, RN.			
F000157 SS=D	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). 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			

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	under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on record review and interview, the facility failed to ensure family members were notified when a resident refused medications for 1 of 3 residents reviewed for family notification in a sample of 3 (Resident B). Findings include: The record for Resident B was reviewed on 4/30/14 at 8:50 a.m. Diagnoses included persistent hypokalemia (low potassium level) secondary to non-compliance with medications, ilius secondary to hypokalemia, malnutrition, cerebrovascular accident, hemiparesis, diabetes type 2, congestive heart failure, atrial fibrillation, chronic renal insufficiency, and obstructive sleep apnea. A care plan, dated 2/1/14, indicated Resident B had cardiac disease related to hyperkalemia/hypokalemia. Interventions included, but were not limited to, administer medication per physician orders.	F000157	**F157 Notification of Changes** It is the practice of this facility to comply with F157 Notification of changes (injury/decline/room) **What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident #B no longer resides at this facility. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** Residents who reside in this facility who refuse to take ordered medication have the potential to be affected by this finding. A thirty day look back, utilizing an audit tool, for these targeted residents was completed to ensure that any refusal resulted in notifications being made to physician/family. Going forward any resident who is found to have refused a medication will have	06/01/2014

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	A care plan, dated 3/11/14, indicated Resident B was resistive, non-compliant with treatment/care/refusing medication and meals. Interventions included, but were not limited to, if he resists care, leave him if safe to do, and return later. A physician's order, dated 3/8/14, indicated resident B was to receive K-Dur (potassium supplement) 20 mEq (milliequivalents) 4 tablets three times a day. The March, 2014, MAR (Medication Administration Record) indicated Resident B did not take his K-Dur on: 3/15/14 at 9:00 p.m. 3/17/14 at 9:00 p.m. 3/22/14 at 4:00 p.m. 3/22/14 at 9:00 p.m. 3/23/14 at 9:00 a.m. 3/23/14 at 9:00 p.m. 3/25/14 at 9:00 a.m. The record for Resident B lacked documentation his spouse or the physician had been notified of his medication refusals on the dates and times listed above. During an interview with LPN #1 on 4/30/14 at 4:45 p.m., she indicated there was a note that Resident B's spouse was to be notified each time he refused to take		notification made to physician /family. Director of Care Deliver RN (DCD)/designee will monitor, utilizing an audit tool, these residents seven days a week to ensure appropriate notification related to refusal of meds has been done. Non-compliance will be addressed as discovered. This monitoring will continue ongoing. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Licensed Nurses will be educated on Medication Management "Six Rights Plus One" with emphasis on Right of Resident to Refuse and Licensed Nurse's role in documentation and notification to physician/family. Nursing staff who fail to comply with these facility guidelines will be educated and/or progressively disciplined as indicated. **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 in place?** Results of the monitoring will be reviewed for patterns/trends	

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	his potassium and she would come to the facility and get him to take it. During an interview with the UM (Unit Manager) on 5/1/14 at 9:00 a.m., she indicated there was a note his spouse was to be notified if he did not take his potassium. She also indicated when a resident refused a medication it was noted on the MAR by circling the nurse's initials for that date and time. She also indicated sometimes the nurses would circle he didn't take the medication, but would go back later and convince him to take it. During an interview with the UM on 5/2/14 at 10:45 a.m., she indicated she had looked through Resident B's record, and was unable to find documentation he had taken his potassium on the later attempt at administration. A current facility policy, dated 8/11/06, titled "Medication Management Guidelines 'Six Rights' Plus One (1) Of Medication Administration" was provided by the Director of Nursing on 5/1/14 at 11:25 a.m.. It indicated: "Right of Patient to Refuse Document the patient's refusal and reason for refusal in the MAR and progress note Notify the physician and family/responsible party of refusals and		weekly by Administrator/ADNS. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/designee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendation monthly ongoing. - **By what date the systemic changes will be completed?** - June 1, 2014	

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	document the response in the clinical record Document the potential consequences of medication or treatment refusals in the patient's clinical record". This federal tag relates to Complaint IN00148102. 3.1-5(a)(3)			