

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155721	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/05/2013
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NAME OF PROVIDER OR SUPPLIER LAWRENCE MANOR HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226
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F000000	<p>This visit was for the Investigation of Complaints IN00138943 and IN00139748. This visit resulted in a partially extended visit-Immediate Jeopardy.</p> <p>Complaint IN00138943 substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00139748 substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: December 2 and 3 2013</p> <p>Extended survey dates: December 4, 5 2013</p> <p>Facility number: 000383 Provider number: 155721 AIM number: 100289610</p> <p>Survey team: Chuck Stevenson, RN, TC</p> <p>Census bed type: SNF/NF: 46 Total: 46</p>	F000000	<p>Plan of Corrections for Lawrence Manor</p> <p>Identified resident passed away in facility on October 27, 2013. All residents currently in facility had their code status reviewed with correct information placed in the front of their medical record. Physician orders were checked to ensure proper orders were noted and matched advance directive form. All activity stated was completed on 12/3/13. All residents that had expired in facility since 9/1/13 had their chart reviewed on 12/3/13 without any further discrepancies noted. (Audit tool A) a. The facility's Cardiopulmonary Resuscitation (CPR)/ Do Not Resuscitate (DNR) policy and procedure was reviewed and found to be appropriate on 12/3/13. All licensed nurses will receive re-education regarding</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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	<p>Census payor type: Medicare: 1 Medicaid: 33 Other: 12 Total: 46</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 9, 2013, by Janelyn Kulik, RN.</p>		<p>the facilities Cardiopulmonary Resuscitation (CPR)/ Do Not Resuscitate (DNR)</p> <p>policy and procedure and CPR policy and procedure. This education will begin with staff</p> <p>currently working on 12/3/13 and will continue until all licensed nurses have</p> <p>received re-education. No licensed nurse</p> <p>will be permitted to work until he/she has received this re-education. Facility policy on Cardiopulmonary Resuscitation (CPR)</p> <p>was reviewed and updated on 12/4/13 to follow the American Heart Association</p> <p>Basic Life Support for Health Care Providers.</p> <p>This re-education will begin with staff currently working on 12/4/13 and</p> <p>will continue until all nurses have received re-education. No licensed nurse will be permitted to work</p> <p>until he/she has received this re-education. Employee that failed to perform CPR on said resident</p>		

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			<p>was provided with re-education on a 1:1 basis on 12/3/13.</p> <p>IV. a. The DON or designee will review all new telephone orders daily to identify any changes in code status.</p> <p>b. The DON or designee will audit all new code status orders using audit tool B to ensure proper transcription and identification was noted on the resident's chart. The DON or designee will present audit findings to QA. Findings will be reviewed by QA weekly x 4 weeks or until 100 % compliance is achieved and monthly thereafter. Completion Date 12/4/2013</p>		

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F000309 SS=J	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure cardiopulmonary resuscitation (C.P.R.) was initiated for a resident (Resident #C) who had a full code status when L.P.N. #1 found Resident #C unresponsive and without pulse or respirations and did not begin C.P.R. for 1 resident of 3 reviewed for code status in a sample of 6. This deficient practice potentially affected 30 residents who had a full code status in a population of 46.</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate Jeopardy was identified on 12/03/13 at 2:15 p.m. The Immediate Jeopardy began on 10/27/13 when L.P.N. #1 found Resident C unresponsive and without pulse or respirations and did not begin C.P.R. The Administrator, Director of Nursing, and Nurse Consultant were notified of the Immediate Jeopardy on 12/03/13 at 2:45 p.m. The Immediate Jeopardy was removed on 12/05/13, but the</p>	F000309	Plan of Corrections for Lawrence Manor	12/05/2013			
			Identified resident passed away in facility on October 27, 2013. All residents currently in facility had their code status reviewed with correct information placed in the front of their medical record. Physician orders were checked to ensure proper orders were noted and matched advance directive form. All activity stated was completed on 12/3/13. All residents that had expired in facility since 9/1/13 had their				

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	<p>facility remained out of compliance at the level of pattern, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy, because the facility remained in the process of auditing all resident records for advanced directives and code status, reviewing and revising facility policies related to code status and C.P.R., and educating all staff members on C.P.R. and code status policies.</p> <p>Findings include:</p> <p>1. The record of Resident #C was reviewed on 12/03/13 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited to, Alzheimer's type dementia, agitation, hypertension, and a history of colon cancer.</p> <p>A significant change Minimum Data Set assessment dated 8/13/13 indicated Resident #C was cognitively impaired, had behaviors of refusing care, ambulated independently, and was independent of activities of daily living.</p> <p>A (Name of Facility) Face Sheet for Resident #C with an admission date of 8/10/12 indicated "Code Status: Full Code."</p>		<p>chart reviewed on 12/3/13 without any further discrepancies noted. (Audit tool A) a. The facility's Cardiopulmonary Resuscitation (CPR)/ Do Not Resuscitate (DNR) policy and procedure was reviewed and found to be appropriate on 12/3/13. All licensed nurses will receive re-education regarding the facilities Cardiopulmonary Resuscitation (CPR)/ Do Not Resuscitate (DNR) policy and procedure and CPR policy and procedure. This education will begin with staff currently working on 12/3/13 and will continue until all licensed nurses have received re-education. No licensed nurse will be permitted to work until he/she has received this re-education. Facility policy on Cardiopulmonary Resuscitation (CPR) was reviewed and updated on 12/4/13 to follow the American Heart Association Basic Life Support for Health Care Providers. This re-education will begin with staff currently working on 12/4/13 and will continue until all nurses have received re-education. No licensed nurse will be permitted to work until he/she has received this re-education. Employee that failed to perform CPR on said resident was provided with re-education on a 1:1 basis on 12/3/13.</p> <p>IV. a. The DON or designee will review all new telephone orders daily to identify any changes in code status. b.</p>				

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	<p>An initial Social Services Initial Evaluation dated 8/16/12 indicated "Full code to continue."</p> <p>A recapitulation of physician's orders for October 2013 indicated Resident #C was a Full Code.</p> <p>A nurse's note for Resident #C dated 10/27/13 at 5:30 a.m. indicated: "Resident noted sitting on toilet (symbol for "with") pants (symbol for "at") ankles, slumped to left side. (Symbol for "no") pulse (symbol for "no") respirations. N.P. (Nurse Practitioner) (name of Nurse Practitioner) notified N. O. (new order) rec'd (received). May release body to (name of funeral service). D.O.N. (Director of Nursing), administrator (symbol for "and") family notified."</p> <p>A nurse's note for Resident #C dated 10/27/13 at 7:20 a.m. indicated: "Body released to (name of funeral service)."</p> <p>Resident C's record contained no other nurse's notes related to his passing away.</p> <p>The D.O.N. was interviewed on 12/03/13 at 10:30 a.m. She indicated that at the time of Resident C's</p>		<p>The DON or designee will audit all new code status orders using audit tool B to ensure proper transcription and identification was noted on the resident's chart. The DON or designee will present audit findings to QA. Findings will be reviewed by QA weekly x 4 weeks or until 100 % compliance is achieved and monthly thereafter. Completion Date 12/4/2013</p>	

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	<p>passing she reviewed the resident's record, and was aware the resident was a full code, and that C.P.R. had not been initiated when the resident was found unresponsive. The D.O.N. indicated she did not do any further investigation or institute any interventions in response to the event at that time.</p> <p>L.P.N. #1 was interviewed in person on 12/03/13 at 2:00 p.m. She indicated that she was aware Resident C was a full code, but at the time she found him unresponsive she "just forgot about that." She indicated she was "so shocked I just forgot about doing C.P.R." She stated "I made a terrible mistake."</p> <p>2. A facility policy titled "Cardiopulmonary Resuscitation (CPR) dated 10/2010 and received from the Administrator on 12/03/13 at 1:35 p.m. indicated:</p> <p>Purpose: The purpose of this procedure is to assure bring oxygen (sic) to lungs and circulate oxygenated blood manually until normal resuscitation and heart function can be restored.</p> <p>Steps in the Procedure: 1. Initiate procedure when a resident is found</p>						

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	<p>with no identifiable respirations and he/she has requested procedure based on his/her Advance Directives. In the absence of Advance Directives, initiate procedure..."</p> <p>An Immediate Jeopardy was identified on 12/03/13 at 2:15 p.m. The Immediate Jeopardy began on 10/27/13 when L.P.N. #1 found Resident C unresponsive and without pulse or respirations and did not begin C.P.R. The Administrator, Director of Nursing, and Nurse Consultant were notified of the Immediate Jeopardy on 12/03/13 at 2:45 p.m. related to the facility failing to ensure C.P.R. was initiated when a resident who was a full code was found unresponsive. The Immediate Jeopardy was removed on 12/05/13, when by observation and interview it was determined that the facility had implemented a plan of action to remove the Immediate Jeopardy and that the steps taken removed the immediacy of the problem. This was confirmed through review of resident record code status, updated policies and procedures related to code status and C.P.R., and interview of all C.P.R. certified staff. Even though the facility's actions removed the Immediate Jeopardy the facility remained out of compliance at the</p>				

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	level of pattern, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy. 3.1-37(a)			