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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155761 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 10/02/2013 |
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| NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS | STREET ADDRESS, CITY, STATE, ZIP CODE 2 E TILDEN BROWNSBURG, IN 46112 |
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| F000000 | <p>This visit was for the Investigation of Complaints IN00134906, IN00136184, IN00136864, IN00137230, and IN00137307.</p> <p>Complaint IN00134906 unsubstantiated due to lack of evidence</p> <p>Complaint IN00136184 substantiated no findings related to the allegations are cited</p> <p>Complaint IN00136864 unsubstantiated due to lack of evidence</p> <p>Complaint IN00137230 substantiated, federal/state deficiencies related to the allegations are cited at F333</p> <p>Complaint IN00137307 unsubstantiated due to lack of evidence</p> <p>Survey dates: September 30, 2013, October 1, 2, 2013</p> <p>Facility number: 011367 Provider number: 155761 AIM number: 200851590</p> <p>Survey team:</p> | F000000 | The creation and submission of the 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 or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW on or after October 21, 2013. | |

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>Connie Landman RN-TC</p> <p>Census bed type: SNF: 18 SNF/NF: 111 Residential: 11 Total: 140</p> <p>Census payor type: Medicare: 31 Medicaid: 71 Other: 38 Total: 140</p> <p>Sample: 13</p> <p>This deficiency cited also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/04/2013 by Brenda Marshall Nunan, RN.</p> | | | |

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| F000333 SS=D | <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. Based on record review and interview, the facility failed to ensure residents were free of significant medication errors which resulted in hospitalization for 1 of 3 residents reviewed for medication errors in a sample of 13 Resident L).</p> <p>Findings include:</p> <p>The record for Resident L was reviewed on 10/1/13 at 12:15 P.M. Diagnoses included, but were not limited to, bacterial pneumonia, chronic airway obstruction, hypothyroidism, end stage renal disease, home dialysis, congestive heart failure, atrial fibrillation, and cardiomegally.</p> <p>Resident L was admitted to the facility on 9/4/13. At the time of her admission from the hospital, the hospital orders indicated she was to receive Digoxin 0.125 mg (milligrams) every other day. The order transcribed to the facility order form indicated the resident was to receive Digoxin 0.125 mg daily instead of every other day.</p> | F000333 | <p>F333 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The resident affected by the deficient practice has been discharged from facility. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken? All new residents admitted to the facility have the potential to be affected by the deficient practice. Nurses will be in-serviced on transcribing medications on admission. Two nurses will review all admission medication orders with every admission for accuracy and sign off on the physician orders before sending to pharmacy. The DNS/Designee and the Unit Manager completed an audit of all new residents' admission medications in the last 30 days for accuracy, and the Medical Records Coordinator will audit medications during new admission chart checks. 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? Nurses will be in-serviced on transcribing medications on admission. Two nurses will review all admission</p> | 10/21/2013 | |

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| | <p>The September, 2013, Medication Administration Record (MAR) indicated Digoxin 0.125 mg daily instead of every other day. The record indicated Resident L received Digoxin 0.125 mg every day from September 5, 2013 until September 12, 2013, when a Digoxin Level was done by the lab with a result of 2.87 (normal range 0.9 - 2.0). The physician was notified, and an order was received on 9/13/13 to hold the Digoxin on Friday, Saturday, and Sunday and then restart the Digoxin every day. The medication was resumed on 9/16/13.</p> <p>On 9/25/13 at 3:34 P.M., the facility received a call from the resident's spouse, who had taken her home to do the home dialysis. He indicated he had received a call (unknown from whom) indicating the resident had a critical lab result and he needed to take her to the emergency room. The resident was admitted to the hospital for treatment.</p> <p>During an interview with the DNS (Director of Nursing Services) on 10/1/13 at 9:00 A.M., she indicated Resident L's husband had contacted her on 9/27/13 to inform her Resident L had critically high Digoxin levels. She indicated at that time, the</p> | | <p>medication orders with every admission for accuracy and sign off on the physician orders before sending to pharmacy. The DNS/Designee and the Unit Manager will audit all new residents' admission medications for accuracy, and the Medical Records Coordinator will audit medications during new admission chart checks. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place? To ensure compliance, the DNS/Designee will complete medication audits on all new residents for accuracy utilizing a CQI audit tool, weekly x 4 weeks, bimonthly x 2 months, monthly x 6, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p> | | | | |

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| | <p>medication error was discovered.</p> <p>A current facility policy, dated 3/2011 and last revised 6/2013, titled "Nursing Admission/Return Admission Procedure" was provided by the DNS on 10/2/13 at 12:05 P.M. It indicated: "...Physician Orders: 1. Upon admission, physician orders must be obtained. 2. Transcribe the admission orders from the original orders sent from the hospital or physician's office. 3. Transcribe the routine medication orders to include dosage, route, frequency, and diagnosis to support the use...."</p> <p>This federal tag relates to Complaint IN00137230.</p> <p>3.1-48(c)(2)</p> | | | |