

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155691	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2013
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NAME OF PROVIDER OR SUPPLIER MORRISTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included Investigation of Complaint IN00136896</p> <p>Complaint IN00136896 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: October 22-29, 2013</p> <p>Facility number: 000422 Provider number: 155691 AIM number: 100291030</p> <p>Survey Team: Beth Walsh, RN-TC Courtney Mujic, RN Karina Gates, Generalist</p> <p>Census Bed Type: SNF: 28 SNF/NF: 79 Total: 107</p> <p>Census Payor Type: Medicare: 19 Medicaid: 69 Other: 19 Total: 107</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F000000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific finding or allegation. We reserve the right to contest any finding or allegation as part of any proceeding and submit these responses pursuant to our regulatory obligations. The facility desires to have this plan of correction be considered the facility's allegation of compliance effective 11/15/2013.</p>	
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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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	IAC 16.2. Quality review completed on October 31, 2013, by Janelyn Kulik, RN.				

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F000425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on observation, interview, and record review the facility failed to discard expired medication in 1 of 2 medication carts reviewed. This affected 1 of 4 residents that received insulin from the Cypress Run Medication cart. (Resident #55)</p> <p>Findings include:</p> <p>During a review of the Cypress Run medication cart with LPN #1, on 10/29/13 at 11:30 a.m., a vial of Novolog 100/ml (insulin) for Resident #55 had a sticker on it that indicated, discard 28 days after opening, date</p>	F000425	The facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet the needs of each resident. The facility will ensure that this requirement is met through the following: 1. Resident #55 received insulin on one day that was out of date (28 days from the open date). When brought to our attention, the insulin was discarded and a new insulin supply was ordered from the pharmacy. 2. All residents who receive insulin have the potential to be affected. All resident insulin	11/15/2013	

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	<p>opened 9/21/13. A vial of Lantus 100/ml (insulin) for Resident #55, was also noted to have a sticker on it that indicated, discard 28 days after opening, date opened 9/24/13, during the review of the medication cart.</p> <p>During an interview with LPN #1, on 10/29/13 at 11:35 a.m., she indicated the Novolog was used yesterday for Resident #55. She also indicated the Lantus was ordered for each night, so Resident #55 should have received it last night. LPN #1 also indicated she was unsure why the medications were administered recently when they both were expired. She also indicated 4 residents receive insulin from the medication cart.</p> <p>A review of the October 2013 MAR (medication administration record), for Resident #55, indicated Novolog was last administered on 10/28/13 at 12:00 p.m., as indicated by the initials in the date/time slot. The MAR also indicated Lantus was last administered 10/27/13 at 8:00 p.m., as indicated by the initials in the date/time slot on the MAR.</p> <p>On 10/29/13 at 12:16 p.m., the DoN (Director of Nursing) indicated when initials were on the MAR in a date/time slot, it would indicate the</p>		<p>was inspected for the date opened and expiration date. No other expired insulin was found in the medication storage areas.3. The policy on expired medications that is provided by the Vendor Pharmacy was reviewed with no changes being made. (Attachment A). Staff will be inserviced on the policy on 11/14/2013. (Inservice attached). 4. A weekly audit will be conducted by the DON or designee on all insulin bottles in the medication carts to check for expiration dates for eight weeks. (Audit tool attached). After eight weeks, if there are no significant problems, the audit will be decreased to twice a month for six months. Results of the audit will be reviewed by the QA Committee to determine if they should continue. 5. All of the corrective measures will be completed on or before 11/15/2013.</p>		

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	<p>medication had been given at that date/time. She was unsure if Lantus was given on 10/28/13, since there were no initials in the dated slot for 10/28/13, but she indicated Lantus was given on 10/27/13 and Novolog was given on 10/28/13, according to the MAR. The DoN also indicated insulin expiration dates were per facility policy/manufacture instruction and should have been discarded when the medications expired.</p> <p>In a policy titled, "Expiration Dates of Medications," received from the DoN, on 10/29/13 at 12:28 p.m., it indicated "Lantus,...Novolog expire 28 days from date opened."</p> <p>3.1-25(o)</p>				