

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2013
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NAME OF PROVIDER OR SUPPLIER SYCAMORE SPRINGS REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 215 W HIGH ST LIBERTY, IN 47353
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F000000	<p>This visit was for the Investigation of Complaint IN00138335.</p> <p>Complaint IN00138335 -- Substantiated. Federal/state deficiency related to the allegations is cited at F282.</p> <p>Survey dates: October 28, 29 and 30, 2013</p> <p>Facility number: 000510 Provider number: 155507 AIM number: 100285440</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census Payor type: Medicare: 1 Medicaid: 27 Other: 3 Total: 31</p> <p>Sample: 4</p> <p>This deficiency reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of this survey findings, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</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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	31, 2013, by Janelyn Kulik, RN.				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident did not receive a medication for which there was not a current physician's order for 1 of 3 residents in a sample of 4 reviewed for medication administration. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 10-28-13 at 10:20 a.m. His diagnoses included, but were not limited to, end-stage emphysema, history of respiratory failure, paroxysmal atrial fibrillation, high blood pressure, anxiety and depression.</p> <p>In an interview with Resident #A on 10-28-13 at 3:15 p.m., he indicated he recently had been administered ear drops for which he did not have a physician's order to receive. He indicated an unnamed nurse had told him his ENT (ear, nose and throat specialist) had ordered the ear drops for him. He indicated he "stewed</p>	F000282	<p>F282 Requires the facility to ensure residents receive medication for which there is a current physician's order. 1. Resident #A had an assessment completed and no issues were noted. Resident's physician was notified immediately and no new orders were received. A medication error report was also completed. 2. All residents have the potential to be affected. All physician's orders were reviewed for accuracy and medication carts assessed to ensure all discontinued medications are pulled from the cart. 3. The physician's order policy and procedure was reviewed with no changes made. (See Attachment A). Staff was inserviced on the above policy. (See Attachment B). 4. The DON or her designee will review the medication records daily to ensure medications are given per physician's order and assess the medication cart to ensure all discontinued medications are pulled from the cart daily times four weeks, then weekly times four weeks then every two weeks times two months then quarterly thereafter until 100% compliance is obtained and maintained for two</p>	10/30/2013			

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	<p>about it and finally said something" to the nurse about receiving the ear drops. He indicated he recalled that several months prior to this, he had been seen by the ENT and had received an order to receive ear drops for wax build-up, which was done at that time. He indicated he said something, around noon, after he had received the ear drops that morning, to the administering nurse. He indicated the nurse, at that point, indicated to him that she had made a mistake in administering the ear drops earlier in the morning. The resident did not recall any untoward problems as a result of the error.</p> <p>A copy of a document, entitled, "Medication Error Report," dated 10-17-13 was provided by the facility. This document indicated LPN #1 had administered Debrox ear drops to Resident #A on 10-15-13 at 8:00 a.m. It indicated, "Ear gtts [drops] given [sign for with] no [physician] order on chart." It indicated the error was discovered by the resident. It indicated the physician was notified of the error on 10-15-13 at 8:15 a.m. and the resident's spouse was notified on 10-16-13 at 10:00 a.m.</p> <p>Review of LPN #1's employee record indicated she was hired on 9-7-10.</p>		<p>consecutive quarters. The audits will be reviewed during the facility's quarterly quality assurance meeting and the plan of correction will be adjusted accordingly if warranted. (See Attachment C). 5. The above corrective measures will be completed on or before October 30, 2013.</p>		

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	<p>Her most recent performance evaluation, dated 9-9-13, rated her work performance as "outstanding." There were no written counseling present in her employee file, except for a "Coaching/Teachable Moment," dated 10-17-13 as a result of the medication error with Resident #A on 10-15-13. This document indicated the employee was counseled to check the MAR (medication administration record) carefully prior to obtaining any medication from the medication cart to administer to a resident. It indicated the employee should remove any medication from the medication cart that has been discontinued or expired before beginning a medication administration pass as a precautionary measure to prevent medication errors. Review of LPN #1's job description, signed by LPN #1 on 1-3-11, indicated, "The Licensed Nurse provides direct and indirect nursing care of the resident, as prescribed by the physician, assuring that care is provided according to established facility standards and policies and in accordance with Federal and State governing regulations."</p> <p><u>Nursing Drug Spectrum 2010</u> indicated, "Best practices for preventing and detecting medication</p>				

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	<p>errors always starts with patient assessment...review the patient's current drug regimen..." prior to administering any medication.</p> <p>This Federal tag relates to Complaint IN00138335.</p> <p>3.1-35(g)(2)</p>			