

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00192739</p> <p>Complaint IN00192739- Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282, F314, F332, F425, and F514.</p> <p>Survey dates: February 9 & 10, 2016</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Census bed type: SNF/NF: 133 Total: 133</p> <p>Census Payor type: Medicare: 14 Medicaid: 96 Other: 23 Total: 133</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on</p>	F 0000		
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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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F 0157 SS=D Bldg. 00	<p>February 17, 2016.</p> <p>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).</p> <p>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</p>			

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	<p>roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify the resident's Primary Care Physician timely for a clarification of a medication when unable to obtain the clarification from the Consulting Physician, related to treatment of a wound infection with an antibiotic, for 1 of 3 residents reviewed for Physician notification in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C's Physician's Orders were reviewed on 02/10/16 at 9:15 a.m. The resident's diagnoses included, but were not limited to, cerebral palsy and epilepsy.</p> <p>The Medication Administration Record, dated 02/2016, indicated the resident's allergies included, Vancomycin, Zosyn, and sulfa antibiotics</p> <p>A Physician's Order, dated 01/25/16, indicated Keflex (antibiotic) 500 mg (milligrams), one tablet three times a day.</p>	F 0157	<p>F157</p> <p>Whatcorrective action(s) will be accomplished for those residents found to have been affectedby the deficient practice.</p> <p>ResidentC had the Primary Physician notified on 2/3/16 that medication was notdelivered timely.</p> <p>How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken.</p> <p>Residents with a change in conditionrelated to delayed delivery of medications have the potential to be affected bythe deficient practice. Residents that havehad a change in condition were reviewed with none found.</p> <p>What measureswill be put into place or what systemic changes will be made to ensure that</p>	03/11/2016

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	<p>Nurses' Notes, dated 01/27/16 at 5 p.m., 01/28/16 at 9:43 a.m., 01/28/16 at 1:28 p.m., 01/29/16 at 8:42 a.m. indicated the Keflex had not been given due to the medication was not delivered by Pharmacy.</p> <p>Nurses' Notes, dated 01/28/16 at 9:43 a.m. and 01/29/16 at 8:42 a.m., indicated the resident's Physician had been notified the Keflex had not been administered.</p> <p>A Nurses' Note, dated 01/29/16 at 11:02, indicated the facility had received a Pharmacy Communication Form and the resident had an allergy to cephalosporins and the Pharmacist was unable to dispense the Keflex until clarified. The note indicated the Consulting Physician had been notified and the facility was waiting for further orders.</p> <p>A Nurses' Note, dated 01/29/16 at 12:59 p.m., indicated the facility was still waiting for clarification orders from the Consulting Physician.</p> <p>Nurses' Notes, dated 02/01/16 at 9:17 a.m. and 02/01/16 at 12:13 p.m. indicated the facility had not received clarification for the Keflex orders from the Consulting Physician.</p>		<p>thedeficient practice does not recur.</p> <p>Nurseswere re-educated regarding the Notification of Change in Resident Health StatusGuideline. Education focused onNotifying the primary physician or medical director if unable to obtain timelyclarification from a consulting physician.</p> <p>How thecorrective action(s) will be monitored to ensure the deficient practice willnot recur, i.e., what quality assurance program will be put into place.</p> <p>Unit managers will continue to complete thechange of condition audit tool 5x/weekly for 6 months. Results of the audit will be reviewed by theDNS or designee to identify any facility trends or patterns. Results will be submitted to QAPI monthly for6 months for review and recommendations.</p> <p>By what datethe systemic changes will be completed? March 11,2016</p>	

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	<p>The Nurses' Note, dated 02/01/16 at 12:30 p.m. indicated the Consulting Physician was notified and reminded of the need for a clarification for the Keflex order. The note also indicated the resident was transferred to the Consulting Physician's office for an appointment.</p> <p>A Nurses' Note, dated 02/02/16 at 8:05 a.m., indicated the facility was still waiting for a clarification for the Keflex order from the Consulting Physician.</p> <p>A Nurses' Note, dated 02/02/16 at 10:18 a.m., indicated the Consulting Physician was notified again for a clarification for the Keflex order.</p> <p>A Nurses' Note, dated 02/03/16 at 11:01 a.m., indicated the Consulting Physician was notified again for clarification of the Keflex order.</p> <p>A Nurses' Note, dated 02/03/16 at 12:15 p.m., indicated the resident's Primary Care Physician was notified for clarification of the Keflex order and the Primary Physician discontinued the Keflex.</p> <p>During an interview on 02/10/16 at 3:27 p.m., Unit Manager #4 indicated the Nurses' should have called the Primary Care Physician after three missed doses.</p>			

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	<p>During an interview on 02/10/16 at 3:51 p.m., the Director of Nursing indicated the resident went to the clinic (Consulting Physician) on 02/01/16 and the facility thought the Consulting physician would have clarified the order then and she had not.</p> <p>A facility policy, titled, "Notification of Change in Resident Health Status", dated 11/11/15, received as current from the Director of Nursing, indicated, "...The center will consult the resident's physician...when there is...A need to alter treatment significantly (ie (example) a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)...Depending on the nursing assessment appropriate notification may be immediate to 48 hours..."</p> <p>During an interview on 02/10/16 at 3:27 p.m., Unit Manager #4 indicated the Nurses' spoke with a Pharmacy Technician and not the Pharmacist and the Pharmacy Technician had not gave the facility a reason why they were not sending the medication to the facility.</p> <p>This Federal tag relates to Complaint IN00192739.</p>			

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F 0282 SS=D Bldg. 00	<p>3.1-5(a)(3)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 observation, record review and interview, the facility failed to follow Physician's Orders and care plans, related to topical creams and ointments for 1 of 3 residents reviewed for Physician's Orders and care plans in a total sample of 3. (Resident #D)</p> <p>Finding Includes:</p> <p>Resident #D was observed on 02/09/16 at 11:21 a.m., while care was being completed by CNA #2 and LPN #3. The resident's buttocks, peri-area, and inner upper thighs were pink in color. LPN #3 indicated the resident was excoriated.</p> <p>Resident #D's record was reviewed on 02/10/16 at 11:26 a.m. The resident's diagnoses included, but were not limited</p>	F 0282	<p>F282 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The facility is unable to correct the alleged deficient practice for resident D. 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. All residents with orders for skin treatments i.e. creams and ointments have the potential to be affected by the alleged deficient practice. All residents with orders for skin treatments had MARS and TARS reviewed for necessity of continued treatment. Facility audited all Care Plans and Physician Orders to ensure they are being followed and necessary</p>	03/11/2016	

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	<p>to cervical vertebrae fractures and diabetes mellitus.</p> <p>A care plan, dated 01/03/16, indicated the resident had excoriation under the breast, abdominal folds, peri-area, and buttock. The interventions included treatments as ordered.</p> <p>The Physician's Recapitulation Orders, dated 01/2016, indicated on 01/02/13 an order for Calmoseptine Ointment (barrier ointment) was to be applied to the bilateral buttock and peri-area every shift for excoriation. The orders also indicated Nystatin cream (anti-fungal) was to be applied to the abdominal folds and under the bilateral breast every shift for excoriation.</p> <p>The Medication Administration Record (MAR), dated 02/2016, indicated by no initials and checks, the Calmoseptine had not been applied as ordered to the buttocks and peri-area, on 02/01/16 on evening and nights, 02/02/16 on evenings, 02/03/16 on days, 02/05/16 on nights, 02/06/16 on evenings, and 02/07/16 on evenings and nights.</p> <p>The MAR, dated 02/2016, indicated by no initials and checks, the Nystatin cream had not applied as ordered to the abdominal folds and under the breasts on</p>		<p>corrections were made to Care Plans What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Nurses will be re-educated regarding following physician orders and plan of care and completing documentation on emar/etar to indicate plan of care is followed. 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 into place.</p> <p>Medication Administration Audit Report will be run by Unit managers 5x weekly x 6 months to ensure documentation is completed on emar/etar to support that the plan of care is being followed. Results of the audit will be reviewed by the DNS or designee to identify any facility trends or patterns. Results will be submitted to QAPI monthly for 6 months for review and recommendations.</p> <p>By what date the systemic changes will be completed? March 11, 2016</p>	

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F 0314 SS=G Bldg. 00	<p>02/01/16 on evening and nights, 02/02/16 on evenings, 02/03/16 on days, 02/05/16 on nights, 02/06/16 on evenings, and 02/07/16 on evenings and nights.</p> <p>During an interview on 02/10/16 at 1:25 p.m., Unit Manager #4 indicated the Calmoseptine and Nystatin had not been marked to indicate the treatment had been completed.</p> <p>This Federal tag relates to Complaint IN00192739.</p> <p>3.1-35(g)(2)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical</p>			

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	<p>condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents with pressure ulcers received necessary treatment and services to promote healing, related to pressure areas observed without dressings and treatments applied as ordered by the Physician for 2 of 3 residents with pressure ulcers in a total sample of 3. The facility also failed to provide the correct treatment for a pressure area, as ordered by the Physician for Resident #D. Resident #D's pressure wounds increased in numbers and deteriorated. (Residents #C and #D)</p> <p>Findings include:</p> <p>1. Resident #D was observed on 02/09/16 at 11:21 a.m., while care was being completed by CNA #2 and LPN #3. The resident's coccyx area was pink and there were two small superficial open areas on the left buttocks. CNA #2 indicated she had just gotten the resident out of bed and the resident had no dressing on the open areas when she got her up. LPN #2 indicated the resident</p>	F 0314	<p>F314 Whatcorrective action(s) will be accomplished for those residents found to have been affectedby the deficient practice. Facilityis unable to correct the alleged deficient practice for resident D. Resident C had the tx areas clarified withthe wound clinic on 2/9/16. How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken. All residents with pressure ulcershave the potential to be affected by the alleged deficient practice. All residents with pressure ulcers will be assessed to ensure the correct treatment is in place. All residents with pressure ulcers will have theirorders and skin sheets reviewed to ensure the location listed in the order andon the skin sheet match the specific location of the wound. Any resident who attends the wound clinicwill have documentation reviewed to ensure wound clinic documentation of sitematches facility documentation. What measureswill be put into place or what systemic changes</p>	03/11/2016

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	<p>had no order for a dressing on the open areas on the left buttock. LPN #2 applied Calmoseptine cream (barrier cream) to the resident's left buttocks, coccyx area, and peri-area after CNA #2 provided incontinence care.</p> <p>Resident #D's record was reviewed on 02/10/16 at 11:26 a.m. The resident's diagnoses included, but were not limited to cervical vertebrae fractures and diabetes mellitus.</p> <p>The Physician's Recapitulation Order, dated 01/2016, indicated 01/13/16 an order was received to apply a Tegaderm Alginate Dressing Pad (wound dressing) to the left buttock every evening shift.</p> <p>The Medication Administration Record (MAR), dated 02/2016, indicated by initials and checks, the Tegaderm dressing pad had been applied on the evening shift on 02/03/16, 02/04/16, 02/05/16, 02/08/16, and 02/09/16. The MAR indicated, due to no initials and checks, the treatment had not been completed on 02/01/16, 02/02/16, 02/06/16, and 02/07/16.</p> <p>The resident was seen at the Wound Clinic on 02/02/16, the measurement of the left buttock wound was 3 centimeters (cm) by 2 cm with a depth of 0.1 cm.</p>		<p>will be made to ensure that the deficient practice does not recur. Residents with orders for dressing will have orders initiated to check placement of the dressing every shift. Nurses will be educated to check placement of dressings every shift. CNA staff will be re-educated to notify the nurse if a resident has an open area without a treatment in place. Nurses will be re-educated regarding following physician orders and plan of care and completing documentation to verify treatment was completed as ordered. Nurses will be re-educated to clarify with the wound clinic any discrepancy in wound location. 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 into place.</p> <p>Medication Administration Audit Report will be run by Unit manager 5x weekly for 6 months ensure documentation is completed to verify treatments are completed. Pressure Ulcer Audit will be completed by Unit Managers to 3x weekly for 6 months covering all three shifts to ensure the deficient practice does not recur. Results of the audit will be reviewed by the DNS or designee to identify any</p>		

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	<p>Additional Orders included, specialty bed/mattress, turn every 2 hours, and avoid position directing pressure to wound site.</p> <p>The resident was seen at the Wound Clinic on 02/08/16, the measurement to of the left buttock wound was 0.2 cm by 0.2 cm with a depth of 0.1. The status was, "Not Healed". Additional orders included, cleanse wound with saline.</p> <p>A Nurses' Progress Note, Change of Condition form, dated 02/10/16 at 3:27 p.m., indicated, "...Deterioration of wound to bilateral buttocks. Open area noted to coccyx measures 0.2 (cm) x (by) 0.1 x 0.1, pink in color. Wound to left buttock, red, peeling, denuded (skin gone) area measures 3.0 (cm) x 2.0 x 0.1, with surrounding with redness measuring 5.0 (cm) x 3.0. Wound to rt (right) buttock, red peeling denuded area measures 3.2 (cm) x 1.2 x 0.1 with open area to inner aspect of wound measuring 0.2 (cm) x 0.4 x 0.1. Area is pink...N/O (new order) rec'd (received) for Maxsorb AG (wound dressing) to rt (right) buttock and coccyx..."</p> <p>During an interview on 02/10/16 at 1:25 p.m., Unit Manager #4 indicated there were no orders for treatment for the open areas when the resident came back from</p>		<p>facility trends or patterns.</p> <p>Results will be submitted to QAPI monthly for 6 months for review and recommendations.</p> <p>By what date the systemic changes will be completed?</p> <p>March 11, 2016</p>	

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	<p>the Wound Clinic.</p> <p>2. During an observation on 02/09/16 at 1:32 p.m., CNA #5, CNA #6, and Unit Manager #4, transferred Resident #C from the chair to the bed with the mechanical lift. Resident #C's pressure wounds were observed once the resident was in bed. The resident had a dressing on his left hip/buttock, which was dated 02/02/16. Unit Manager #4 indicated this had to be an incorrect date because the resident had been to the Wound Clinic on 02/09/16 and the Wound Clinic must have misdated the dressing. The left hip/buttock area had pink fresh skin without an open area, when the dressing was removed.</p> <p>CNA #5 and #6 indicated they had not transferred the resident from the bed to the chair, so they were unsure if the resident had a dressing on when he was gotten out of bed.</p> <p>The resident had an open area on his left sacral area. The open area had no dressing covering the area.</p> <p>There was a dressing covering the open area on the right buttock/hip area.</p> <p>LPN #1 indicated there was no treatment ordered for the left sacral open area.</p>			

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	<p>Resident #C's Physician's Orders were reviewed on 02/10/16 at 9:15 a.m. The resident's diagnoses included, but were not limited to, cerebral palsy and epilepsy.</p> <p>A Physician's Order, dated 01/20/16, indicated Silver Alginate dressing (wound treatment) every night shift on Monday, Wednesday, and Friday night to the right and left buttock and sacral area and apply skin protectant to the surrounding skin, and cover with a dry dressing.</p> <p>The Medication Administration Record, dated 02/2016, indicated the Silver Alginate dressing treatment had been completed on February 1, 3, 5, and 8, 2016.</p> <p>The Wound Clinic Progress Note, dated 02/08/16, indicated the left buttock was chronic, not healed and measured 1/2 (cm) by 0.5 cm by 0.1 and was improving with no signs of infection.</p> <p>During a telephone interview, on 02/09/16 at 2:12 p.m., the Wound Physician indicated the resident had an open area in the sacral area found on 01/20/16, which measured 0.5 cm by 0.4 cm by 0.99 cm. The Wound Physician</p>			

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	<p>indicated the sacral wound was healed on 01/25/16 and when the resident was seen on 02/08/16 there was no sacral wound. The Physician indicated the right hip wound measured 0.5 (cm) by 1.0 by 1.2 and was undermining up to 2.5 cm and was infected. The Physician indicated the wounds were recurrent and chronic.</p> <p>During an interview with Unit Manager #4, on 02/09/16 at 2:32 p.m., she indicated the measurements on the Wound Clinic Progress Notes on 1/20/16 indicated the resident had pressure areas on his right buttock, left buttock and sacral area, on 01/25/16, the Wound Clinic documented the area on the right buttock and left buttock continues and the sacral area was healed. She indicated the Wound Clinic may have labeled the sacral wound as the left buttock on this dated, since the wound on the left hip/buttock area had been healed.</p> <p>During an interview on 02/10/16 at 9:49 a.m., Unit Manager #4 indicated through an investigation for the open areas, talking with the Wound Clinic, and looking at the pictures of the areas, the Wound Clinic, beginning 01/25/16 identified the area on the left sacral area as the left buttock area. Unit Manager #4 also indicated the dressing on the left hip/buttock area should not have been on.</p>			

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F 0332 SS=D Bldg. 00	<p>She indicated the wound on the sacral/left buttock had not been identified by the facility prior to the resident going to the Wound Clinic on 01/20/16. She called the Night Shift CNA and Nurse to inquire if a dressing had been placed on the area of the left sacral/buttock area on 02/08-02/09/16 night shift, and they had not called her back.</p> <p>This Federal tag relates to Complaint IN00192739.</p> <p>3.1-40(a)(1)</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. Based on observation, record review, and interview, the facility failed to ensure a medication error rate of less than 5% for 2 of 5 residents observed during 4 medication pass observations. Two errors in medications were observed during 27 opportunities for errors in medication</p>	F 0332	<p>F332 Whatcorrective action(s) will be accomplished for those residents found to have been affectedby the deficient practice.</p> <p>ResidentC & E, the facility was unable to correct</p>	03/11/2016

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	<p>administration. This resulted in a medications error rate of 7.40%. (Residents #C and #E)</p> <p>Findings include:</p> <p>1. During a medication administration observation, on 02/10/16 at 8:06 a.m., LPN #1 prepared Resident #C's medication, which included, Deep Sea Nasal Spray (nasal dryness).</p> <p>LPN #1 administered the oral medications, then administered one spray of Deep Sea Nasal Spray in each nostril.</p> <p>Resident #C's Physician's Orders were reviewed on 02/10/16 at 9:15 a.m. The resident's diagnoses included, but were not limited to, cerebral palsy and epilepsy.</p> <p>A Physician's Recapitulation Order, dated 01/2016, indicated Deep Sea Nasal Spray Solution, one spray, alternating nostrils two times a day for nasal dryness.</p> <p>The Medication Administration Record, dated 02/2016, indicated Deep Sea Nasal Spray Solution, one spray, alternating nostrils two times a day for nasal dryness.</p> <p>During an interview on 02/10/16 at 10:17 a.m., LPN #1 stated, " I thought it was</p>		<p>the alleged deficient practice.</p> <p>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.</p> <p>All residents on C wing have the potential to be affected by the alleged deficient practice. DCE completed medication competency with LPN#1.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Nurses will be re-educated on the Medication administration Preparation and Guidelines with focus on the Rights of Med Administration.</p> <p>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 into place.</p> <p>DCE or designee will complete medication pass competency 3x weekly x 4 weeks, weekly x 4 weeks and then monthly for a total of 6</p>	

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	<p>both nostrils."</p> <p>2. During a medication administration observation on 02/10/16 at 8:54 a.m., LPN #1 prepared Resident #E's medication, which included, rifampin (antibiotic) 600 mg (milligrams). The label on the medication card, indicated rifampin 300 mg, give two capsules daily.</p> <p>LPN #1 was observed to remove one capsule from the card and administered all the medications to Resident #E.</p> <p>During an interview on 02/10/16 at 9:06 a.m., LPN #1 indicated she had administered one capsule of rifampin 300 mg to Resident #E.</p> <p>The Physician's Orders were reviewed on 02/10/16 at 10 a.m. A Physician's Order, dated 02/02/16, indicated rifampin capsule, give 600 mg by mouth one time a day.</p> <p>The Medication Administration Record, dated 02/2016, indicated rifampin capsule, give 600 mg by mouth one time a day.</p> <p>A facility policy, dated 05/2012, titled, "Medication Administration-Preparation and General Guidelines", received from</p>		<p>months. Audits will cover all three shifts to ensure the deficient practice does not recur. Results of the audit will be reviewed by the DNS or designee to identify any facility trends or patterns. Results will be submitted to QAPI monthly for 6 months for review and recommendations.</p> <p>By what date the systemic changes will be completed? March 11, 2016</p>	

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F 0425 SS=D Bldg. 00	<p>the Director of Nursing as current, indicated, "...FIVE RIGHTS-Right resident, right drug, right dose, right route and right time, are applied for each medication being administered...Prior to administration, the medication and dosage schedule on the resident's medication administration record (MAR) are compared with the medication label..."</p> <p>This Federal tag relates to Complaint IN00192739.</p> <p>3.1-25(b)(9) 3.1-48(c)(2)</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH 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>			

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	<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 record review and interview, the facility failed to ensure a resident received timely pharmaceutical services, related to the Pharmacy not notifying the facility in a timely manner for reasons why a medications was not being dispensed from the Pharmacy, related to an antibiotic order, for 1 of 3 residents reviewed for medications in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C's Physician's Orders were reviewed on 02/10/16 at 9:15 a.m. The resident's diagnoses included, but were not limited to, cerebral palsy and epilepsy.</p> <p>The Medication Administration Record, dated 02/2016, indicated the resident's allergies included, Vancomycin, Zosyn, and sulfa antibiotics</p>	F 0425	<p>F425</p> <p>Whatcorrective action(s) will be accomplished for those residents found to have been affectedby the deficient practice.</p> <p>Pharmacynotified the facility on 1/29/16 of the reason medication would not bedispensed for resident C. Unable tocorrect the date the pharmacy notified the facility.</p> <p>How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken.</p> <p>Residents with new orders formedications have the potential to be affected by the alleged deficientpractice. Consultingpharmacist was notified on 2/25/16 of alleged deficient practice. Allresidents</p>	03/11/2016

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	<p>A Physician's Order, dated 01/25/16, indicated Keflex (antibiotic) 500 mg (milligrams), one tablet three times a day.</p> <p>A Nurses' Note, dated 01/27/16 at 5 p.m., indicated the Keflex had not been given due to the medication was not delivered by Pharmacy.</p> <p>A Nurses' Note, dated 01/28/16 at 9:43 a.m., indicated the Keflex had not been given due to not delivered from the Pharmacy. The note indicated the order was re-faxed to the Pharmacy and the Nurse spoke with the Pharmacy Technician.</p> <p>A Nurses' Note, dated 01/28/16 at 1:28 p.m., indicated the Keflex was for the resident's wounds, had still not been delivered to the facility, the Pharmacy was called and the order was re-faxed.</p> <p>A Nurses' Note, dated 01/29/16 at 8:42 a.m., indicated the Keflex had still not been delivered to the facility, the Pharmacy was notified again and the order was re-faxed.</p> <p>A Nurses' Note, dated 01/29/16 at 11:02, indicated the facility had received a Pharmacy Communication Form and the resident had an allergy to cephalosporins and the Pharmacist was unable to</p>		<p>with new orders in the past 2 weeks will be reviewed to ensure themedication has been dispensed timely by pharmacy. Any resident missing a medication will havethe pharmacist notified to ensure delivery.</p> <p>What measureswill be put into place or what systemic changes will be made to ensure that thedeficient practice does not recur.</p> <p>Nurseswill be re-educated on pharmacy ordering procedureds. Nurses will be re-educated regardingcommunication with pharmacist and unit manager for any delay in receivingmedication. By Unit man</p> <p>How thecorrective action(s) will be monitored to ensure the deficient practice willnot recur, i.e., what quality assurance program will be put into place.</p> <p>MedicationAdministration Audit Report will be run by Unit Managers 5x weekly for 6 monthsto ensure medications are being dispensed from pharmacy in a timelymanner. Results of the audit will be</p>	

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F 0514 SS=D Bldg. 00	<p>dispense the Keflex until clarified.</p> <p>During an interview on 02/10/16 at 3:27 p.m., Unit Manager #4 indicated the Nurses' spoke with a Pharmacy Technician and not the Pharmacist and the Pharmacy Technician had not gave the facility a reason why they were not sending the medication to the facility.</p> <p>This Federal tag relates to Complaint IN00192739.</p> <p>3.1-25(a)</p> <p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record</p>		<p>reviewed by the DNS or designee to identify any facility trends or patterns. Results will be submitted to QAPI monthly for 6 months for review and recommendations.</p> <p>By what date the systemic changes will be completed? March 11, 2016</p>	

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	<p>of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure resident records were accurate, related to documenting a medication was administered, when the medication had not been administered, for 1 of 3 residents reviewed for medical records in a total sample of 3. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's Physician's Orders were reviewed on 02/10/16 at 9:15 a.m. The resident's diagnoses included, but were not limited to, cerebral palsy and epilepsy.</p> <p>A Physician's Order, dated 01/25/16, indicated Keflex (antibiotic) 500 mg (milligrams), one tablet three times a day.</p> <p>A Nurses' Note, dated 01/27/16 at 5 p.m., 01/28/16 at 9:43 a.m., and 01/28.16 at 1:28 p.m., indicated the Keflex had not been given due to the medication was not delivered by Pharmacy.</p> <p>A Nurses' Note, dated 01/29/16 at 8:42 a.m., indicated the Keflex had still not been delivered to the facility, the Pharmacy was notified again and the</p>	F 0514	<p>F514</p> <p>Whatcorrective action(s) will be accomplished for those residents found to have been affectedby the deficient practice.</p> <p>Thefacility is unable to correct the alleged deficient practice for residentC.</p> <p>How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken.</p> <p>Residents who's medications havebeen delayed or are not present in the facility have the potential to beaffected by the alleged deficient practice. Resident' will have emar reviewed to ensure accurate documentation.</p> <p>What measureswill be put into place or what systemic changes will be made to ensure that thedeficient practice does not recur.</p> <p>Nurseswill re-educated regarding correct documentation on the emar</p>	03/11/2016

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	<p>order was re-faxed.</p> <p>A Nurses' Note, dated 01/29/16 at 11:02, indicated the facility had received a Pharmacy Communication Form and the resident had an allergy to cephalosporins and the Pharmacist was unable to dispense the Keflex until clarified.</p> <p>A Nurses' Note, dated 01/29/16 at 12:50 p.m., indicated the Keflex was unavailable and the facility was waiting for clarification orders.</p> <p>Nurses' Notes, dated 01/30/16 at 3:50 p.m., 01/31/16 at 4:09 a.m., and 01/31/16 at 11:19 p.m., indicated the resident had received the Keflex and there were no adverse reactions.</p> <p>The Nurses' Notes, dated 02/01/16 at 9:17 a.m. and 12:13 p.m., 02/02/16 at 8:05 a.m., 5:11 p.m., and 2/3/15 at 8:21 a.m., indicated the Keflex had not been given due to a clarification was needed and the medication was not available.</p> <p>The Medication Administration Record, dated 01/2016, indicated by initials and a check mark. the Keflex had been administered to the resident on January 26, 2016 at 9 a.m., 1 p.m., and 5 p.m., January 28 at 5 p.m., January 29 at 5 p.m., January 30, 2016 at 9 a.m., 1 p.m.,</p>		<p>with focus onmedications not available.</p> <p>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 into place.</p> <p>Unit managers will run emar notes 5xweekly auditing for any medication unavailable to ensure accurate emar/etardocumentation so the deficient practice does not recur.</p> <p>. Results of the audit will be reviewed by the DNS or designee to identify any facility trends or patterns. Results will be submitted to QAPI monthly for 6 months for review and recommendations.</p> <p>By what date the systemic changes will be completed? March 11, 2016</p>	

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	<p>and 5 p.m., January 31, 2016 at 9 a.m., 1 p.m., and 5 p.m., and February 1, 2016 at 5 p.m.</p> <p>During an interview on 02/10/16 at 3:27 p.m., Unit Manager #4 indicated the Keflex had not been given because it was never delivered and the documentation was incorrect.</p> <p>This Federal tag relates to Complaint IN00192739.</p> <p>3.1-50(a)(2)</p>			