

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/10/2016
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NAME OF PROVIDER OR SUPPLIER  FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: May 31, and June 1, 2, 3, 6, 7, 8, 9, 10, 2016</p> <p>Facility Number: 001127 Provider Number: 155771 Aim Number: 200247220</p> <p>Census bed type: SNF: 136 SNF/NF: 49 Residential: 119 Total: 304</p> <p>Census payor source: Medicare: 27 Medicaid: 98 Other: 60 Total: 185</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on June 17, 2016.</p>	F 0000	<p>The statements made on this POC are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the POC. The POC constitutes the facility's allegation of compliance such that the deficiencies cited have been corrected by the date certain.</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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F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure care plans were developed which addressed monitoring for potential side effects with anticoagulant medication usage and with diuretic medication usage for 1 of 5 residents reviewed for unnecessary medication use. (Resident #221)</p> <p>Findings include:</p> <p>The clinical record of Resident #221 was reviewed on 6/7/16 at 10:43 a.m.</p>	F 0279	The licensed nursing staff and all interdisciplinary teammembers understand the importance of having a plan of care that is developed to address the potential side effects regarding anticoagulant medication usage and with diuretic medication. During the annual survey the survey team identified the facility was out of compliance with regulation F279. One (1) out of five (5) residents was found to be lacking a care plan to address the potential side effects of an anticoagulant and a diuretic. All	07/01/2016

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	<p>Diagnoses included, but were not limited to, high blood pressure and atrial fibrillation.</p> <p>a) A physician's order dated 5/20/16, indicated Resident #221 was to receive 7.5 mg (milligrams) of Coumadin 2 days per week, and 5 mg of Coumadin 5 days per week. The resident had been on this medication, with several dose adjustments, since 10/11/15. Coumadin is an anticoagulant medication used to help prevent the blood from becoming too thick and forming clots. The Nursing 2014 Drug Handbook indicates residents taking Coumadin should be monitored regularly for side effects, which include but are not limited to, bruising and bleeding.</p> <p>A care plan for Resident #221 needing to be monitored and being at risk for these side effects was not found in the resident's record.</p> <p>b) A recapitulated physician's order for June, 2016, with an original order date of 10/2/15, indicated Resident #221 was to receive Lasix, 40 mg, daily. Lasix is a diuretic medication given to help get rid of extra fluid in the body, and can be used to treat high blood pressure. The Nursing 2014 Drug Handbook indicates a potential side effect of Lasix is</p>		<p>residents with orders to receive anticoagulants and diuretics have the potential to have an omission of a plan of care to address side effects for these medications.</p> <p>1. Resident #221 had a plan of care in place prior to the completion of the annual survey addressing the potential side effects of both an anticoagulant and a diuretic.</p> <p>2. All Residents who are admitted will be reviewed to see if the usage of an anticoagulant or a diuretic is applicable. The applicable residents will be monitored following admission until the completion of the plan of care to ensure that a care plan addressing potential side effects is present.</p> <p>3. All Residents who are receiving an anticoagulant and/or a diuretic will be reviewed to ensure a plan of care is present in their care plan to address the usage of one or both of these medications.</p> <p>4. Following the date certain a monthly review will be completed on all residents receiving either an anticoagulant and/or a diuretic to ensure a plan of care regarding the usage of an anticoagulant and/or a diuretic is in place. This will occur monthly for a quarter, then biannually thereafter.</p> <p>5. Unit managers or designee will conduct these audits and submit their findings to the</p>				

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F 0282 SS=D Bldg. 00	<p>dehydration.</p> <p>A care plan for the resident needing to be monitored for signs and symptoms of dehydration was not found in the resident's record.</p> <p>On 6/7/16 2:54 p.m., Unit Manager #3 indicated she was not able to find any care plans which addressed Resident #221's need to be monitored for signs and symptoms of bleeding and dehydration, while receiving Coumadin and Lasix. She indicated these care plans should have been developed.</p> <p>3.1-35(a)</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>Base on record review and interview, the facility failed to ensure a resident's care plan was followed regarding offering alternative interventions to relieve a resident's anxiety prior to administering an as needed anti-anxiety medication for 1 of 5 residents reviewed for implementation of psychotropic</p>	F 0282	<p>Quality Improvement Committee for further recommendations if necessary.</p> <p>6.The Director of Nursing or designee is responsible for assuring date presentation. Substantial Compliance Date: July 1, 2016</p> <p>The licensed nursing staff and all interdisciplinary team members understand the importance of following the plan of care regarding offering alternative interventions to relieve a resident's anxiety prior to administering an as needed anti-anxiety medication. During the annual survey the survey</p>	07/06/2016			

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	<p>medication care plans. (Resident #114)</p> <p>Findings include:</p> <p>The clinical record of Resident #114 was reviewed on 6/7/16 at 4:00 p.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease and anxiety disorder.</p> <p>A recapitulated physician's order for June, 2016, with an original order date of 3/7/16, indicated Resident #114 could receive Ativan 1 mg (milligram) every 6 hours as needed for anxiety.</p> <p>A care plan dated 3/26/13, current through 8/10/16, indicated Resident #114 had a diagnosis of anxiety. Interventions included attempt to console, support, reassure resident, offer snack or drink, bathroom break, move to quiet area, validation of feelings, alternate care giver, discuss golf and resident's best game, call daughter or son, walk with resident, take outside to patio, administer medications per physician's order.</p> <p>Medication Administration Records (MAR) for April, 2016, indicated Resident #114 was given Ativan for, "[increased] anxiety," on the 3rd at 12:00 a.m. and 2:00 p.m., and on the 8th at 2:00 p.m. No documentation was found in the</p>		<p>teamidentified the facility was out of compliance with regulation F282. One (1) out of five (5) residents was foundto be lacking documentation to indicate alternative interventions were offeredprior to administering an anti-anxiety medication. All residents who receive an as neededpsychotropic medication have the potential to have this documentationlacking.</p> <p>1.Resident #114 was administered doses of an as neededmedication for anxiety in the month of April and May. According to the plan of care severalalternative interventions are indicated. No documentation was recorded to indicate facility staff attempted thealternative interventions prior to administering the anti-anxiety. All staff responsible for the care ofResident #114 were educated regarding ensuring alternative interventions prior to an as needed medication must be offered and documented.</p> <p>2.Licensed nursing staff will all be educated regardingthe importance of attempting alternative interventions and documenting themprior to administering a psychotropic medication.</p> <p>3.All Residents who have orders for an as neededpsychotropic will be reviewed to ensure a plan of care is present withalternative interventions to be completed</p>	

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	<p>resident's record which indicated any alternative interventions to decrease her anxiety had been attempted prior to administering the Ativan.</p> <p>The MAR for May, 2016, indicated the resident was given Ativan on May 1 at 12:00 a.m., May 5 at 12:00 a.m., May 7 at 11:00 p.m., May 9 at 3:00 p.m., and May 21 at 3:30 a.m. No documentation was found in the resident's record which indicated any alternative interventions to decrease her anxiety had been attempted prior to administering the Ativan.</p> <p>On 6/7/16 at 5:16 p.m., Unit Manager #4 indicated she was unable to find any documentation which indicated alternative interventions were offered prior to giving Resident #114 the Ativan. The Unit Manager indicated the nurses are always supposed to offer alternative interventions prior to giving the as needed Ativan and should document the interventions attempted and the results.</p> <p>3.1-35(g)(2)</p>		<p>prior to administering an as needed medication.</p> <p>4. Monthly audits will be completed for all residents to ensure the documentation is present that alternative interventions were attempted prior to administering an as needed psychotropic medication for the first quarter, then quarterly after the completion of that.</p> <p>5. Unit managers or designee will conduct these audits and submit their findings to the Quality Improvement Committee for further recommendations if necessary.</p> <p>6. The Director of Nursing or designee is responsible for assuring date presentation.</p> <p>Substantial Compliance Date: July 6, 2016</p>	

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F 0329 SS=D Bldg. 00	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Base on record review and interview, the facility failed to ensure alternative interventions were attempted to relieve a resident's anxiety prior to administering an anti-anxiety medication for 1 of 5 residents reviewed for unnecessary medication use. (Resident #114)</p> <p>Findings include:</p> <p>The clinical record of Resident #114 was reviewed on 6/7/16 at 4:00 p.m. Diagnoses for the resident included, but</p>	F 0329	The licensed nursing staff and all interdisciplinary teammembers understand the importance of not utilizing medication that is necessary to treat the resident. During the annual survey the survey team identified the facility was out of compliance with regulation F329. One (1) out of five (5) residents was found to be lacking documentation to indicate alternative interventions were offered prior to administering an anti-anxiety medication. All residents who receive an as needed psychotropic medication	07/06/2016

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	<p>were not limited to, Alzheimer's disease and anxiety disorder.</p> <p>A recapitulated physician's order for June, 2016, with an original order date of 3/7/16, indicated Resident #114 could receive Ativan 1 mg (milligram) every 6 hours as needed for anxiety.</p> <p>A care plan dated 3/26/13, current through 8/10/16, indicated Resident #114 had a diagnosis of anxiety. Interventions included attempt to console, support, reassure resident, offer snack or drink, bathroom break, move to quiet area, validation of feelings, alternate care giver, discuss golf and resident's best game, call daughter or son, walk with resident, take outside to patio, administer medications per physician's order.</p> <p>Medication Administration Records (MAR) for April, 2016, indicated Resident #114 was given Ativan for, "[increased] anxiety," on the 3rd at 12:00 a.m. and 2:00 p.m., and on the 8th at 2:00 p.m. No documentation was found in the resident's record which indicated any alternative interventions to decrease her anxiety had been attempted prior to administering the Ativan.</p> <p>The MAR for May, 2016, indicated Resident #114 was given Ativan on May</p>		<p>have the potential to have this documentation lacking.</p> <p>1. Resident #114 was administered doses of an as needed medication for anxiety in the month of April and May. According to the plan of care several alternative interventions are indicated. No documentation was recorded to indicate facility staff attempted the alternative interventions prior to administering the anti-anxiety. All staff responsible for the care of Resident #114 was educated regarding ensuring alternative interventions prior to an as needed medication must be offered and documented.</p> <p>2. Licensed nursing staff will all be educated regarding the importance of attempting alternative interventions and documenting them prior to administering a psychotropic medication.</p> <p>3. All Residents who have orders for an as needed psychotropic will be reviewed to ensure a plan of care is present with alternative interventions to be completed prior to administering an as needed medication.</p> <p>4. Monthly audits will be completed for all residents to ensure the documentation is present that alternative interventions were attempted prior to administering an as needed psychotropic medication for the first quarter, then quarterly</p>	

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F 0441 SS=D Bldg. 00	<p>1 at 12:00 a.m., May 5 at 12:00 a.m., May 7 at 11:00 p.m., May 9 at 3:00 p.m., and May 21 at 3:30 a.m. No documentation was found in the resident's record which indicated any alternative interventions to decrease her anxiety had been attempted prior to administering the Ativan.</p> <p>On 6/7/16 at 5:16 p.m., Unit Manager #4 indicated she was not able to find any documentation alternative interventions had been attempted prior to giving Resident #114 the Ativan. The Unit Manager indicated the nurses are always supposed to offer alternative interventions prior to giving the as needed Ativan, and should document the interventions attempted and the results.</p> <p>3.1-48(a)(4)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an</p>		<p>after the completion of that.</p> <p>5. Unit managers or designee will conduct these audits and submit their findings to the Quality Improvement Committee for further recommendations if necessary.</p> <p>6. The Director of Nursing or designee is responsible for assuring date presentation. Substantial Compliance Date: July 6, 2016</p>	

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	<p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and interview, the facility failed to ensure medication was administered in a sanitary manner for 1 of 8 residents observed for medication administration. (Resident #169)</p>	F 0441	The licensed nursing staff and all interdisciplinary teammembers understand the importance of establishing and maintaining an InfectionControl Program designed to provide a safe,	07/01/2016

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	<p>Findings include:</p> <p>During an observation on 6/8/16 at 11:15 a.m., Registered Nurse (RN) #4 was observed to drop Resident #169's calcium tablet onto a paper on top of the medication cart. RN #4 then used an ungloved finger and medication card to pick up the tablet and place into a medication cup and proceeded to administer the same medication tablet to Resident #169.</p> <p>During an interview on 6/9/16 at 10:01 a.m., the Director of Nursing (DON) indicated it is policy for the staff to not administer medications touched by ungloved hands or that have touched items outside of a medication cup.</p> <p>On 6/9/16 at 12:20 p.m., the DON provided the policy Administration of Medications dated 6/9/06, and indicated the policy was the current one used by the facility. The policy lacked information regarding dropping or touching medications.</p> <p>3.1-18(a)</p>		<p>sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. During the annual survey the survey team identified the facility was out of compliance with regulation F441. One (1) licensed nurse, while administering medication to one (1) out of eight (8) residents, was observed to touch a pill with an ungloved finger.</p> <p>1. Staff Member #4 was counseled and educated on the day of the occurrence.</p> <p>2. Staff Member #4 will complete additional education on Infection Control.</p> <p>3. All licensed nurses and QMAs have the potential to be non-compliant with the facility's policy for Infection Control. All licensed nursing staff and QMA's will continue to receive on-going education regarding Infection Control.</p> <p>4. Monthly audits will be completed by the Risk Manager and/or designee to monitor licensed nursing staff and QMAs who administer medications to ensure good Infection Control is being followed.</p> <p>5. Risk Manager and Unit managers or designee will conduct these audits and submit their findings to the Quality Improvement Committee for further recommendations if necessary.</p>		

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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Residential census: 119 Sample: 8</p> <p>Franklin United Methodist Community Residential was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Q.R. completed by 14466 on June 17, 2016.</p>	R 0000	<p>6. The Director of Nursing or designee is responsible for assuring date presentation. Substantial Compliance Date: July 1, 2016</p> <p>The statements made on this POC are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the POC. The POC constitutes the facility's allegation of compliance such that the deficiencies cited have been corrected by the date certain.</p>	