

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2015
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NAME OF PROVIDER OR SUPPLIER APERION CARE TOLLESTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00173090.</p> <p>Complaint IN00173090-Substantiated. State and Federal deficiencies related to the allegations are cited at F282 and F425.</p> <p>Survey dates: May 29, 20 & 21, 2015.</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 20064830</p> <p>Census bed type: SNF/NF: 108 Total: 108</p> <p>Census Payor type: Medicare: 16 Medicaid: 83 Other: 09 Total: 108</p> <p>Sample: 9</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		

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 282 SS=D Bldg. 00	<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 observation, interview, and record review, the facility failed to follow a Physician's Order and a resident's care plan, related to a pain medication, for 1 of 3 residents reviewed for pain, in a total sample of 9. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C's record was reviewed on</p>	F 282	<p>F 282</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of</i></p>	06/05/2015

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	<p>05/19/15 at 10:50 a.m. The resident's diagnoses included, but were not limited to arthritis and hypertension. The resident was a re-admission into the facility on 03/10/15.</p> <p>A Physician's Order, dated 03/10/15 at 5:09 p.m., indicated an order for Ultram Tablet (pain medications, controlled class four), 50 milligrams (mg) one tablet twice a day for pain.</p> <p>A Pain Screen, dated 03/10/15, indicated the resident was on routine medications for pain, the frequency of pain was documented as daily, the intensity of the pain was moderate, and the resident had pain with movement.</p> <p>A care plan, initiated 04/19/12, indicated the resident had a potential for pain related to arthritis. The interventions included, "Administer medications as ordered..."</p> <p>The Medication Administration Record (MAR), dated 03/15, indicated the Ultram was scheduled for 6 a.m. and 6 p.m. daily. The MAR indicated the resident had not received the Ultram on 03/11/15 at 6 p.m., 03/12/15 at 6 a.m. and 6 p.m., and 03/13/15 at 6 a.m. and 6 p.m.</p> <p>The Progress Notes, dated 03/11/15 at</p>		<p><i>compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident #C medication audit completed and all medications ordered are available</p> <p>2) How the facility identified other residents:</p> <p>All residents' medications were audited for availability</p>		

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	<p>8:21 p.m., 03/12/15 at 7:31 p.m., 03/13/15 at 5:27 a.m. and 8:45 p.m., indicated the Ultram had not been available and had not been administered as ordered by the Physician.</p> <p>During an interview on 05/20/15 at 9:41 a.m., the RN Corporate Consultant indicated the Physician's Order had been faxed to the Pharmacy but the Ultram required Physician authorization. She indicated the Physician had an "Agent" who could authorize the medication for the Physician, until a written prescription could be obtained. She indicated the Agent was the Assistant Director of Nursing (ADoN).</p> <p>During an interview on 05/20/15 at 1:02 p.m. the Director of Nursing (DoN) indicated the Emergency Drug Kit (EDK) contained Ultram and the staff should have called and received verbal approval to remove the Ultram from the EDK until a written prescription could be obtained from the Physician.</p> <p>During an observation on 05/21/15 at 10:37 a.m. with the Unit Manager present, the EDK, which was stored in a locked compartment in a locked Medication Cart on the South Unit, contained 12 Ultram 50 mg tablets.</p>		<p>3) Measures put into place/ System changes:</p> <p>Licensed nurses will be in serviced regarding administration and ordering of medications per doctors' orders.</p> <p>Licensed nurses will be in serviced regarding the use of the EDK for narcotics and what is available in the EDK.</p> <p>Audit will be completed on 5 residents a week for medication availability.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x3</p>	

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F 425 SS=D Bldg. 00	<p>A facility policy, titled, "Controlled Substance Information", dated 05/13, and received as current from the RN Corporate Consultant, indicated, "...THE AGENT AGREEMENT...Restatement requires that the principal (in this context, the DEA-registered individual practitioner) 'manifests assent' for a certain person to act on his or her behalf...CONTROLLED SUBSTANCE SCHEDULE III-V IMPORTANT POINTS...Call the pharmacist directly with a verbal prescription...Agent can call pharmacy with verbal order as long as it has been ordered by the associated physician..."</p> <p>This Federal Tag relates to Complaint IN00173090.</p> <p>3.1-35(g)(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>		<p>Months, then quarterly x1 for a total of 6 months.</p> <p>5) Date of compliance: 06/05/15</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.</p> <p>Based on record review and interview, the facility failed to ensure a medication was obtained for a resident, related to a pain medication not available to administer to a resident as ordered by the resident's Physician, for 1 of 3 residents reviewed for pain in a total sample of 9. (Resident #C)</p> <p>Finding includes:</p> <p>Resident #C's record was reviewed on 05/19/15 at 10:50 a.m. The resident's diagnoses included, but were not limited to arthritis and hypertension. The resident was a re-admission into the facility on 03/10/15.</p> <p>A Physician's Order, dated 03/10/15 at 5:09 p.m., indicated an order for Ultram Tablet (pain medications, controlled class four), 50 milligrams (mg) one tablet twice a day for pain.</p>	F 425	<p>F 425</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	06/05/2015	

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	<p>A fax acknowledgement to the Pharmacy, dated 03/10/15 at 9:54 p.m., indicated the order for the Ultram tablet 50 mg twice a day had been faxed to the Pharmacy from the facility.</p> <p>The Medication Administration Record (MAR), dated 03/15, indicated the Ultram was scheduled for 6 a.m. and 6 p.m. daily. The MAR indicated the resident had not received the Ultram on 03/11/15 at 6 p.m., 03/12/15 at 6 a.m. and 6 p.m., and 03/13/15 at 6 a.m. and 6 p.m.</p> <p>A Progress Note, dated 03/11/15 at 8:07 p.m., indicated the Ultram was not available and the Pharmacy was made aware.</p> <p>A Progress Note, dated 03/12/15 at 3:07 p.m., indicated, "...Call placed to (Pharmacy Name) to follow up on Tramadol (Ultram) order awaiting return phone call."</p> <p>A Progress Note, dated 03/12/15 at 7:31 p.m., indicated, "Medication Tramadol 50 mg not available at this time. Pharmacy aware.</p> <p>A Progress Note, dated 03/13/15 at 5:27 a.m., indicated, "...Ultram Tablet 50 mg...Medication not available..."</p>		<p>1) Immediate actions taken for those residents identified:</p> <p>Resident #C medication audit completed and all medications ordered are available</p> <p>2) How the facility identified other residents:</p> <p>All residents' medications were audited for availability.</p> <p>3) Measures put into place/ System changes:</p> <p>Licensed nurses will be in serviced regarding administration and ordering of medications per doctors' orders.</p> <p>Licensed nurses will be in serviced regarding the use of the EDK for narcotics and what is available in the EDK.</p>	

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	<p>A Progress Note, dated 03/13/15 at 8:45 p.m., indicated, "medication Tramadol 50 mg not available. Pharmacy notified and aware. Pharmacy stated medication will be arriving with next medication delivery."</p> <p>The MAR, dated 03/15, indicated the Ultram 50 mg, one tablet was started on 03/14/15 at 8 a.m. The MAR indicated the resident had not received five doses of the Ultram 50 mg as ordered by the Physician.</p> <p>During an interview on 05/20/15 at 9:41 a.m., the RN Corporate Consultant indicated the Physician's Order had been faxed to the Pharmacy but the Ultram required Physician authorization. She indicated the Physician had an "Agent" who could authorize the medication for the Physician, until a written prescription could be obtained. She indicated the Agent was the Assistant Director of Nursing (ADoN).</p> <p>During an interview on 05/20/15 at 12:53 p.m., the DoN (Director of Nursing) indicated she had spoke to the Pharmacy and was informed the reason the Ultram 50 mg had not been sent was because the order indicated it had been discontinued. The DoN indicated the order had not</p>		<p>Audit will be completed on 5 residents a week for medication availability.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly x3</p> <p>Months, then quarterly x1 for a total of 6 months.</p> <p>5) Date of compliance: 06/05/15</p>	

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	<p>indicated the Ultram had been discontinued. She indicated when the staff had notified the Pharmacy on 03/12/15, the Pharmacy obtained approval for the Ultram from the Agent on 03/13/15 (three days after the order) and then obtained a prescription for the Ultram and the Ultram was filled on 03/13/15. The DoN indicated the Pharmacy delivers medications to the facility twice Monday through Friday's after 12 a.m. and after 12 p.m.</p> <p>A facility policy, titled, "Controlled Substance Information", dated 05/13, and received as current from the RN Corporate Consultant, indicated, "...THE AGENT AGREEMENT...Restatement requires that the principal (in this context, the DEA-registered individual practitioner) 'manifests assent' for a certain person to act on his or her behalf...CONTROLLED SUBSTANCE SCHEDULE III-V IMPORTANT POINTS...Call the pharmacist directly with a verbal prescription...Agent can call pharmacy with verbal order as long as it has been ordered by the associated physician..."</p> <p>This Federal Tag relates to Complaint IN00173090.</p> <p>3.1-25(a)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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