

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155759	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2012
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NAME OF PROVIDER OR SUPPLIER GLEN OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 601 W CR 200 S NEW CASTLE, IN 47362
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: June 11, 12, 13, 14, 15, 17, 18, 2012</p> <p>Facility number: 011187 Provider number: 155759 AIM number: 200838150</p> <p>Survey team: Angel Tomlinson RN TC Leslie Parrett RN Sharon Lasher RN Barbara Gray RN [June 12, 13, 14, 15, & 17 2012]</p> <p>Census Bed Type: SNF/NF: 26 SNF: 26 Residential: 28 Total: 80</p> <p>Census Payor Type: Medicare: 17 Medicaid: 19 Other: 44 Total: 80</p> <p>Residential sample: 5</p> <p>These deficiencies also reflect State</p>	F0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Annual Recertification and State Licensure Survey on June 18, 2012. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	

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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	findings cited in accordance with 410 IAC 16.2. Quality review completed 6/20/12 Cathy Emswiller RN			

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F0282 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 observation, interview, and record review, the facility failed to obtain physician ordered weights for 1 of 1 resident reviewed for physician orders related to dialysis. (resident # 119)</p> <p>Findings include:</p> <p>On 6/13/12 at 12:59 P.M., Resident #119 was observed seated on the side of his bed, eating lunch independently off of his bedside table. Resident #119 had a dialysis port in his left upper arm that was covered with a clean dressing. During interview at that time, Resident #119 indicated he received dialysis at a near by dialysis center on Monday, Wednesday, and Friday.</p> <p>Resident #119's record was reviewed on 6/14/12 at 1:38 P.M. Resident #119 was admitted to the facility on 6/1/12. Diagnoses included, but were not limited to, dementia, diabetes, and End Stage Renal Disease.</p> <p>A physician's order for Resident #119</p>	F0282	<p>F 282 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #119 has been discharged from the campus. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all resident's medical records with physician ordered weights to ensure the current weight has been obtained and recorded. If it is noted that the most current weight was not obtained, the resident will be weighed, weight recorded and MD notified of any significant changes. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the nursing staff on the following: 1). the campus guidelines for Weight Tracking. 2). The campus expectation that charge nurse is responsible for ensuring the physician ordered weight is obtained and recorded on the Medication and Treatment Record.How the corrective</p>	07/09/2012			

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	<p>indicated the following: 6/4/12-Obtain the resident's daily weight every morning before 6:00 A.M.</p> <p>A Care Plan for Resident #119 indicated the following: Problem-Chronic renal failure. Intervention-Monitor the residents weight every A.M., as ordered.</p> <p>A review of Resident #119's daily weights documented on his Medication and Treatment Record failed to include weights for 6/5/12, 6/6/12, 6/7/12, 6/8/12, and 6/12/12.</p> <p>An interview with RN #2 on 6/15/12 at 10:40 A.M., indicated the weights not documented on Resident #119's Medication and Treatment Record "were missed".</p> <p>An interview with the Director of Health Services (DHS) on 6/15/12 at 11:22 A.M., indicated the CNA's usually obtained a resident's daily weights, the nurses were responsible for documenting the weights, and the Nurse Managers were responsible to assure the weights were obtained and documented.</p> <p>3.1-35(g)(2)</p>		<p>measures will be monitored to ensure the alleged deficient practice does not recur: The following audit will be conducted by the DHS or designee 5 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Audit of all resident's with physician ordered weights to ensure the current weight has been obtained and recorded. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to review a Hemodialysis Communication Form and obtain physician ordered weights for 1 of 1 resident reviewed for dialysis. (resident # 119)</p> <p>Findings include:</p> <p>On 6/13/12 at 12:59 P.M., Resident #119 was observed seated on the side of his bed, eating lunch independently off of his bedside table. Resident #119 had a dialysis port in his left upper arm that was covered with a clean dressing. During interview at that time, Resident #119 indicated he received dialysis at a near by dialysis center on Monday, Wednesday, and Friday.</p> <p>Resident #119's record was reviewed on 6/14/12 at 1:38 P.M. Resident #119 was admitted to the facility on 6/1/12. Diagnoses included, but were</p>	F0309	<p>F 309 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #119 has been discharged from the campus. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: 1). currently, there is no dialysis resident's residing in the campus. 2). The DHS or designee will review all resident's medical records with physician ordered weights to ensure the current weight has been obtained and recorded. If it is noted that the most current weight was not obtained, the resident will be weighed, weight recorded and MD notified of any significant changes. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The DHS or designee will re-educate the nursing staff on the following: 1). the campus guidelines for Dialysis Provider Communication</p>	07/09/2012	

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	<p>not limited to, dementia, diabetes, and End Stage Renal Disease.</p> <p>Physician's orders for Resident #119 indicated the following: 6/2/12-Make sure the resident gets to dialysis on Monday, Wednesday, and Friday at 6:30 A.M. 6/4/12-Obtain the resident's daily weight every morning before 6:00 A.M.</p> <p>A Care Plan for Resident #119 indicated the following: Problem-Chronic renal failure. Interventions-Staff would provide the following: 1.) Assess/record changes in/development of uremic signs and symptoms. 2.) Report to the physician significant changes re: renal status. 3.) Administer/monitor effectiveness of medications as ordered. 4.) Monitor lab/diagnostics as ordered and report abnormal's to the physician and/or renal clinic. 5.) Discuss condition and/or any concerns with the resident. 6.) Monitor the residents weight every A.M., as ordered.</p> <p>An interview with RN #1 on 6/14/12 at 2:58 P.M., indicated the facility nurses communicated with dialysis using a Hemodialysis Communication Form. RN #1 indicated Resident #119 was weighed daily in the morning.</p>		<p>and Weight Tracking. 2). The campus expectation that charge nurse is responsible for ensuring the physician ordered weight is obtained and recorded on the Medication and Treatment Record and to ensure the dialysis communication form is complete/sent to dialysis/returned from dialysis/reviewed for any new orders/and placed in medical record.How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits will be conducted by the DHS or designee 5 times per week times 4 weeks, then monthly times 5 months to ensure compliance: 1). Audit the medical record of all residents who are receiving dialysis to ensure the Dialysis Provider Communication form is complete/returned from dialysis/any new orders implemented/placed in medical record. 2). Audit of all resident's with physician ordered weights to ensure the current weight has been obtained and recorded. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>A review of Resident #119's Hemodialysis Communication Forms used by the facility and RAI Dialysis Center included the following: To Be Completed By Nursing Facility: 1.) The time the resident was sent to the dialysis clinic. 2.) The code status. 3.) Any significant changes since the last dialysis appointment. 4.) Vital signs. 5.) Blood sugar. 6.) Recent abnormal lab values. 7.) Dietary concerns. 8.) Psychosocial Issues. 9.) PRN medications given prior to dialysis. 10.) Changes to the resident's medication regime since last visit. 11.) The nurses signature.</p> <p>To Be Completed By Dialysis Unit: 1.) Pre dialysis vital signs. 2.) Post dialysis vital signs. 3.) Changes in medications. 4.) Medications given during dialysis. 5.) Complications during treatment. 6.) Labs drawn. 7.) New orders. 8.) The date and time of the resident's next dialysis treatment. 9.) The nurses signature.</p> <p>No Hemodialysis Communication Form for 6/13/12 was available in Resident #119's record.</p> <p>An interview with RN #2 on 6/15/12 at 9:42 A.M., indicated she was responsible for Resident #119's direct care on 6/13/12. RN #2 indicated</p>			

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	<p>when Resident #119 returned from dialysis on 6/13/12, his Communication Form was "handed off to someone else". RN #2 indicated she did not know who received the Communication Form. RN #2 indicated she did not review the Communication form and the Communication Form "did not make it to the chart".</p> <p>A review of Resident #119's daily weights documented on his Medication and Treatment Record failed to include weights for 6/5/12, 6/6/12, 6/7/12, 6/8/12, and 6/12/12.</p> <p>An interview with RN #2 on 6/15/12 at 10:40 A.M., indicated the weights not documented on Resident #119's Medication and Treatment Record "were missed".</p> <p>An interview with the Director of Health Services (DHS) on 6/15/12 at 11:22 A.M., indicated the nurse responsible for a resident's direct care was responsible for reviewing the dialysis Communication Forms upon a resident's return from dialysis and assuring the forms were filed in the resident's record. The DHS indicated the CNA's usually obtained a resident's daily weights, the nurses were responsible for documenting the</p>			

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	<p>weights, and the Nurse Managers were responsible to assure the weights were obtained and documented.</p> <p>A Guideline For dialysis Provider Communication provided by Clinical Support on 6/15/12 at 2:01 P.M., indicated the following: "Purpose: To provide guidelines for communication and partnership of Dialysis Providers and the campus". 4.) "A report (may be written or verbal) shall be requested from the Dialysis Provider that will alert the campus regarding: a.) Tolerance to procedure. b.) Vital signs. c.) Medications administered. d.) Other information deemed necessary for the ongoing provision of care". 5.) "Upon return from the Dialysis Provider the campus shall: a.) Provide ongoing monitoring of the shunt site for signs of complications. b.) Review the Dialysis Provider paperwork for any necessary follow up requirements"....</p> <p>3.1-37(a)</p>						