

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155751	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/30/2011
NAME OF PROVIDER OR SUPPLIER  MEADOW LAKES			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN46158		
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F0000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: June 26, 27, 28, 29, &amp; 30, 2011</p> <p>Facility Number: 004831 Provider Number: 155751 AIM Number: 200809750</p> <p>Survey team: Patti Allen BSW T.C. Marcy Smith RN Leia Alley RN Barbara Hughes RN Karina Gates</p> <p>Census bed type: SNF: 17 SNF/NF:104 Residential: 49 Total: 170</p> <p>Census payor type: Medicare: 19 Medicaid: 82 Other: 69 Total:170</p> <p>Sample: 24 Residential sample: 7</p>	F0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit on or after July 19, 2011.		

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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F0431 SS=D	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/7/11 Cathy Emswiller RN</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>				

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	<p>Based on observation, record review and interview, the facility failed to ensure expired insulin was removed from the 200 hall medication cart #1. This had the potential to affect 3 of 6 residents receiving insulin from this cart. (Residents #58, #60 and #71)</p> <p>Findings include:</p> <p>During an observation of medication carts on 6/30/11 at 10:30 a.m. with LPN #1, 3 vials of expired insulin were observed. A vial of Lantus for Resident #71 was opened on 5/17/11. A vial of Novolog for Resident #58 was opened on 5/9/11. A vial of Novolog for Resident #60 was opened on 5/9/11 and a vial of Lantus, also for this resident, was opened on 5/20/11.</p> <p>During an interview with LPN #1 at this time she indicated insulin expires in 28 days.</p> <p>An undated facility policy, titled "...Guide for Storage of Insulin", received from the Executive Director on 6/30/11 at 12:15 p.m., indicated "...Maximum Storage Conditions for Insulin Vials...Room Temp...Opened/Unopened...Novolog...28 days...Lantus...28 days..."</p> <p>3.1-25(o)</p>	F0431	<p>It is the practice of this facility that Drugs and biologicals used must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.1. Residents #58, 60, and 71 were assessed for signs of hypo/hyper glycemia. None were noted. Residents #58, 60, and 71 were provided new vials of properly dated and labeled insulin.2. * Residents receiving insulin injections have the potential to be affected by the alleged deficient practice. * All stored insulin medication will be auditted to ensure compliance with expiration date and proper labeling. * No other residents were found to be affected by this alleged practice.3. * Licensed nursing staff to place both open and discard date on all insulin injectables. Insulin expiration policy logs are located in all Medication Administration Record binders for ease of use and quick access to licensed nurses and QMAs. * DNS or designee will inservice licensed nursing staff on proper medication labeling and storage. This will include placing the open date and expiration date on insulin medications by 7/19/11.A post test was administered to ensure understanding of inservice provided.* Unit Managers to audit Medication Carts weekly to</p>	07/19/2011	

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R0000	This State Residential Finding is cited in accordance with 410 IAC 16.2-5.	R0000	ensure that Insulin, Eye drops, Ear Drops and OTC Medications are properly labeled and discarded.4. * Labeling CQI tool will be utilized weekly x4 and monthly x5 months to monitor proper labeling and storage of injectable insulin medications. Results to be reported to CQI Committee by the DNS for review and further actions as indicated. * Education and/or disciplinary action will be utilized as necessary for non-compliance.		
R0302	(6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength. Based on observation, record review, and interview, the facility failed to ensure over the counter medications were properly labeled and for inclusion of First Open	R0302	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or of any violation of regulation.This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit on or after July 19, 2011.  It is the practice of this facility that all Over-the-counter medications must be identified with following: Resident name, Physician name, Epiration date, Name of Drug and	07/19/2011	

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	<p>dates for medications with expiration dates dependent upon date the medication was opened. This affected 2 of 12 residents whose medications were in need of a first open date and 1 of 26 residents who received over the counter medications. [Resident's # 165, # 185, # 150]</p> <p>Findings Included:</p> <p>During an observation of the facility's assisted living medication carts on 6/30/11 at 10:30 a.m., and in the presence of QMA # 2, the "back hall" cart was observed to have 2 opened bottles of eye drops. Both bottles of eye drops were reviewed for a date in which they were opened and given to a resident. The bottles belonged to the following residents: Resident # 165- 1 bottle and Resident # 185-1 bottle. These medications were without first opened dates.</p> <p>Over the Counter (OTC) medications were observed in the Medication Cart. The medications did not include the resident's full name, physician name and/or room number. The medication was labeled with only a name or a room number. Medication included:</p> <p>Mature Vitamin- name and room number,</p>		<p>Strength.1. Residents #165, 185, and 150 were assessed for any change of condition and none were noted. Residents #165, 185 and 150 were provided new bottles of properly labeled eye drops. All Over The Counter (OTC) Medications were also properly labeled. 2. *Residents with eyedrops and OTC Medications have the potential to be affected by the alleged practice. * Eye drop and OTC medications were audited for proper labeling. No other residents were found to affected by this alleged practice.3. * DNS or designee will inservice licensed nursing staff &amp; QMAs on proper medication labeling and storage. This will include the open date and expiration date by 7/19/11. A post test was administered to ensure understanding of education provided. *Eye Drop expiration policy logs are located in all Medication Administration Record binders for ease of use and quick access to licensed nurses and QMAs.* Unit Managers to audit Medication Carts weekly to ensure that Insulin, Eye drops, Ear Drops and OTC Medications are properly labeled and discarded.4. *Nursing Management will utilize a Labeling/Expiration Auditing Tool weekly x4 and monthly x5 to monitor proper labeling/storage of OTC Medications and Ophthalmic medications. DNS to report audit results to the CQI Committee for</p>		

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	<p>belonging to resident # 165</p> <p>During an observation of the facility's assisted living medication carts on 6/30/11 at 10:30 a.m. and in the presence of residential employee #3, the "front hall" cart was observed to have 2 opened bottles of eye drops. Both bottles of eye drops were reviewed for a date in which they were opened and given to a resident. Both bottles belonged to the following resident, Resident # 150. One bottle was found to be without a first open date, the other bottle was found to be more than 90 days past it's first opened date, and expired.</p> <p>Review of a facility policy, un-dated, titled "Drug Expiration Dating" indicated ...Ophthalmic Solutions and ointments expire 3 months from date opened.</p> <p>Review of a facility policy, with a revised date of 1/08, titled "Over the Counter Medications", indicated over the counter medications must be identified with the following: Resident's Full Name, Physician's name, Expiration date, Name of drug, Strength of drug.</p> <p>During an interview with QMA #2 on 6/30/2011 at 10:45 a.m. she indicated she would need to check with the charge</p>		<p>review and further follow-up as indicated.*Education and/or disciplinary action will be utilized as necessary for non-compliance.</p>				

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

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FORM APPROVED

OMB NO. 0938-0391

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	nurse to see when eye drops expire. She spoke with the charge nurse and indicated open eye drops expire within 90 days of the day they were first opened.				