

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/10/2012
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NAME OF PROVIDER OR SUPPLIER PARKER HEALTH CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 359 RANDOLPH ST PARKER CITY, IN 47368
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 6, 7, 8, 9, and 10, 2012</p> <p>Facility number: 000419 Provider number: 155489 AIM number: 100273190</p> <p>Survey team: Karen Lewis, RN, TC Betty Retherford, RN Ginger McNamee, RN</p> <p>Census bed type: SNF/NF: 73 Residential: 8 Total: 81</p> <p>Census payor type: Medicare: 12 Medicaid: 47 Other: 22 Total: 81</p> <p>Residential Sample: 7</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>This Plan of Correction is prepared and executed because it is required by the provisions of state and federal law, and not because Parker Health Care agrees with the allegations contained there in. Parker Health Care maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facility's credible allegation of compliance for the date of September 9, 2012. Parker Health Care also respectfully requests paper 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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	Quality review completed on August 15, 2012 by Bev Faulkner, RN				

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS 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 develop a comprehensive pain management health care plan related to a resident's complaints of pain during a pain evaluation for 1 of 3 residents reviewed of the 4 who met the criteria for pain recognition and management. (Resident #106)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #106 was reviewed on 8/8/12 at 3:30 p.m.</p>	F0279	<p>1. Resident 106's care plan was updated to include that this resident's pain increased with therapy sessions with intervention of staff offering the resident pain medication prior to her therapy sessions. 2. All resident's receiving therapy services have the potential to be affected. Pain care plans were reviewed and updated as indicated per the completed pain assessments. 3. All resident's will be assessed and care plans for pain will be placed as indicated. Pain care plans will be reviewed quarterly, or with changes in their pain medication regimen and upon</p>	09/09/2012	

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	<p>Diagnoses for Resident #106 included, but were not limited to: dementia, osteoporosis, osteoarthritis, and chronic pain.</p> <p>An admission "Pain Evaluation," dated 7/20/12, indicated the resident complained of pain the early morning, morning, afternoon, evening, and at night in her right and left shoulder. The form indicated the pain was increased by "therapy." The form indicated the resident did not receive any routine pain medication, but had orders for prn (as needed) pain medication that could be given if requested.</p> <p>A recapitulation of physician's orders, signed on 7/31/12, indicated the resident had an order for both occupational therapy and physical therapy daily 5 times a week. The original date of these orders was 7/23/12. The orders indicated the resident had two prn (as needed) medications for pain relief: Etodolac 200 mg (a non-narcotic pain medication) one tablet, twice daily prn and Tylenol (a mild pain relief medication) 650 mg prn for pain. The original date of the pain medication orders was 7/20/12.</p>		<p>initiation of therapy services. Nursing staff to be inserviced on completion of pain care plans on 8/30/12. 4. DON/designee will review all therapy residents' pain care plans to ensure accuracy and completion weekly times 4 weeks then monthly times 3, then quarterly thereafter. Any concerns noted will receive immediate follow up. The report of monitoring will be forwarded to the Administrator for quarterly QA review and plan of action will be adjusted accordingly. 5. Compliance date-September 9, 2012</p>		

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	<p>A health care plan problem, initiated on 7/30/12 and revised on 8/3/12, indicated Resident #106 had a history of complaints of general discomfort and shoulder pain. One of the approaches for this problem was "administer prn pain medications as needed, notify MD [medical doctor] if not effective." The health care plan lacked any information related to the resident's pain being increased by therapy sessions and/or the need to offer the resident medication prior to therapy sessions.</p> <p>The Medication Administration Record for July 2012, indicated the resident did not receive any of the Etodolac medication in July. The record indicated the resident received the prn Tylenol on two occasions on July 26, 2012.</p> <p>During an interview 8/9/12 at 12:55 p.m., Resident #106 indicated her left shoulder was better, but she had a constant ache in her right shoulder. She indicated the pain was increased with therapy sessions and she often had a difficult time getting comfortable at night.</p> <p>During an interview with the Director of Nursing (DoN) on 8/9/12 at 2:20 p.m., additional information was</p>			

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	<p>requested related to the lack of care planning for the need to offer and/or encourage the administration of the prn pain medication prior to therapy sessions following the completion of the pain evaluation noted above.</p> <p>The facility failed to provide any additional health care planning information as of exit on 8/10/12. Review of the current facility policy, dated 3/2012, titled "PAIN EVALUATION", provided by the RN Consultant on 8/10/12, at 11:00 a.m., included, but was not limited to, the following:</p> <p>"Purpose: 1. To establish guidelines to measure a resident's level of pain. 2. To provide optimal comfort through a pain control plan, which is _____ established with the members of the health care team...."</p> <p>3.1-35(a)</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 record review and interview, the facility failed to ensure residents were correctly evaluated for pain management and/or a plan put in place to ensure pain relief for 1 of 3 residents reviewed of the 4 who met the criteria for pain recognition and management. (Resident #106)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #106 was reviewed on 8/8/12 at 3:30 p.m.</p> <p>Diagnoses for Resident #106 included, but were not limited to: dementia, osteoporosis, osteoarthritis, and chronic pain.</p> <p>An admission "Pain Evaluation" form, dated 7/20/12, indicated the resident complained of pain the early morning, morning, afternoon, evening, and at night in her right and left shoulder. The form indicated the pain was increased by "therapy." The form</p>	F0309	<p>1. A pain assessment was completed on resident #106 and new orders were received per MD. 2. All residents experiencing pain have the potential to be affected. Updated pain assessments were completed on all residents and MD orders were received as indicated. 3. All pain assessments will be updated with any changes in the pain status or pain regimen. 4. DON/designee will monitor pain assessments 5 days/week times 2 weeks, and then random audits will be completed on quarterly pain assessments monthly times 2, and then quarterly thereafter. Any concerns noted will receive immediate follow up. The report of monitoring will be forwarded to the Administrator for quarterly QA review and plan of action will be adjusted accordingly. 5. Compliance date-September 9, 2012</p>	09/09/2012	

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	<p>indicated the resident did not receive any routine pain medication, but had orders for prn (as needed) pain medication that could be given if requested.</p> <p>A recapitulation of physician's orders, signed on 7/31/12, indicated the resident had an order for both occupational therapy and physical therapy daily 5 times a week. The original date of these orders was 7/23/12. The orders indicated the resident had two prn (as needed) medications for pain relief: Etodolac 200 mg (a non-narcotic pain medication) one tablet, twice daily prn and Tylenol (a mild pain relief medication) 650 mg prn for pain. The original date of the pain medication orders was 7/20/12.</p> <p>A health care plan problem, initiated on 7/30/12 and revised on 8/3/12, indicated Resident #106 had a history of complaints of general discomfort and shoulder pain. One of the approaches for this problem was "administer prn pain medications as needed, notify MD [medical doctor] if not effective." The health care plan lacked any information related to the resident's pain being increased by therapy sessions and/or the need to offer the resident medication prior to</p>			

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	<p>therapy sessions.</p> <p>The clinical record lacked any information related to facility staff talking to the resident about the possible need for a routine pain medication and/or the need to encourage the resident to take the prn pain medication prior to therapy sessions.</p> <p>The Medication Administration Record for July 2012, indicated the resident did not receive any of the Etodolac medication in July. The record indicated the resident received the prn Tylenol on two occasions on July 26, 2012.</p> <p>During an interview 8/9/12 at 12:55 p.m., Resident # 106 indicated her left shoulder was better, but she had a constant ache in her right shoulder. She indicated the pain was increased with therapy sessions and she often had a difficult time getting comfortable at night. She indicated she knew she had prn orders for pain medication, but was not comfortable asking for it all the time. She indicated she would like to have a routine pain medication so that she would be more comfortable in therapy and sleep better at night. She indicated she did not know if she could have the</p>				

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	3.1-37(a)				

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F0514 SS=D	<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 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 clinical records were complete and accurately documented for 3 of 10 residents reviewed for complete and accurate clinical records. (Resident #38, #85 and #98)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #38 was reviewed on 8/9/12 at 9:00 a.m.</p> <p>A readmission order, dated 7/16/12, for Resident #38 indicated he had an order for "Milk of Magnesia [MOM] 30 milliliters (ml) by mouth 2 times daily as needed for constipation." The readmission orders lacked any order</p>	F0514	<p>1. Orders were clarified for resident #38 to include Milk of Magnesia to be administered on a routine basis. Fasting blood sugars for resident #85 were recorded in the resident's medical record. A new pain assessment was completed on resident #98. 2. All residents have the potential to be affected. DON/designee reviewed all residents with orders for pain medications, Milk of Magnesia and fasting blood sugars for completion and accurate documentation. 3. An inservice for nursing staff will be given related to the completion and accuracy of the medical record on 8/30/12. 4. An on-going audit of all orders received will be checked daily 5 times/week for proper transcription. This practice will be on-going indefinitely. Any concerns noted will receive immediate follow up. The report</p>	09/09/2012			

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	<p>for MOM on a routine basis.</p> <p>A review of the Medication Administration Records (MAR) for Resident #38 from 7/19/12 through 8/8/12 indicated the resident had an order for "Milk of Magnesia 30 ml by mouth 2 times daily as needed for constipation." The section used to document the time the medication was given contained a designated time of "2000" (8 p.m.) The MAR contained nursing documentation that the med had been given every night at 8 p.m. as a routine medication and had not been given on a prn basis.</p> <p>During an interview with the Director of Nursing (DoN) on 8/9/12 at 10:40 a.m., additional information was requested related to the medication having been given routinely every night when the order indicated it was to be given on an as needed basis.</p> <p>During an interview on 8/10/12 at 8:45 a.m., the DoN indicated the MOM order had been clarified back to the original order prior to his hospital admission which indicated the resident was to receive the MOM routinely at 8 p.m., and then twice daily on an as needed basis for constipation. She indicated she had talked to the nurse who clarified the</p>		<p>of monitoring will be forwarded to the administrator for quarterly QA review and plan of action will be adjusted accordingly. 5. Compliance date-September 9, 2012.</p>		

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	<p>order and the order had been incorrectly entered into the computerized record. She indicated the entry error had had now been corrected.</p> <p>2.) The clinical record for Resident #85 was reviewed on 8/10/12 at 8:39 a.m.</p> <p>Diagnoses for Resident #85 included, but were not limited to, dementia, hypertension, and anxiety.</p> <p>Current physician's orders for Resident #85 indicated the resident was to have a Fasting Blood Sugar (FBS) every 3 months due March, June, September, December. The original date of this order was 3/1/12.</p> <p>The clinical record for Resident #85 lacked any documentation of a FBS in March of 2012.</p> <p>During an interview with the Assistant Director of Nursing on 8/10/12 at 9:08 a.m., additional information was requested related to the FBS for March.</p> <p>During an interview with the Director of Nursing on 8/10/12 at 10:00 a.m., she indicated the FBS were glucometer results. She also indicated the glucometer result for</p>			

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	<p>March was on a 24 hour report and not in the resident's chart.</p> <p>3.) The clinical record for Resident #98 was reviewed on 8/8/12 at 1:59 p.m.</p> <p>Diagnoses for Resident #98 included, but were not limited to, diabetes mellitus, congestive heart failure, and ulcer of the heal and midfoot.</p> <p>A health care plan problem, dated 5/21/12, indicated the resident had a surgical wound. One of the approaches for this problem was to administer pain medication as needed for complaints of pain or discomfort</p> <p>Resident #98 had signed physician's orders for the following,</p> <p>a.) Acetaminophen (pain medication) 500 milligrams (mg), give 2 tablets by mouth, every 4 hours as needed (prn) for pain or fever. Original date of order 3/17/12.</p> <p>b.) Norco (pain medication) 5-325 mg, by mouth, prn for pain. Original date of order 4/25/12.</p> <p>A 6/21/12 pain evaluation indicated resident receives Tramadol (pain medication) on a scheduled basis.</p>			

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	<p>The clinical record indicated Tramadol 50 mg, one tablet by mouth twice a day, had been discontinued on 4/2/12.</p> <p>During an interview with the Director of Nursing, on 8/10/12 at 9:08 a.m., additional information regarding resident's pain medications was requested.</p> <p>The facility failed to provide any additional information as of exit on 8/10/12.</p> <p>4.) Review of the current facility policy, dated 1/2012, titled "Documentation Procedure and Guidelines", provided by the RN Consultant on 8/10/12, at 3:30 p.m., included, but was not limited to, the following:</p> <p>"...Nursing Documentation:</p> <ol style="list-style-type: none"> 1. Each health care professional shall be responsible for making their own prompt, factual, concise, entries that are complete, appropriate and readable. 2. Each entry will include the date, time, signature, and position 			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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	(title) of the individual making the entry...." 3.1-50(a)(1) 3.1-50(a)(2)			
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