STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODVIEW AL LLC	3320 E STATE BLVD FORT WAYNE, IN 46805

(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
R000000	This visit was for a State Residential Licensure Survey. Survey dates: October 8, 9, 2013. Facility number: 012107 Provider number: 012107 AIM number: N/A Survey Team: Carol Miller, RN, TC Diane Nilson, RN Rick Blain, RN Census bed type: Residential: 88 Total: 88 Census payor type: Other: 88 Total: 88 Sample: 7 Supplemental Sample: 1 This state finding is cited in accordance with 410 IAC 16.2. Quality Review completed by Debora Barth, RN.	R000000	This plan of correction is to serve as Woodview AL's allegation of compliance. Woodview AL is requesting paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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R000300	410 IAC 16.2-5-6(c)(4) Pharmaceutical Services - Deficiency (4) Over-the-counter medications, prescription 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. Based on observations, interviews, and, record review, the facility failed to ensure the policy was followed in regard to the administration of insulin after the expiration of the insulin vial, which had been opened longer than 28 days. This deficiency affected 1 of 2 medication carts observed for expired insulin and 1 of 1 diabetic resident (Resident #45). Findings include: The medication cart for the 300 hall was observed on 10/9/13 at 12:45 p.m. with LPN # 4. The outside of the Lantus insulin box for Resident #45 was written the Lantus insulin (Medication used for diabetes) should have been destroyed on 9/30/13. The Physician Order Sheet, dated 10/2013, indicated Resident #45 was to receive Lantus insulin 6 units every morning since 3/8/13. The Medication Administration	R000300	On 10/9/13, during survey, the bottle of insulin was removed from the medication cart, and destroyed according to facility policy. The resident was not affected by the deficient practice. All medication carts were inspected on 10/9/13, and no other insulin(s) were found to be expired. No other residents were affected. To prevent a reoccurrence, Woodview AL nurse's have been in-serviced on facility policy on insulin expiration dates (Exhibit A). The Director of Nursing will be responsible for monitoring nurse compliance with insulin expiration dates. As a quality assurance check, and to ensure compliance, the DON will inspect insulin's on all medication carts weekly and document the inspection on the form titled Med Cart Inspection (Exhibit B), and the DON will submit the weekly audit to the administrator.	10/25/2013

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NAME OF PROVIDER OR SUPPLIER WOODVIEW AL LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3320 E STATE BLVD FORT WAYNE, IN 46805	

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	Record, dated 10/2013, indicated the nurses had documented, from 10/1/13 though 10/9/2013, the resident had received the Lantus insulin 6 units every day at 7:30 a.m. Interview, on 10/9/13 at 12:45 p.m., with LPN #4 indicated Resident #45 had received the Lantus insulin every morning. LPN #4 indicated the Lantus insulin should had been removed from the medication cart and destroyed on 9/30/13. On 10/9/13 at 1:30 p.m. the Administrator was interviewed and indicated the Lantus insulin should not have been used after 9/30/13. The Administrator indicated the third shift nurses were responsible for the administration of Resident #45's Lantus insulin scheduled at 7:30 a.m. every day. The Policy, received from LPN #4, for Insulin Storage Recommendations, revised on 3/27/12, indicated the Lantus insulin should had been destroyed 28 days after the insulin vial was opened.			