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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155446 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>00</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>07/08/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>COVINGTON MANOR HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5700 WILKIE DR<br>FORT WAYNE, IN 46804 |
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| F 0000<br><br>Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00176812.</p> <p>Complaint IN00176812 -Substantiated. Deficiencies related to the allegations are cited at F425 and F441.</p> <p>Survey dates: July 7, and 8, 2015</p> <p>Facility number: 000476<br/>Provider number: 155449<br/>AIM number: 100290870</p> <p>Census bed type:<br/>SNF/NF: 109<br/>Total: 109</p> <p>Census payor type:<br/>Medicare: 9<br/>Medicaid: 73<br/>Other: 27<br/>Total: 109</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> | F 0000        | <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> |                      |

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 0425<br>SS=D<br>Bldg. 00   | <p>483.60(a),(b)<br/>PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>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>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. Based on observation, interview, and record review, the facility failed to follow medication administration policy for 1 of 3 residents reviewed for medication administration in a sample of 4. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed on 7-8-2015 at 8:42 AM. Resident #N's diagnoses included, but were not limited to, diabetes, high blood pressure, and depression.</p> | F 0425  | <p>1. Licensed staffinvolved in noted incident received disciplinary action/education regarding currently company protocol of Medication Administration/Technique Observation.</p> <p>All residents on unit observed with no other residents notedto have meds at bedside on 07-08-2015.</p> <p>Licensed staff in-service during week of 07-13-2015regarding policy on Medication Administration/Technique.</p> <p>2. Residents will bemonitored daily during Angel Rounds to insure no medications/treatments left atbedside. Audits will be completed five (5) times per week on random shiftsduring rounds. Monitoring will</p> | 08/07/2015  |  |   |  |

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|  | <p>During an observation on 7-8-2015 at 9:23 AM, Resident #N was observed in her bed with her breakfast tray on the overbed table next to her. Sitting on the bed, closest to the door, was a plastic medicine cup with medications still in it. There were no staff available to assist the resident.</p> <p>In an interview on 7-8-2015 at 9:23 AM, Resident #N indicated the medications were her morning medications. Resident #N additionally indicated the nurse didn't ask her to take her medications while she was still there, just put the medications on the breakfast tray, and left.</p> <p>On 7-8-2015 at 9:25 AM, LPN#4 was asked to accompany the surveyor to the room. On entering the room, Resident #N was observed holding the plastic medication cup.</p> <p>In an interview on 7-8-2015 at 9:25 AM, LPN #4 indicated Resident #N should have been assisted to take her medications. LPN #4 further indicated the nurse was supposed to ensure the residents had taken their medications prior to leaving the area.</p> <p>A review of the medication with LPN #4 indicated the medications in the plastic medication cup were as follows:</p> |   | <p>take place daily for one month, weekly for onemonth, and then monthly for six (6) months.</p> <p>3. Licensed staffwill have medication administration competency completed by the DON/designee.</p> <p>4. Ongoing randommedication competencies to be completed monthly of licensed staff. Audits and competency results will be reviewed monthly at QAand reviewed by medical director on a quarterly basis for six (6) months.</p> <p>5. Facility will becomepliant by August 07, 2015</p> |                      |   |

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|  | <p>Oxybutinin (used for overactive bladder) 5 milligrams (mg), Docusate Sodium (used for constipation) 100 mg; Potassium Chloride (used for electrolyte stability) 10 Miliequivalents (Meq); Tab a vite (a multivitamin) 1 tablet; Norco (a narcotic pain reliever) 5/325 mg; Nuedexta (a mood stabilizer) 20/10 mg; Clonazepam (used for anxiety) 0.5 mg; Sertraline (an antidepressant) 50 mg; Ranexa (used for heart pain) 500 mg; Metoprolol Tartrate (an antihypertensive) 100 mg; Folic Acid (a B vitamin) 1 mg; Ferrous Sulfate (iron supplement) 325 mg; and Vitamin C 500 units.</p> <p>A review of Resident #N's quarterly Minimum Data Set Record, dated 6-8-2015, indicated Resident #N was cognitively intact and could answer questions.</p> <p>An undated policy, identified by the Director of Nursing as the current policy on 7-8-2015 at 1:38 PM, titled "Medication Administration/ Technique Observation" provided by the Director of Nursing on 7-8-2015 at 1:38 PM indicated "...14. Nurse verbalized specific medications to patient and watched consumption; none left at bedside...."</p> <p>This federal tag relates to Complaint IN00176812.</p> |   |   |   |  |   |  |

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| F 0441<br>SS=D<br>Bldg. 00 | <p>3.1-25(p)(1)</p> <p>483.65<br/>INFECTION CONTROL, PREVENT SPREAD, LINENS<br/>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program<br/>The facility must establish an Infection Control Program under which it -<br/>(1) Investigates, controls, and prevents infections in the facility;<br/>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br/>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection<br/>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br/>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br/>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> |               |   |                      |

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|                    | <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the infection control policy was followed with regard to glove disposal in 3 of 91 rooms reviewed during environmental rounds.</p> <p>Findings include:</p> <p>During Environmental Rounds on 7-7-2015 at 9:10 AM, in room 305, inside out gloves were observed on the floor behind the chair. At 9:31 AM, inside out gloves were observed on the floor by the resident drawers. At 9:42 AM, inverted gloves were observed next to the trash can.</p> <p>In an interview on 7-7-2015, Maintenance Person #1 indicated gloves that had been used were to be inside out and in trash cans. Maintenance Person #1 further indicated staff were to be careful and discard gloves appropriately.</p> <p>A current policy, dated 2012, titled "Glove Use", provided by the Director of Nursing on 7-7-2015 at 1:38 PM, indicated "...B. Used gloves should be discarded into the nearest waste receptacle inside the room...."</p> | F 0441        | <ol style="list-style-type: none"> <li>Staff in serviced by the Director of StaffDevelopment/Director of Nursing on 7/7 and 7/8/15 regarding proper disposal ofgloves.</li> <li>All rooms observed to insure gloves were disposed ofappropriately/immediately. No other residents identified to be affected.</li> <li>Staff inserviced by DON/designee the week of July 13,2015 regarding proper disposal of gloves. Additional inservicing will becompleted as needed/ongoing.</li> <li>Staff will monitorthat gloves are disposed of properly. Daily Angel Rounds to include monitoringresident rooms for debris on the ground. Audits will be completed five (5)times per week on random shifts during rounds. Monitoring will take place dailyfor one month, weekly for one month, and then monthly for six (6) months.Results of audits will be reviewed at QA monthly and reviewed by the medicaldirector on a quarterly basis for six (6) months.</li> <li>Facility will becompliant by August 7, 2015</li> </ol> | 08/07/2015           |

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

PRINTED: 07/21/2015

FORM APPROVED

OMB NO. 0938-0391

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|  | This Federal Tag relates to Complaint<br>IN00176812<br><br>3.1-18(j)   |  |  |                            |  |