

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155667	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2014
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NAME OF PROVIDER OR SUPPLIER OAK GROVE CHRISTIAN RETIREMENT VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 221 W DIVISION ST DEMOTTE, IN 46310
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00153215.</p> <p>Complaint IN00153215 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: August 4,5,6,7,8, and 11, 2014.</p> <p>Facility number: 010823 Provider number: 155667 AIM number: 200236630</p> <p>Survey team: Julie Ferguson, RN, TC Jennifer Redlin, RN, Caitlyn Doyle, RN Heather Hite, RN Regina Sanders, RN (August 8, 2014)</p> <p>Census bed type: SNF: 17 SNF/NF: 35 Residential: 33 Total: 85</p> <p>Census Payor type: Medicare: 12</p>	F000000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Oak Grove Christian Retirement Village desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on September 10, 2014. The facility respectfully requests paper compliance. Please accept the attached as our credible allegation of 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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F000279 SS=D	<p>Medicaid: 25 Other: 48 Total: 85</p> <p>Residential sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 13, 2014, by Janelyn Kulik, RN.</p> <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,</p>			

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	<p>including the right to refuse treatment under §483.10(b)(4). Based on record review, observation, and interview, the facility failed to develop resident care plans related to a medication which can thin the blood (Aspirin), for 1 of 3 residents reviewed for non-pressure skin conditions of the 4 who met the criteria for non-pressure skin conditions. (Resident #69)</p> <p>Findings include:</p> <p>Resident #69's record was reviewed on 8/4/14 at 1:30 p.m. The resident's diagnoses included, but were not limited to history of CVA (stroke), coronary artery anomaly, dementia, hypertension, diabetes mellitus, and cerebral artery occlusion.</p> <p>The Physician's Orders, indicated aspirin 81 mg (milligrams) daily for CVA (stroke).</p> <p>Review of the July 2014 and August 2014 Medication Administration Record (MAR) indicated the resident had received the aspirin medication daily.</p> <p>There was a lack of documentation to indicate the resident had a care plan and/or interventions related to the aspirin usage and risk for bleeding and bruising.</p>	F000279	<p>It is the policy of this facility to ensure a resident has all required care plans in place including a care plan related to a medication which can thin the blood (Aspirin). I. Specific Corrective Actions: The Director of Nursing immediately implemented a care plan for Resident #69's Aspirin. II. Identification and correction of others: All residents have the potential to be affected by a missing care plan related to a medication which can thin the blood. All residents on medications which can thin the blood had chart reviews for proper care plans. III. Systemic Changes: All nurses will be re-educated regarding the need for a care plan for any resident that is on a medication which can thin the blood, prior to September 10, 2014. [Attachment: InServiceNursesPOC2014] IV. Monitoring: The MDS nurse or designee will review at least six random charts per week for any resident on a medication which can thin the blood to ensure a proper care plan is in place. After two months the audits will decrease to monthly for four more months. Any concerns identified will be documented on a quality assurance tracking log and corrected upon discovery. All QAPI tools and any findings will be reviewed monthly in the facility</p>	09/10/2014	

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F000282 SS=E	<p>During an observation of the resident with the Director of Nursing (DoN) on 8/5/14 at 2:45 p.m., two purplish discolored areas were noted to her right forearm above her wrist, larger fading discolored areas were noted to her upper right forearm and three small purplish areas were noted to her left mid forearm.</p> <p>At the time of the observation, the DoN indicated the resident was taking Aspirin daily and there was not a care plan in place for the aspirin. She indicated the resident should have one in place and would implement one immediately. She indicated residents who receive aspirin daily are at risk for bleeding and bruising.</p> <p>3.1-35(a)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the</p>		QAPI Meeting to ensure ongoing compliance. [Attachments: 24 Hour Condition Report Review and QATracking Log]		

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	<p>facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to follow physician's orders and care plans, related to monitoring for side effects of psychoactive medications, following medication order parameters, and completing orthostatic blood pressures for 3 of 5 residents reviewed for unnecessary medications and for assessing and monitoring bruising for 1 of 3 residents reviewed for non pressure related skin conditions of the 4 who met the criteria for non pressure related skin conditions. (Residents # 76, #15, #35, and #69)</p> <p>Findings include:</p> <p>1. The record for Resident #76 was reviewed on 8/5/14 at 1:19 p.m. The resident's diagnoses included, but were not limited to, vascular dementia with delusions, adjustment disorder with depressed mood, and anxiety.</p> <p>Review of the 8/2014 Medication Administration Record (MAR) indicated orders for Zoloft (an antidepressant medication) 100 milligrams (mg) daily, Xanax (an antianxiety medication) 0.5 mg daily, and Risperdal (an antipsychotic</p>	F000282	<p>F282 It is the policy of this facility to provide or arrange services by qualified persons in accordance with each resident's written plan of care. Specific Corrective Actions: Resident #76 was immediately started on a monitoring program for side effects related to her Zoloft, Xanax, and Risperdal. The nurse who did not follow physician orders and give Resident #15 the Diltiazem for a heart rate of 58 was counseled regarding strict adherence to physician orders. Resident #69's bruising was immediately documented on the weekly skin assessment and a care plan added for Aspirin. The nurse caring for Resident #35 during the month of April that should have checked and recorded the orthostatic blood pressure resigned a month ago.</p> <p>II. Identification and correction of others: All residents have the potential to be affected by the failure to follow physician's orders and care plans related to monitoring for side effects of psychoactive medications, following medication order parameters, completing orthostatic blood pressures, and for assessing and monitoring bruising. All physician orders and care plans were reviewed to ensure all were followed per policy. III. Systemic Changes:</p>	09/10/2014

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	<p>medication) 0.25 mg two times a day. The resident had received the medications as ordered.</p> <p>There was lack of documentation in the record to indicate the Zoloft, Xanax, and Risperdal medications had been monitored for side effects.</p> <p>Review of the current care plan indicated the resident had the potential for drug related complications associated with the use of psychotropic medications. Nursing interventions included, "...Observe for any signs of adverse effects from psychotropic use..."</p> <p>Interview with the DoN (Director of Nursing) on 8/8/14 at 12:58 p.m., indicated she could not find any documentation the antidepressant, antipsychotic, and antianxiety medications had been monitored for side effects. She further indicated the resident should have been monitored for side effects of the medications.</p> <p>2. Resident #15's record was reviewed on 8/6/14 at 9:18 a.m. The resident's diagnoses included, but were not limited to, hypertension, atrial fibrillation and cardiac pacemaker.</p>		<p>Nursing staff will be educated on following physician orders and careplans related to monitoring for side effects of psychoactive medications, following medication order parameters, completing orthostatic blood pressures, and for assessing and monitoring bruising prior to September 10, 2014.</p> <p>[Attachment: InServiceNursesPO C2014] IV. Monitoring: TheDON, ADON and/or designee will audit compliance by reviewing six random charts per week for two months regarding following physician orders and care plans related to monitoring for side effects of psychoactive medications, following medication order parameters, completing orthostatic blood pressures, and for assessing and monitoring bruising. The audits will then decrease to monthly for four more months. Any concerns identified will be documented on a quality assurance tracking log and corrected upon discovery. All QAPI tools and any findings will be reviewed monthly in the facility QAPI Meeting to ensure ongoing compliance. [Attachment: 24 Hour Condition Report Review and QA Tracking Log]</p>				

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	<p>The Annual Minimum Data Set (MDS) Assessment completed on 7/15/14 indicated the resident was cognitively impaired.</p> <p>The resident's care plan for History of Chest Pain indicated to complete vital signs per Physician order and to administer medication per Physician order.</p> <p>Review of the August 2014 Physician Orders indicated an order for diltiazem (cardiac medication) 60 mg (milligrams) tablet. Give every 6 hours for angina (chest pressure). HOLD if pulse is <55.</p> <p>Review of the August MAR (Medication Administration Record) indicated on 8/5/14 at 00:01 (12:01 a.m.) the resident's pulse was 58. The MAR indicated the diltiazem was not administered due to the heart rate of 58.</p> <p>Interview with the DoN (Director of Nursing) on 8/6/14 at 12:00 p.m., indicated the diltiazem should have been given on 8/5/14 at 00:01 and was not administered.</p> <p>3. On 08/04/2014 at 11:25 a.m., Resident #69 was observed sleeping in a recliner in the sitting area outside her room. Two purplish discolored areas were noted to her right forearm above her wrist. She</p>			

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	<p>was wearing a pushed up long-sleeved shirt and no geri-sleeves (skin protectors for the arms and hands) were observed in place.</p> <p>On 8/5/14 at 1:20 p.m., the resident was observed sleeping in a recliner in the sitting area outside her room. Two purplish discolored areas were noted to her right forearm above her wrist, larger fading discolored areas were noted to her upper right forearm and three small purplish areas were noted to her left mid forearm. The resident was wearing a short-sleeved shirt and no geri-sleeves were in place.</p> <p>On 8/5/14 at 2:43 p.m., Resident #69 remained asleep in the recliner. Her skin was unchanged from the previous assessment. No geri-sleeves were in place.</p> <p>Resident #69's record was reviewed on 8/4/14 at 1:30 p.m. The resident's diagnoses included, but were not limited to history of CVA (stroke), coronary artery anomaly, dementia, hypertension, diabetes mellitus, and cerebral artery occlusion.</p> <p>The readmission Minimum Data Set (MDS) Assessment dated 5/13/14 indicated the resident had a BIMS (Brief</p>			

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	<p>Interview for Mental Status) score of 4 out of 15 and was cognitively impaired, was totally dependent for Activities of Daily Living (ADL's), and had no existing skin conditions.</p> <p>The current Physician's Orders, indicated orders for weekly skin checks on Mondays, geri-sleeves on at all times - may remove for hygiene, and aspirin 81 mg (milligrams) daily for CVA.</p> <p>A care plan dated 5/7/14 was in place for Risk for Alteration in Skin Integrity r/t (related to) weakness, decreased mobility, decreased ROM (range of motion), and incontinence d/t (due to) hx (history of) CVA & right sided weakness. Interventions included, the CN (Charge Nurse) to observe resident's skin at least weekly and report any skin concerns to the MD (Physician) and family and the CNA (Certified Nursing Assistant) to observe resident's skin daily with care and report any changes to the CN.</p> <p>An interview with the Director of Nursing (DoN) on 8/5/14 at 2:45 p.m., indicated the resident's last weekly skin check was done by the nurse on Monday 8/4/14 and there were no skin areas being monitored. The DoN was taken to observe the resident and the areas to both arms as observed above were pointed out.</p>						

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	<p>The DoN indicated those areas should have been documented on the weekly skin assessment. She awakened the resident, who indicated staff had not attempted to put on her geri-sleeves and she would be fine with wearing them. At the time of the observation, the DoN also indicated the resident was taking Aspirin daily and there was not a care plan in place for the aspirin. She indicated the resident should have one in place and would implement one immediately. She indicated residents who receive aspirin daily are at risk for bleeding and bruising.</p> <p>4. Resident #35's record was reviewed on 8/6/14 at 9:00 a.m. The resident's diagnoses included, but were not limited to, hypertension, chronic kidney disease, Alzheimer's disease, anxiety, depressive disorder, and dementia.</p> <p>A review of current Physician's Orders indicated check BP (blood pressure) and pulse weekly on Friday and the following blood pressure medications: Amlodipine 10 mg (milligrams) 1 tab po (by mouth) qd (daily) for HTN (hypertension - high BP), Atenolol 25 mg 1 tab po qd for HTN, and Hydrochlorothiazide 25 mg 1 tab po qd for HTN.</p> <p>A Physician's Order dated 12/9/13 and discontinued on 7/9/14 indicated, check</p>			

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	<p>orthostatic (laying then sitting) blood pressure monthly.</p> <p>Review of the monthly Medication Administration Records (MARs) from December 2013 through July 2014 indicated Resident #35 received her BP medication as ordered. There was no evidence of an orthostatic BP checked and recorded for April 2014.</p> <p>The Vital Stats log was reviewed for the months of December 2013 through July 2014 and there was no evidence of an orthostatic BP checked and recorded for April 2014.</p> <p>A care plan for hypertension dated 7/28/11 indicated the intervention, BP per order and PRN (as needed).</p> <p>An interview on 8/7/14 at 11:30 a.m. with the DoN indicated the proper procedure for a nurse regarding an orthostatic blood pressure would be to measure the resident's BP laying down then sit the resident up and measure it again while sitting. She further indicated both laying & sitting BP results should have been charted for April.</p> <p>3.1-35(g)(2)</p>			

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F000309 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, record review and interview, the facility failed to ensure each resident received the necessary treatment and services related to the monitoring and assessment of bruises for 1 of 3 residents reviewed for non-pressure related skin conditions of the 4 residents who met the criteria for non-pressure related skin conditions. (Resident #69)</p> <p>Findings include:</p> <p>On 08/04/2014 at 11:25 a.m., Resident #69 was observed sleeping in a recliner in the sitting area outside her room. Two purplish discolored areas were noted to her right forearm above her wrist. She was wearing a pushed up long-sleeved shirt and no geri-sleeves (skin protectors for the arms and hands) were observed in place.</p> <p>On 8/5/14 at 1:20 p.m., the resident was observed sleeping in a recliner in the sitting area outside her room. Two</p>	F000309	<p>It is the policy of this facility to ensure residents are provided the necessary care and services to attain or maintain the highest practicable level of physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care.</p> <p>I. Specific Corrective Actions: Resident 69's skin areas were immediately documented in the skin assessment area in AOD, the geri-sleeves were immediately applied, and a care plan was put in place for the aspirin.</p> <p>II. Identification and correction of others: All residents have the potential to be affected by lack of documentation regarding a care plan and/or interventions related to aspirin usage and risk for bleeding and bruising. All residents on aspirin were reviewed to ensure a care plan is in place for aspirin usage and the risk for bleeding and bruising</p> <p>III. Systemic Changes: The Care Plan Policy and procedure was updated. Nursing staff will be re-educated on the policy and</p>	09/10/2014			

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	<p>purplish discolored areas were noted to her right forearm above her wrist, larger fading discolored areas were noted to her upper right forearm and three small purplish areas were noted to her left mid forearm. The resident was wearing a short-sleeved shirt and no geri-sleeves were in place.</p> <p>On 8/5/14 at 2:43 p.m., Resident #69 remained asleep in the recliner. Her skin was unchanged from the previous assessment. No geri-sleeves were in place.</p> <p>Resident #69's record was reviewed on 8/4/14 at 1:30 p.m. The resident's diagnoses included, but were not limited to history of CVA (stroke), coronary artery anomaly, dementia, hypertension, diabetes mellitus, and cerebral artery occlusion.</p> <p>The readmission Minimum Data Set (MDS) Assessment dated 5/13/14 indicated the resident had a BIMS (Brief Interview for Mental Status) score of 4 out of 15 and was cognitively impaired, was totally dependent for Activities of Daily Living (ADL's), and had no existing skin conditions.</p> <p>The current Physician's Orders, indicated orders for weekly skin checks on</p>		<p>documentation regarding care plans and/or interventions related to aspirin usage and the risk for bleeding and bruising by September 10, 2014. [Attachment: InServiceNursesPOC2014, CarePlan Development and Review] IV. Monitoring:The DON, ADON and/or designee will randomly audit six charts per week of resident on aspirin for two months. The audits will then decrease to monthly for four more months. Any concerns identified will be documented on a quality assurance tracking log and corrected upon discovery. All QAPI tools and any findings will be reviewed monthly in the facility QAPI Meeting to ensure ongoing compliance. [Attachment: 24 Hour Condition Report Review and QA Tracking Log]</p>				

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	<p>Monday, geri-sleeves on at all times - may remove for hygiene, and aspirin 81 mg (milligrams) daily for CVA.</p> <p>Review of the July 2014 and August 2014 Medication Administration Record (MAR) indicated the resident had received the aspirin medication daily.</p> <p>A care plan dated 5/7/14 was in place for Risk for Alteration in Skin Integrity r/t (related to) weakness, decreased mobility, decreased ROM (range of motion), and incontinence d/t (due to) hx (history of) CVA & right sided weakness. Interventions included, the CN (Charge Nurse) to observe resident's skin at least weekly and report any skin concerns to the MD (Physician) and family and the CNA (Certified Nursing Assistant) to observe resident's skin daily with care and report any changes to the CN.</p> <p>There was a lack of documentation to indicate the resident had a care plan and/or interventions related to the aspirin usage and risk for bleeding and bruising.</p> <p>An interview with the Director of Nursing (DoN) on 8/5/14 at 2:45 p.m., indicated the resident's last weekly skin check was done by the nurse on Monday 8/4/14 and there were no skin areas being monitored. The DoN was taken to</p>			

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	<p>observe the resident and the areas to both arms as observed above were pointed out. The DoN indicated those areas should have been documented on the weekly skin assessment. She awakened the resident, who indicated staff had not attempted to put on her geri-sleeves and she would be fine with wearing them. At the time of the observation, the DoN also indicated the resident was taking Aspirin daily and there was not a care plan in place for the aspirin. She indicated the resident should have one in place and would implement one immediately. She indicated residents who receive aspirin daily are at risk for bleeding and bruising.</p> <p>3.1-37(a)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review, and interview, the facility failed to ensure residents were free from unnecessary medications related to monitoring for side effects of psychoactive medications, following medication order parameters, and completing orthostatic blood pressures for 3 of 5 residents reviewed for unnecessary medications. (Residents # 76, #15, and #35)</p> <p>Findings include:</p>	F000329	It is the policy of this facility to ensure each resident's drug regimen is free from unnecessary drugs. It is also the policy of this facility, based on a comprehensive assessment of residents, to ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and	09/10/2014

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	<p>1. The record for Resident #76 was reviewed on 8/5/14 at 1:19 p.m. The resident's diagnoses included, but were not limited to, vascular dementia with delusions, adjustment disorder with depressed mood, and anxiety.</p> <p>Review of the 8/2014 Medication Administration Record (MAR) indicated orders for Zoloft (an antidepressant medication) 100 milligrams (mg) daily, Xanax (an anti-anxiety medication) 0.5 mg daily, and Risperdal (an antipsychotic medication) 0.25 mg two times a day. The resident had received the medications as ordered.</p> <p>There was lack of documentation in the record to indicate the Zoloft, Xanax, and Risperdal medications had been monitored for side effects.</p> <p>Review of the current care plan indicated the resident had the potential for drug related complications associated with the use of psychotropic medications. Nursing interventions included, "...Observe for any signs of adverse effects from psychotropic use..."</p> <p>Interview with the DoN (Director of Nursing) on 8/8/14 at 12:58 p.m., indicated she could not find any documentation the</p>		<p>behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>I. Specific Corrective Actions: Resident #76 was immediately started on a monitoring program for side effects related to her Zoloft, Xanax, and Risperdal. The nurse who did not follow physician orders and give Resident #15 the Diltiazem for a heart rate of 58 was counseled regarding strict adherence to physician orders. The nurse caring for Resident #35 during the month of April that should have checked and recorded the orthostatic blood pressure resigned a month ago.</p> <p>II. Identification and correction of others: All residents have the potential to be affected by the failure to follow physician's orders and care plans related to monitoring for side effects of psychoactive medications, following medication order parameters, and completing orthostatic blood pressures. All physician orders and care plans were reviewed to ensure all were followed per policy.</p> <p>III. Systemic Changes: Nursing staff will be educated on following physician orders and care plans related to monitoring for side effects of psychoactive medications, following medication order parameters, and completing orthostatic blood pressures prior</p>				

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	<p>antidepressant, antipsychotic, and antianxiety medications had been monitored for side effects. She further indicated the resident should have been monitored for side effects of the medications.</p> <p>2. Resident #15's record was reviewed on 8/6/14 at 9:18 a.m. The resident's diagnoses included, but were not limited to, hypertension, atrial fibrillation and cardiac pacemaker.</p> <p>The Annual Minimum Data Set (MDS) Assessment completed on 7/15/14 indicated the resident was cognitively impaired.</p> <p>The resident's care plan for History of Chest Pain indicated to complete vital signs per Physician order and to administer medication per Physician order.</p> <p>Review of the August 2014 Physician Orders indicated an order for diltiazem (cardiac medication) 60 mg (milligrams) tablet. Give every 6 hours for angina (chest pressure). HOLD if pulse is <55.</p> <p>Review of the August MAR (Medication Administration Record) indicated on 8/5/14 at 00:01 (12:01 a.m.) the resident's pulse was 58. The MAR indicated the</p>		<p>to September 10, 2014. [Attachment: InServiceNursesPOC2014] IV. Monitoring:TheDON, ADON and/or designee will audit compliance by reviewing six random charts per week for two months regarding following physician orders and care plans related to monitoring for side effects of psychoactive medications, following medication order parameters, and completing orthostatic blood pressures. The audits will then decrease to monthly for four more months. Any concerns identified will be documented on a quality assurance tracking log and corrected upon discovery. All QAPI tools and any findings will be reviewed monthly in the facility QAPI Meeting to ensure ongoing compliance. [Attachment: 24 Hour Condition Report Review and QA Tracking Log]</p>	

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	<p>diltiazem was not administered due to the heart rate of 58.</p> <p>Interview with the DoN (Director of Nursing) on 8/6/14 at 12:00 p.m., indicated the diltiazem should have been given on 8/5/14 at 00:01 and was not administered.</p> <p>3. Resident #35's record was reviewed on 8/6/14 at 9:00 a.m. The resident's diagnoses included, but were not limited to, hypertension, chronic kidney disease, Alzheimer's disease, anxiety, depressive disorder, and dementia.</p> <p>A review of current Physician's Orders indicated check BP (blood pressure) and pulse weekly on Friday and the following blood pressure medications: Amlodipine 10 mg (milligrams) 1 tab po (by mouth) qd (daily) for HTN (hypertension - high BP), Atenolol 25 mg 1 tab po qd for HTN, and Hydrochlorothiazide 25 mg 1 tab po qd for HTN.</p> <p>A Physician's Order dated 12/9/13 and discontinued on 7/9/14 indicated, check orthostatic (laying then sitting) blood pressure monthly.</p> <p>Review of the monthly Medication Administration Records (MARs) from December 2013 through July 2014 indicated Resident #35 received her BP</p>			

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R000000	<p>medication as ordered. There was no evidence of an orthostatic BP checked and recorded for April 2014.</p> <p>The Vital Stats log was reviewed for the months of December 2013 through July 2014 and there was no evidence of an orthostatic BP checked and recorded for April 2014.</p> <p>An interview on 8/7/14 at 11:30 a.m. with the DoN indicated the proper procedure for a nurse regarding an orthostatic blood pressure would be to measure the resident's BP laying down then sit the resident up and measure it again while sitting. She further indicated both laying & sitting BP results should have been charted for April.</p> <p>3.1-48(a)(3)</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p>	R000000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Oak Grove Christian Retirement Village	

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R000216	<p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on record review and interview, the facility failed to complete a self administration of medication evaluation for a resident who self administered medications for 1 of 5 residents reviewed for medication self administration in a total sample of 7. (Resident #6)</p> <p>Findings include: Resident #6's record was reviewed on 8/8/14 at 12:42 p.m. The resident's</p>	R000216	<p>desires this Plan of Correction to be consideredthe facility's Allegation of Compliance. Compliance is effective on September10, 2014. The facility respectfully requests paper compliance. Please accept the attached as our credible allegation of compliance.</p> <p>It is the policy of this facility to ensure all residents complete a self administration of medication evaluation if the resident is going to self administer his/her medications. I. Specific Corrective Actions: The Assisted Living (AL) nurse completed a self administration of medication evaluation on Residential Resident #6 the next morning. II. Identification and correction of others: All residents have the potential to be affected bymissing a self</p>	09/10/2014	

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R000349	<p>diagnoses included, but were not limited to, lymphoma, anxiety, and depression. The resident was admitted to the facility on 7/21/13.</p> <p>Review of the current service plan indicated the resident's family was to set up her medications and the resident self administered the medications.</p> <p>There was lack of documentation in the resident's record to indicate a self administration of medication evaluation had been completed.</p> <p>Interview with the DoN (Director of Nursing) on 8/11/14 at 11:00 a.m., indicated a self administration of medication evaluation had not been completed prior to 8/8/14.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on record review and interview,</p>	R000349	<p>administration of medication evaluation. All resident charts were reviewed to ensure any resident administering his/her own medications has in place a self administration of medications evaluation. III. Systemic Changes: A Self Administration Evaluation form will be added to the pre-admission paperwork and the nurses will be in-serviced on the form prior to September 10, 2014. [Attachment: InServiceNursesResidentialPOC2014] IV. Monitoring: The DON/ADON or designee will review all new Residential admissions to ensure proper paperwork, related to self administration of medication, is in place prior to admission. [Attachment: Clinical Record Review for Residential Care]</p>	09/10/2014			

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	<p>the facility failed to ensure resident's clinical records were complete, related to signed physician orders for medications, diet orders and annual health statements for 6 of the 7 residents reviewed for physician's orders in a total sample of 7. (Residents #1, #6, #7, #4, #5 and #3)</p> <p>Findings include:</p> <p>1. Resident #1's record was reviewed on 8/8/14 at 2:00 p.m. The resident's diagnosis included, but were not limited to, DM (Diabetes Mellitus) and thyroid full replacement. The resident was admitted into the facility on 5/16/13.</p> <p>There was a lack of documentation to indicate the resident's physician's orders for medications, diet orders and the annual health statement had been signed by the primary care physician.</p> <p>During an interview on 8/11/14 at 11:00 a.m., The DoN (Director of Nursing) indicated the missing information was not completed prior to 8/8/14.</p> <p>2. Resident #6's record was reviewed on 8/8/14 at 12:42 p.m. The resident's diagnosis included, but were not limited to, Lymphoma, anxiety and depression. The resident was admitted into the facility 7/31/13.</p>		<p>to maintain clinical records on each resident that are complete, accurately documented, readily accessible and systematically organized.</p> <p>I. Specific Corrective Actions: Resident 1's clinical record was updated immediately to include physician's orders for medications, diet and the annual health statement. Resident 6's clinical record was updated immediately to include physician's orders for medications, diet and the annual health statement. Resident 7's clinical record was updated immediately to include his/her weight, and documentation of Resident's Rights Acknowledgment. Resident 4's clinical record was updated immediately to include physician's orders for diet and the annual health statement. Resident 5's clinical record was updated immediately to include physician's orders for the annual health statement and documentation of Resident's Rights Acknowledgment. Resident 3's clinical record could not be corrected since she discharged May 21st to the hospital and subsequently passed.</p> <p>II. Identification and correction of others: All residents have the potential to be affected by information missing from their clinical records. All records were reviewed to ensure they are complete.</p>				

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	<p>There was a lack of documentation to indicate the resident's physician's orders for medications, diet and the annual health statement had been signed by the primary care physician.</p> <p>3. Resident #7's record was reviewed on 8/8/14 at 1:16 p.m. The resident's diagnosis included, but were not limited to CHF (Congestive Heart Failure). The resident was admitted into the facility on 1/25/13.</p> <p>There was a lack of documentation to indicate the resident's physician's orders for medications, diet orders and the annual health statement had been signed by the primary care physician. The clinical record lacked documentation of the resident's weight on admission and semi-annually and lacked documentation of the Resident's Rights Acknowledgement.</p> <p>During an interview on 8/11/14 at 11:00 a.m., The DoN (Director of Nursing) indicated the missing information was not completed prior to 8/8/14.</p> <p>4. Resident #4's record was reviewed on 8/8/14 at 1:36 p.m. The resident's diagnoses included, but were not limited to DM (Diabetes Mellitus). The resident</p>		<p>III. Systemic Changes:All nursing staff will be educated regarding clinical record requirements prior to September 10, 2014. [Attachment: InServiceNursesResidentialPOC2014]</p> <p>IV. Monitoring:The Medical Records coordinator and/or designee will audit all new admissions within 72 hours to ensure the clinical record is complete. Any concerns identified will be documented on a quality assurance tracking log and corrected upon discovery. All QAPI tools and any findings will be reviewed monthly in the facility QAPI Meeting to ensure ongoing compliance. [Attachment: Clinical Record Review for Residential Care]</p>		

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	<p>was admitted into the facility on 8/2/14.</p> <p>There was a lack of documentation to indicate the resident's physician's orders for diet and the annual health statement had been signed by the primary care physician.</p> <p>During an interview on 8/11/14 at 11:00 a.m., The DoN (Director of Nursing) indicated the missing information was not completed prior to 8/8/14.</p> <p>5. Resident #5's record was reviewed on 8/8/14 at 11:14 a.m. The resident's diagnosis included, but were not limited to, arthritis, HTN (Hypertension-high blood pressure), DM (Diabetes Mellitus) and panic attacks. The resident was admitted into the facility on 4/19/14.</p> <p>There was a lack of documentation to indicate the resident's physician's orders for the annual health statement had been signed by the primary care physician. The clinical record lacked documentation of the Resident's Rights Acknowledgement.</p> <p>During an interview on 8/11/14 at 11:00 a.m., The DoN (Director of Nursing) indicated the missing information was not completed prior to 8/8/14.</p> <p>6. Resident #3's record was reviewed on</p>			

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R000356	<p>8/814 at 1:30 p.m. The resident had a diagnosis of CHF (Congestive Heart Failure). The resident was admitted into the facility on 12/11/10.</p> <p>There was a lack of documentation to indicate the resident's physician's orders for medication, diet orders and the annual health statement had been signed by the primary care physician. The clinical record lacked documentation of the resident's weight on admission and semi-annually, the Resident's Rights Acknowledgement, the service plan, and the resident's tuberculin test on/or prior to admission with a second step.</p> <p>During an interview on 8/11/14 at 11:00 a.m., The DoN (Director of Nursing) indicated the missing information was not completed prior to 8/8/14.</p> <p>410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance (i) A current emergency information file shall</p>				

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	<p>be immediately accessible for each resident, in case of emergency, that contains the following:</p> <p>(1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth.</p> <p>(2) The resident ' s hospital preference.</p> <p>(3) The name and phone number of any legally authorized representative.</p> <p>(4) The name and phone number of the resident ' s physician of record.</p> <p>(5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death.</p> <p>(6) Information on any known allergies.</p> <p>(7) A photograph (for identification of the resident).</p> <p>(8) Copy of advance directives, if available.</p> <p>Based on record review and interview, the facility failed to ensure resident's emergency file contained pictures of the residents, for 5 of 7 residents reviewed for emergency files in a sample of 7. (Residents #6, #5, #7, #4 and #1)</p> <p>Findings include:</p> <p>1. Resident #1's record was reviewed on 8/8/14 at 2:00 p.m. The resident's diagnoses included, but were not limited to, DM (Diabetes Mellitus) and thyroid full replacement. The resident was admitted into the facility on 5/16/13.</p> <p>The resident's emergency file did not contain a picture of the resident.</p>	R000356	<p>R356It is the policy of this facility to ensure each emergency information filecontains a photograph of the resident.</p> <p>I. Specific CorrectiveActions:The photographs for Resident #1, #4, #7, #5, and #6were in the SS Director's office and were immediately placed in his/heremergency information file.</p> <p>II. Identification and correction of others:All residents have the potential to have missingphotographs. All emergency informationfiles were checked to ensure each one contained a photograph of the resident.</p> <p>III. Systemic Changes:The SS Director was educated on promptly filing allresident photographs in his/her</p>	09/10/2014			

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	<p>During an interview on 8/8/14 at 2:24 p.m., the Social Services Director indicated the emergency files lacked pictures of the residents.</p> <p>2. Resident #4's record was reviewed on 8/8/14 at 1:36 p.m. The resident's diagnosis included, but were not limited to DM. The resident was admitted into the facility on 8/2/14.</p> <p>The resident's emergency file did not contain a picture of the resident.</p> <p>During an interview on 8/8/14 at 2:24 p.m., Social Services indicated the emergency files lacked pictures of the residents.</p> <p>3. Resident #7's record was reviewed on 8/8/14 at 1:16 p.m. The resident's diagnosis included, but were not limited to CHF (Congestive Heart Failure). The resident was admitted into the facility on 1/25/13.</p> <p>The resident's emergency file did not contain a picture of the resident.</p> <p>During an interview on 8/8/14 at 2:24 p.m., Social Services indicated the emergency files lacked pictures of the residents.</p>		<p>emergency file as soon as obtained. [Attachment: InServiceSSPOC2014]</p> <p>IV. Monitoring:The Medical Records coordinator and/or designee will audit all new admissions within 72 hours to ensure the emergency file contains a picture of the resident. Any concerns identified will be documented on a quality assurance tracking log and corrected upon discovery. All QAPI tools and any findings will be reviewed monthly in the facility QAPI Meeting to ensure ongoing compliance. [Attachment: Clinical Record Review for Residential Care]</p>		

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	<p>4. Resident #5's record was reviewed on 8/8/14 at 11:14 a.m. The resident's diagnoses included, but were not limited to, arthritis, HTN (Hypertension-high blood pressure), DM (Diabetes Mellitus) and panic attacks. The resident was admitted into the facility on 4/19/14.</p> <p>The resident's emergency file did not contain a picture of the resident.</p> <p>During an interview on 8/8/14 at 2:24 p.m., the Social Services Director indicated the emergency files lacked pictures of the residents.</p>			
	<p>5. Resident #6's record was reviewed on 8/8/14 at 12:42 p.m. The resident's diagnoses included, but were not limited to, Lymphoma, anxiety and depression. The resident was admitted into the facility 7/31/13.</p> <p>The resident's emergency file did not contain a picture of the resident.</p> <p>During an interview on 8/8/14 at 2:24 p.m., the Social Services Director indicated the emergency files lacked pictures of the residents.</p>			

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

PRINTED: 08/25/2014

FORM APPROVED

OMB NO. 0938-0391

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