

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155392	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/14/2014
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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT KENDALLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 S MAIN ST KENDALLVILLE, IN 46755
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 10, 12, 13 and 14, 2014.</p> <p>Facility number: 000402 Provider number: 155392 AIM number: 100288120</p> <p>Survey team: Tim Long, RN-TC Diane Nilson, RN (11/12, 11/13/, 11/14, 2014) Carol Miller, RN Rick Blain, RN</p> <p>Census bed type: SNF/NF: 16 Total: 16</p> <p>Census Payor type: Medicare: 1 Medicaid: 14 Other: 1 Total: 16</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November</p>	F000000		
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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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F000329 SS=D	<p>17, 2014 by Randy Fry RN.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 anticoagulant medication was maintained within therapeutic range for 1 Resident (Resident #3) in a sample of 5 residents reviewed for unnecessary medications.</p>	F000329	Attached for your review and approval is the completed Plan of Correction for the recent Recertification and State Licensure Survey conducted November 10-14, 2014 at Hickory Creek at Kendallville, Kendallville, IN. Submission of this Plan of Correction is not an admission that a deficiency exists. This Plan	11/28/2014

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	<p>Findings include:</p> <p>The record for Resident #3 was reviewed on 11/12/2014 at 1:30 P.M. Diagnoses included, but were not limited to, atrial fibrillation and peripheral artery disease.</p> <p>Hospital discharge orders, dated 10/17/2014, indicated Resident #3 was to receive warfarin (anticoagulant medication used to treat atrial fibrillation) 1 mg (milligrams) daily on Monday, Wednesday, and Friday and 2 mg daily on Tuesday, Thursday, Saturday, and Sunday.</p> <p>Facility admission orders, dated 10/17/2014, indicated Resident #3 was prescribed warfarin 1 mg (milligrams) daily on Monday, Wednesday, and Friday and warfarin 2 mg daily on Tuesday, Thursday, Saturday, and Sunday. The orders also indicated a PT/INR (prothrombin time/international normalized ratio, a laboratory test used to determine the clotting tendency of blood to assess the anticoagulation effects of warfarin) was to be obtained on 10/20/2014.</p> <p>A lab report, dated 10/20/2014, indicated a prothrombin time of 52.7 (reference range 9.6 to 11.6) and an INR level of 4.5 (reference range 0.9 to 1.1). A hand</p>		<p>of Correction is submitted to meet requirements established by state and federal law. This Plan of Correction constitutes the written allegation of compliance for Hickory Creek at Kendallville. We respectfully request a desk review/paper compliance for the Plan of Correction. The medical record for Resident #3 was audited by the Director of Nursing on 11/12/14 and 11/13/14 to ensure accurate Coumadin lab values and orders were communicated to the physician. The current Coumadin Log for Resident #3 was also audited for accurate recorded lab values and orders. All other residents receiving Coumadin were audited on 11/12/14 by the Director of Nursing to verify correct dosages/orders and communication to physician. No other issues were identified. Licensed nurses were inserviced on 11/13/14 by the Director of Nursing on the correct procedure for reporting PT/INR results to the physician. Beginning immediately, two licensed nurses must verify the current Coumadin dose/order and initial the verification on the lab sheet prior to faxing that information, and the Coumadin Flow Record is also faxed to the physician. This corrective action will be monitored by the Director of Nursing at least five days a week for 30 days, then three days a week for 30 days, the weekly</p>	

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	<p>written note by a facility nurse on the lab report indicated the resident was receiving warfarin 1 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and Sunday.</p> <p>A nursing note, dated 10/20/2014 at 3:30 P.M., indicated "PT/INR results called to (nurse practitioner's name), N.O. (new orders) rec'd (received) to hold Coumadin (warfarin) x 2 days et (and) repeat PT/INR 10/22/2014...."</p> <p>A lab report, dated 10/22/2014, indicated a prothrombin time of 54.4 and an INR level of 4.7. A hand written note by a facility nurse on the lab report indicated the resident was receiving warfarin 1 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and Sunday.</p> <p>A nursing note, dated 10/22/2014 at 1:55 P.M., indicated "Lab results faxed to Dr.'s office."</p> <p>A physician's order, dated 10/22/2014, indicated "Hold Coumadin today et Thur. Recheck PT/INR Fri."</p> <p>A lab report, dated 10/24/2014, indicated a prothrombin time of 50.5 and an INR of 4.3.</p>		<p>for 30 days to ensure compliance. In addition, random audits of the PT/INR results and the Coumadin Log will be completed by the Director of Nursing for an additional 90 days. Results of these audits will be forwarded to the Quality Assurance Committee which meets monthly and is overseen by the Administrator. The audits will be reviewed by the Administrator and then forwarded to the Quality Assurance Committee meeting. After 180 days and when 100% compliance is obtained, further monitoring will be completed as recommended by the Quality Assurance Committee.</p>	

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	<p>A physician's order, dated 10/24/2014, indicated "Hold Coumadin Fri, Sat, Sun et recheck PT/INR on Mon."</p> <p>A lab report, dated 10/27/2014, indicated a prothrombin time of 26.7 and an INR of 2.4. A hand written note by a facility nurse on the lab report indicated the resident was receiving warfarin 5 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and Sunday and the warfarin had been held for the past seven days.</p> <p>Review of Resident #3's physician orders indicated there had been no change in orders for warfarin prior to, or at the time the note had been written, and the current orders for warfarin on 10/27/2014 had remained at 1 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and Sunday.</p> <p>A nursing note, dated 10/27/2014 at 2:00 P.M., indicated "Lab results faxed to Dr.'s office."</p> <p>A physician's order, dated 10/27/2014, indicated the physician increased the warfarin to 3 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and</p>			

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	<p>Sunday. The order also indicated a PT/INR was to be obtained in 3 days.</p> <p>A lab report, dated 10/30/2014, indicated a prothrombin time of 44.9 and an INR of 3.9.</p> <p>A physician's order, dated 10/31/2014, indicated new orders for warfarin 2.5 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and Sunday. The order also indicated a PT/INR was to be checked in 10 days.</p> <p>A nursing note, dated 11/2/2014 at 12:15 P.M., indicated "Sitting @ DR (dining room) table eating lunch. Had sudden sm. (small) stream of blood from R (right) nostril. Stopped immediately...."</p> <p>A nursing note, dated 11/2/2014 at 12:45 P.M., indicated "Med (medium) size blood clot @ nasal septum. R (resident) says he doesn't get nose bleeds...."</p> <p>A physician's order, dated 11/3/2014, indicated a PT/INR was to be obtained in the morning.</p> <p>A lab report, dated 11/4/2014 indicated a prothrombin time of greater than 100.0 and an INR of greater than 8.3. The report indicated "panic result" and the results were called in to the facility.</p>				

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	<p>A nursing note, dated 11/4/2014 at 12:30 P.M., indicated "Lab called c (with) PT/INR results of &gt; (greater than) 100 et 8.3. (Nurse practitioner's name) called et orders rec'd...."</p> <p>A physician's order, dated 11/4/2014, indicated "Hold Coumadin today, vitamin K (used to counteract the anticoagulation effects of warfarin) 5 mg now, PT/INR tomorrow."</p> <p>A lab report, dated 11/5/2014, indicated a prothrombin time of greater than 100.0 and an INR of greater than 8.3. The report indicated "panic result" and the results were called in to the facility.</p> <p>A nursing note, dated 11/5/2014 at 4:00 P.M., indicated "Lab called critical PT/INR of &gt;100 et &gt;8.3. (Physician's name) office called. N.O. rec'd et noted for vit K (vitamin K) et cont (continue) to hold Coumadin."</p> <p>A physician's order, dated 11/5/2014, indicated "Continue to hold Coumadin, give Vit K IM (intramuscularly) x 1, (recheck) PT/INR tomorrow."</p> <p>A care plan for Resident #3, dated 10/28/2014, indicated "I am at risk for bleeding et bruising due to Coumadin" as</p>			

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	<p>a problem.</p> <p>The facility Director of Nursing and RN #1 were both interviewed on 11/12/2014 at 2:10 P.M. During the interview, the DON indicated the nursing staff frequently write the current dose of warfarin on the PT/INR lab results and then fax them to the physician, or call the results to the physician with the current dose for warfarin, so the physician will know what the present dose is and can then make adjustments to the dose of warfarin as needed based on the PT/INR results. RN #1 indicated she had written the note on the lab results dated 10/27/2014. RN #1 further indicated the warfarin orders for Resident #3 on 10/27/2014 were actually 1 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and Sunday. RN #1 indicated the note she had written on the lab report and faxed to the physician should not have indicated the resident's warfarin orders were for 5 mg on Monday, Wednesday, and Friday and 2 mg on Tuesday, Thursday, Saturday, and Sunday. The DON indicated the physician had adjusted the warfarin dose based on the information written on the lab report dated 10/27/2014, which resulted in an increase in warfarin and the panic levels of PT/INR and the need for Vitamin K. The</p>			
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	DON also indicated the facility had requested orders for a PT/INR on 11/4/2014 because the resident had a brief nose bleed on 11/2/2014, but no other adverse effects.  3.1-48(a)(1)			

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

PRINTED: 11/26/2014

FORM APPROVED

OMB NO. 0938-0391

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