

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2014
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NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410
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F000000	<p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00150482 and IN00150997 completed on June 26, 2014.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00152427.</p> <p>Complaint IN00150482- Not corrected.</p> <p>Complaint IN150997- Not corrected.</p> <p>Survey dates: August 5 and 6, 2014</p> <p>Facility number: 010739 Provider number: 155764 AIM number: 200856890</p> <p>Survey team: Regina Sanders, RN</p> <p>Census bed type: SNF: 39 SNF/NF: 10 Residential: 72 Total: 121</p> <p>Census Payor type: Medicare: 38 Medicaid: 09 Other: 74 Total: 121</p>	F000000	<p>The submission of this plan of correction does not indicate an admission of Spring Mill Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Spring Mill Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. (Title 18 and 19). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</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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F000282 SS=D	<p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 7, 2014, by Janelyn Kulik, RN.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, record review and interview, the facility failed to follow</p>	F000282	F 282 F 282	08/20/2014

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	<p>physician's orders, related to obtaining a potassium level, TED (support hose), and an edema glove for 2 of 3 residents reviewed for physician's orders in a total sample of 4. (Residents #F and #G)</p> <p>Findings include:</p> <p>1. Resident #F's record was reviewed on 08/05/14 at 2:06 p.m. The resident's diagnoses included, but were not limited to, hypokalemia (low potassium) and dementia.</p> <p>A Nurses' Note, dated 07/27/14 at 10 a.m., indicated the resident was combative with her care and the resident's Nurse Practitioner was notified of the change in behavior.</p> <p>A Nurses' Note, dated 07/27/14 at 11 a.m., indicated a Physician's Order for a BMP (basic metabolic panel-electrolytes) was to be obtained on 07/28/14.</p> <p>The BMP results, dated 07/28/14, indicated the resident had a critically low potassium level at 2.7 (normal 3.5-5.3).</p> <p>A Physician's Order, dated 07/28/14, indicated to give 40 meq (milliequivalents) of potassium one time and to obtain a potassium level on 07/29/14.</p>		<p>Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice:</p> <p>Resident F had potassium level drawn 8.7.14 with results of lab notified to Physician and family. No adverse effects were noted.</p> <p>Resident G had TED hose put on and edema glove was discontinued per Physician's order.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</p> <p>Current residents labs audited to ensure lab draws were obtained per Physician orders. Physician's were notified of any labs found not in compliance</p>	

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	<p>The potassium level result on 07/29/14, indicated the resident's level was low at 2.8.</p> <p>A Physician's Order, dated 07/29/14, indicated to give 40 meq of potassium and to recheck the resident's potassium level on 07/30/14.</p> <p>The potassium level result on 07/30/14, indicated the resident's level was low at 3.2.</p> <p>A Physician's order (written on the lab result), dated 07/30/14, indicated to give 40 meq of potassium on 07/30/14 and to recheck the resident's potassium level on 07/31/14 and to start a routine dose of potassium 10 meq every day on 07/31/14.</p> <p>A Physician's Telephone Order, dated 07/30/14, indicated to administer 40 meq of potassium once on 07/30/14 and to start potassium 10 meq daily on 07/31/14.</p> <p>There was a lack of documentation in the chart to indicate a potassium level had been completed as ordered by the physician on 07/31/14.</p> <p>During an interview with LPN #1, on 08/05/14 at 2:19 p.m., she indicated she</p>		<p>and new orders were received. Families were notified.</p> <p>Current residents with TED hose and/or edema glove have been audited to ensure residents are wearing TED hose and/or edema glove per Physician's orders. No concerns were noted.</p> <p>Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur:</p> <p>Licensed nurses have been re-educated via directed in servicing on 8/18-8/19/2014 by Debby Sherron, RN consultant regarding following physician orders for lab draws.</p> <p>Licensed nurses and certified nursing assistants have been re-educated via directed in servicing on 8/18-8/19/2014 by Debby Sherron, RN consultant to ensure TED hose and /or edema glove are placed on resident per Physician's orders.</p>	

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	<p>had notified the laboratory company and was informed a potassium level had not been completed on 07/31/14. She indicated the laboratory company had not received the order for the potassium level. She indicated the resident did not have her potassium level obtained as ordered by the physician.</p> <p>2. During the initial tour on 08/05/14 at 8:20 a.m. through 8:50 a.m., with the Director Health Services (DHS), Resident #G was sitting in a wheelchair and staff were transporting the resident to the dining room. The resident had arm protectors on and did not have TED hose on.</p> <p>During an observation on 08/05/14 at 11:09 a.m., the resident was sitting in her wheelchair in the dining room. The resident had regular white mid-calf socks on and did not have the edema glove on her right arm.</p> <p>Resident #G's record was reviewed on 08/05/14 at 11:24 a.m. The resident's diagnoses included, but were not limited to, left breast cancer, coronary artery disease, and dementia.</p> <p>The Physician's Recapitulation Orders, dated 08/14, indicated orders (05/31/14) for TED hose, to be applied in the</p>		<p>Care plans for resident's that have orders for TED hose and / or edema glove have been updated.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</p> <p>DHS/designee will audit labs 5 days per week during clinical meeting and results of audits will be reviewed in QA monthly times 6 months or until compliance is achieved.</p> <p>DHS/designee will round 5 days per week for four weeks, 3 days per week for 4 weeks and weekly for four months to ensure residents who wear TED hose and /or edema glove are wearing items per Physician's order. Results of audit completed via rounding will be reviewed in QA monthly times 6 months or until compliance is achieved</p>				

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F000329 SS=D	<p>morning and taken off in the evening and an edema glove to the right hand to decrease swelling, to be applied in the morning and taken off at bedtime.</p> <p>During an interview on 08/05/14 at 11:20 a.m., LPN #2 identified herself as the Nurse taking care of Resident #G. She indicated the resident did not have the edema glove on her right hand and the resident did not have TED hose on.</p> <p>During an interview on 08/05/14 at 11:30 a.m., LPN #2 indicated the resident's TED hose were soiled so she obtained a new pair from the supply room.</p> <p>This Federal tag relates to Complaints IN00150482 and IN00150997.</p> <p>This deficiency was cited on June 26, 2014. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-35(g)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM</p>				

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	<p>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 provide adequate monitoring of a low potassium level, related to no obtaining a potassium level as ordered by the physician for 1 of 3 residents reviewed for physician's orders in a sample of 3. (Resident #F)</p> <p>Findings include:</p> <p>Resident #F's record was reviewed on 08/05/14 at 2:06 p.m. The resident's diagnoses included, but were not limited to, hypokalemia (low potassium) and dementia.</p>	F000329	<p>F 329</p> <p>Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice:</p> <p>Resident F had potassium level drawn 8.7.14 with results of lab notified to Physician and family. No adverse effects were noted.</p>	08/20/2014

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	<p>A Nurses' Note, dated 07/27/14 at 10 a.m., indicated the resident was combative with her care and the resident's Nurse Practitioner was notified of the change in behavior.</p> <p>A Nurses' Note, dated 07/27/14 at 11 a.m., indicated a Physician's Order for a BMP (basic metabolic panel-electrolytes) was to be obtained on 07/28/14.</p> <p>The BMP results, dated 07/28/14, indicated the resident had a critically low potassium level at 2.7 (normal 3.5-5.3).</p> <p>A Physician's Order, dated 07/28/14, indicated to give 40 meq (milliequivalents) of potassium one time and to obtain a potassium level on 07/29/14.</p> <p>The potassium level result on 07/29/14, indicated the resident's level was low at 2.8.</p> <p>A Physician's Order, dated 07/29/14, indicated to give 40 meq of potassium and to recheck the resident's potassium level on 07/30/14.</p> <p>The potassium level result on 07/30/14, indicated the resident's level was low at 3.2.</p>		<p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</p> <p>Current residents labs audited to ensure lab draws were obtained per Physician orders and Physician notified along with family.</p> <p>Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur:</p> <p>Licensed nurses have been re-educated via directed in servicing on 8-18-14 / -8-19-14 by Debby Sherron RN consultant, on following physician orders for lab draws. An audit tool for lab tracking will be completed 5 days per week during clinical meeting to ensure lab draws were completed along with notification to Physicians and family.</p>	

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	<p>A Physician's order (written on the lab result), dated 07/30/14, indicated to give 40 meq of potassium on 07/30/14 and to recheck the resident's potassium level on 07/31/14 and to start a routine dose of potassium 10 meq every day on 07/31/14.</p> <p>A Physician's Telephone Order, dated 07/30/14, indicated to administer 40 meq of potassium once on 07/30/14 and to start potassium 10 meq daily on 07/31/14.</p> <p>There was a lack of documentation in the chart to indicate a potassium level had been completed on 07/31/14.</p> <p>During an interview with LPN #1, on 08/05/14 at 2:19 p.m., she indicated she had notified the laboratory company and was informed a potassium level had not been completed on 07/31/14. She indicated the laboratory company had not received the order for the potassium level. She indicated the resident did not have her potassium level obtained as ordered by the physician.</p> <p>A potassium level, obtained on 08/05/14 at 3:10 p.m., indicated the resident potassium level continued to be low at 3.4.</p>		<p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</p> <p>DHS/designee will audit labs 5 days per week during clinical meeting and results of audits will be reviewed in QA monthly times 6 months or until compliance is achieved.</p>	

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	A Physician's Order, dated 08/05/14, indicated to administer an additional 40 meq of potassium on 08/05/14 and to recheck the potassium level on 08/07/14. 3.1-48(a)(3)				