

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155756	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/25/2013
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NAME OF PROVIDER OR SUPPLIER COVENTRY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804
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F000000	<p>This visit was for the Investigation of Complaint IN00139264.</p> <p>Complaint IN00139264-Substantiated, Federal/State deficiency related to the allegations is cited at F-282.</p> <p>Survey Dates: November 21, 22, & 25, 2013</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 35 SNF/NF: 103 Total: 138</p> <p>Census payor type: Medicare: 34 Medicaid: 72 Other: 32 Total: 138</p>	F000000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after December 13, 2013.	

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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	<p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 26, 2013 by Randy Fry RN.</p>			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review the facility failed to ensure oxygen therapy was provided as ordered by the physician for 3 of 3 residents reviewed for oxygen therapy. (Residents A, B & C)</p> <p>Finding includes:</p> <p>1. On 11/22/13 at 9:20 a.m. review of the clinical record for resident (A) indicated he was admitted to the facility on 2/17/10 with Diagnoses including but not limited to Diabetes, Anxiety, Depression and Sleep Apnea.</p> <p>Review of the clinical record for resident (A) indicated the resident had a physicians order dated 5/21/13 for oxygen therapy at 2 liters per minute.</p> <p>Observation of the resident on 11/21/13 at 2:45 p.m. indicated the</p>	F000282	<p>F 282 Services By Qualified Persons/Per Care Plan It is the practice of this facility to ensure that recommendations initiated by qualified persons are followed for all Residents. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: -The resident (A) has a physician's order for 2 liters of oxygen per minute and is currently set at 2 liters on the oxygen concentrator. -The resident (B) has a physician's order for 2 liters of oxygen per minute and is currently set at 2 liters on the oxygen concentrator. -The resident (C) has a physician's order for 5 liters of oxygen per minute and is currently set at 5 liters on the oxygen concentrator. -This procedure is being signed off by the charge nurse in the electronic medical administration record. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: - All residents with continuous oxygen have the potential to be affected by the alleged deficient practice. -DNS/Designee</p>	12/20/2013

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	<p>resident was in bed and had oxygen from a concentrator running at 3 liters per minute.</p> <p>Observation of the resident on 11/22/13 at 1:45 p.m. indicated he was observed in bed and had oxygen from a concentrator running at 3 liters per minute.</p> <p>Observation of the resident on 11/25/13 at 8:40 a.m. indicated the resident was in his room sitting in his wheelchair. His portable oxygen tank was set at 3 liters per minute.</p> <p>Observation of the resident on 11/25/13 at 10:46 a.m. indicated he was in the hallway in his wheelchair. The resident's portable oxygen was correctly set at 2 liters per minute.</p> <p>2. On 11/22/13 at 10:00 a.m. review of the clinical record for resident (B) indicated she was admitted to the facility on 8/22/12 with diagnoses including but not limited to Chronic Obstructive Pulmonary Disease, Hypertension, and Dementia with Behavioral Disturbances.</p>		<p>conducted an audit of residents who receive oxygen in the facility and the physician's order for the setting of the oxygen on 12/5/2013 to ensure residents are receiving oxygen per physician order. See Exhibit A. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur -The Staff Development Coordinator will in-service the licensed nursing staff on or before 12/20/2013 on oxygen administration. -Oxygen concentrator available in activities for resident C with high-flow oxygen settings to ensure that portable tanks will not become empty. Licensed staff will connect her to the concentrator when she arrives in activities. -Licensed nurses will check portable tank settings every 8 hours to ensure settings are accurate per physician orders. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: -A CQI monitoring tool, Oxygen Therapy, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT. See Exhibit B. -Data will be collected by DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed.</p>				

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	<p>Review of the clinical record on 11/22/13 at 10:00 a.m. indicated resident (B) had an ongoing physicians order initially dated 5/14/13 for oxygen therapy at 2 liters per minute.</p> <p>Observation of resident (B) on 11/25/13 at 8:45 a.m. indicated the resident was sitting in her wheelchair in her room with a portable oxygen tank. The oxygen tank was set at 4 liters per minute.</p> <p>Observation of resident (B) on 11/25/13 at 10:45 a.m. indicated the resident was sitting in her wheelchair in her room with a portable oxygen tank. The oxygen tank was correctly set at 2 liters per minute.</p> <p>3. On 11/21/13 at 10:45 a.m. review of the clinical record for resident (C) indicated she was admitted to the facility on 3/26/09 with Diagnoses including but not limited to Chronic Obstructive pulmonary Disease, Congestive Heart Failure, and</p>		-Non-compliance with facility procedure may result in disciplinary action up to and including termination. Completion date: December 20, 2013		

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	<p>Dementia with Delusions.</p> <p>Review of the clinical record on 11/21/13 at 10:45 a.m. indicated resident (C) had an ongoing physicians order initially dated 6/11/13 for oxygen at 5 liters per minute per nasal cannula.</p> <p>Observation of resident (C) on 11/21/13 at 2:40 p.m. indicated she was sitting in her recliner with her oxygen tubing connected to a concentrator. The oxygen concentrator was set at 4 and 1/2 liters per minute.</p> <p>Observation of resident (C) on 11/25/13 at 9:48 a.m. indicated she was seated in the activity room. The resident had a nasal cannula on, and a tank of oxygen hanging on the back of her chair. There was no sound of the oxygen coming through the tubing. CNA #1 was asked to check the oxygen tank and she indicated it was empty. She took another tank which was setting by the wall and had a nurse change the oxygen tank. The empty tank was observed to be set at</p>			

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	<p>5 liters per minute.</p> <p>Interview with the Director of Nursing on 1/125/13 at 10:50 a.m. indicated the nurses are the ones who are to administer oxygen. She indicated resident (C's) nurse changed and started her oxygen.</p> <p>Review of the facility Policy "General oxygen standards for use and storage, procurement, handling, storage, dispensing and safety standards of therapeutic gases", which was not dated, indicated the respiratory care practitioner and/or nurse shall be responsible for the procurement, handling, storage, and dispensing of therapeutic gases to include oxygen and medical air. Therapeutic gases are to be administered by physician order only."</p> <p>This Federal Tag relates to complaint IN00139264</p> <p>3.1-35(g)(2)</p>			

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