

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155649	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2014
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NAME OF PROVIDER OR SUPPLIER MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 210 STATE HWY 43 SPENCER, IN 47460
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F000000	<p>This visit was for the Investigation of Complaint IN00144767 and Complaint IN00145199</p> <p>Complaint IN00144767 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN 00145199 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: March 6 & 7, 2014</p> <p>Facility number: 010478 Provider number: 155649 AIM number: 200197620</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF: 9 SNF/NF: 67 Total: 76</p> <p>Census payor type: Medicare: 12 Medicaid: 50 Other: 14 Total: 76</p>	F000000	<p>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. Please consider us for desk review.</p>	
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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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F000309 SS=D	<p>Sample: 06</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 11, 2014; by Kimberly Perigo, RN.</p> <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 interview and record review, the facility failed to ensure a resident received prescribed medications at the right dose, in that 2 medications (triamterene/HCTZ and Ibuprofen) were transferred to the facility computer MAR (Medication Administration Record) incorrectly for 1 of 6 residents reviewed for correct medication</p>	F000309	<p>1. The one resident involved in the alleged deficient practice was not negatively affected by the practice.2. Residents requiring admission have the potential to be affected.3. All nurses were in-serviced on receiving an admission to the facility that two nurses must verify admission orders and verify they were transcribed correctly on the Medication Administration Record</p>	03/31/2014
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	<p>dose administration. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's clinical record was review dated 3/7/14 at 10:15 a.m. Hospital discharge medication list/orders dated 2/3/14 for Resident #B included, but were not limited to, Ibuprofen 200 mg 2 tablets (pain medication) oral as needed and triamterene 75 mg-hydrochlorothiazide (HCTZ) 75-50 mg, (blood pressure medication) oral once daily. Resident #B's BIMS (Brief Initial Mental Status) was 15/15 (cognitively intact). Resident #B's diagnoses included, but were not limited to, multiple sclerosis (MS), depression, and a fractured clavicle (obtained prior to admission to facility).</p> <p>Review of MAR (Medication Administration Record) on 3/7/14 at 3:00 p.m., indicated on 2/4/14 Resident #B was administered Ibuprofen 400 mg and triamterene/HCTZ 37.5/25 mg.</p> <p>On 3/7/14, at 3:30 p.m. interview with the DON indicated the nurse on duty verified the hospital orders with the facility physician, however when</p>		<p>(MAR).4.The DON or designee will do admission audits to verify admission orders by the next business day (see attachment A) for 2 months then monthly x 3 months. The Quality Assurance Committee will review the audit results monthly x 3 months and then quarterly with a subsequent plan developed and implemented as necessary. Failure to comply will result with one on one education and progressive discipline action if needed.</p>	

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	<p>placing the medications into the computer MAR (medication administration record), the nurse hit the wrong strength for the Ibuprofen, which was to be 200 mg 2 tabs every 6 hours as needed and inserted Ibuprofen 400 mg 2 tablets every 6 hours as needed (higher dose). The DON also indicated when the nurse was putting the blood pressure medication into the computer, the nurse hit the lesser strength triamterene/HCTZ to 37.5 /25 mg once daily.</p> <p>The DON also indicated on 3/7/14 at 3:30 p.m., the ADON does chart audits 24-48 hours after admission and noted blood pressure medication was at a lesser dose than ordered and the Ibuprofen was higher than ordered. Facility MD notified and new orders to increase blood pressure medication back to the 75/50 mg every day and leave the Ibuprofen as 400 mg 2 tablets every 6 hours as needed for pain. Resident #B's spouse was contacted, advised, and informed there were no adverse effects noted.</p> <p>Continuation of above interview, the DON indicated the nurse was re-educated, disciplinary form filled out, and disservices were conducted</p>			

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	<p>regarding rechecking of medication orders placed on the computer when transferring from physician order sheets to computer. Review of blood pressures from 2/5/14 through 3/4/14, indicated no adverse effects from blood pressure medication error.</p> <p>This Federal tag relates to Complaint IN00145199</p> <p>3.1-37(a)</p>			