

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/14/2015
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NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF BOONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177137.</p> <p>Complaint IN00177137 - Substantiated, Federal/State deficiencies related to the allegations are cited at F282 and F333.</p> <p>Survey dates: July 13 and 14, 2015</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 18 Medicaid: 46 Other: 8 Total: 72</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request the plan of correction be considered our allegation of compliance effective 8/4/15 to the state findings of the complaint survey conducted on July 13 and 14, 2015.</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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F 0282 SS=D Bldg. 00	<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.</p> <p>Based on interview and record review, the facility failed to ensure that Physician orders were followed in regard to blood sugar readings below 60, including physician notification of the low blood sugars, for 1 of 3 diabetic residents reviewed, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>On 7/13/15 at 9:20 A.M., during the initial tour, the Director of Nursing (DON) indicated Resident A was diabetic.</p> <p>The clinical record of Resident A was reviewed on 7/13/15 at 10:40 A.M. Diagnoses included, but were not limited to, dementia and diabetes mellitus.</p>	F 0282	<p>F - 282 The corrective action taken for those residents found to be affected by the deficient practice is that the physician for the resident identified as resident A has been up-dated on the resident's blood sugar patterns and the need to administer the prn glucagon. The resident's written plan of care is now being followed including the documentation of physician notification. <i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that a housewide audit has been completed on all residents and no other residents have had a change in condition without documented physician notification. Each resident's written plan of care is being followed including the documentation of physician notification. The measures or</i></p>	08/04/2015

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	<p>A Minimum Data Set (MDS) assessment, dated 5/11/15, indicated Resident A scored a 3 for cognition, with 15 indicating no memory impairment.</p> <p>A care plan, initially dated 10/13/14 and updated on 4/13/15, indicated: "Problem, Res [resident] has dx [diagnosis] of diabetes. Interventions, Accuchecks as ordered [and] PRN [as needed], Notify MD PRN, Follow facility diabetic protocol...."</p> <p>Physician orders, initially dated 10/15/14 and on the July 2015 orders, indicated: "Diabetic protocol...If BS [blood sugar] &lt;60 &amp; Res conscious &amp; able to swallow give 1 4 oz OJ [orange juice] or 4 oz coke or 1 tube instant glucose orally. Recheck BS in 10 min...If Res unconscious give Glucagon SQ [injection] per order. Recheck BS in 10 min. If BS still &lt;60 notify MD immediately for orders. Document event in nursing notes including MD/POA notification and any new orders."</p> <p>An additional Physician order, initially dated 12/30/14 and on the current July 2015 orders, indicated, "Notify MD is blood sugar &lt;60 or &gt;500."</p> <p>Nurses Notes included the following notations:</p>		<p>systematic changes that have been put intoplace to ensure that the deficient practice does not recur is that the facility has reviewed their policy on change in resident's condition or status and a mandatory in-service has been provided toall licensed nurses on the facility policy to ensure their knowledge levelrelated to physician notification as well as their responsibility to documentphysician notification. <i>The corrective actiontaken to monitor to assure performance to assure compliance through qualityassurance is a Quality Assurance tool has been developed and implementedrelated to monitoring for physician notification documentation when a change inresident's condition or status occurs. This tool will be completed by the Directorof Nursing and/or her designee weekly for four weeks, then monthly for threemonths and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility QualityAssurance meetings to determine if additional action is warranted.</i></p>	

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	<p>"6/25/15 at 3:45 P.M.: Resident was shaking not responding, B/S [blood sugar] taken 27, Glucagon [sic] injection given per nurse. Juice given 1600 [4:00 P.M.] B/S 47. Resident responding ate peanut butter sandwich. Resident asking to go smoke, @ 1615 [4:15 P.M.] B/S 80 resident drinking milk, still asking to smoke. @ 1630 [4:30 P.M.] B/S 130. Resident doing well."</p> <p>Documentation that the physician was notified at that time was not found in the clinical record.</p> <p>"6/26/15 at 3:30 A.M.: Found starry eye [sic] clammy. Not responding, shaky. BS (25). Glucagon 1 mg injection also glucose 15 oral glucose oral get after 5 min responing [sic] to name. Drank OJ with sugar also peanut butter sandwich. Can see now and knows where she is. Skin warm and dry. C/O [complains of] being cold...."</p> <p>Documentation that the physician was notified immediately was not found in the clinical record.</p> <p>A "Blood Glucose Monitoring" sheet, dated June 2015, did not indicate the resident's low blood sugar on 6/25/15, nor if the physician was notified. The</p>			

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	<p>document did indicate the resident's blood sugar reading on 6/26/15 at 3:00 A.M. as "25." A box which indicated "MD notified Yes or No" was left blank.</p> <p>Nurses Notes continued:</p> <p>"6/26/15 at 10:00 A.M.:Sent BS [and] med list to MD for review about recent low blood sugars...."</p> <p>On 7/14/15 at 10:50 A.M., during an interview with the Administrator and DON, the DON indicated she was unable to find documentation that the physician was notified at the times the resident had low blood sugars &lt;60.</p> <p>This Federal tag relates to Complaint IN00177137.</p> <p>3.1-35(g)(2)</p>			

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F 0333 SS=D Bldg. 00	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors.</p> <p>Based on interview and record review, the facility failed to ensure Coumadin was given after being on hold...for 1 of 3 residents reviewed regarding medications, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>On 7/13/15 at 1:45 P.M., the clinical record of Resident B was reviewed. Diagnoses included, but were not limited to, dementia, CVA, and history of pulmonary embolism [blood clot].</p> <p>A care plan, initially dated 10/27/14 and updated 1/27/15, indicated, "Problem, Anticoagulant Therapy Potential for Injury. Interventions, Administer medications as ordered. Monitor lab</p>	F 0333	<p>F – 333</p> <p>The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident B is now receiving her Coumadin therapy and lab work in accordance with the physician's orders. The physician's orders for Coumadin therapy protocol are being followed.</p> <p><i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that a housewide audit has been completed on all residents currently receiving anticoagulant therapy. No other issues or concerns were identified. All residents are receiving their Coumadin therapy and lab studies in accordance with physician's orders for Coumadin therapy protocols.</i></p>	08/04/2015

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	<p>reports, and notify physician promptly of results...."</p> <p>Physician orders, initially dated 3/1/15 and on the May 2015 orders, indicated: "Anticoagulant Protocol. Follow Coumadin Protocol of: If PT/INR &gt;4.0 hold and notify MD every shift."</p> <p>A Physician's order, dated 5/12/15, indicated: "Change Coumadin to 7 mg po [by mouth] QD [every day] on M-W-F-Sa [Monday-Wednesday-Friday-Saturday]. Coumadin 8 mg po QD on Su-Tu-Th [Sunday-Tuesday-Thursday]. Repeat PT/INR [lab work] x 1 wk [week] on 5-19-15."</p> <p>A lab report, dated 5/19/15, indicated: "PT 27.6, INR 4.7, HIGH...."</p> <p>Nurses Notes, dated 5/19/15 at 11:30 A.M., indicated, "Received PT/INR and new order to hold per sliding scale. Notified MD, [no] further orders @ this time."</p> <p>A Physician's order, dated 5/19/15, indicated, "Hold Coumadin."</p> <p>Documentation that the physician was notified every shift as ordered by the protocol was not found in the record.</p>		<p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all licensed nurses on the facility practice related to following physician's orders for Coumadin therapy protocols.</p> <p><i>The corrective action taken to monitor to assure performance to assure compliance through quality assurance is a Quality Assurance tool has been developed and implemented related to following the physician's orders for Coumadin Protocol and ensuring that there is documentation to reflect that the protocol has been followed for residents receiving Coumadin therapy. This tool will be completed by the Director of Nursing and/or her designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality Assurance meetings to determine if additional action is warranted.</i></p>	

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	<p>Documentation that the facility obtained a physician's order for another PT/INR, or to restart the Coumadin, was not found until 5/28/15.</p> <p>Nurses Notes, dated 5/28/15 at 1:00 P.M., indicated, "MD notified that Coumadin was placed on hold [with] [no] recheck date. NO [new order] to PT/INR in am."</p> <p>A Physician's order, dated 5/28/15, indicated, "PT/INR 5/29/15."</p> <p>A Physician's order, dated 5/29/15, indicated, "Coumadin 7 mg M-W-F, 8 mg Su, Tu, Thu, Sat...."</p> <p>On 7/14/15 at 10:50 A.M., during an interview with the Administrator and Director of Nursing (DON), the DON indicated the facility found the mistake and notified the physician.</p> <p>This Federal tag relates to Complaint IN00177137.</p> <p>3.1-48(c)(2)</p>			

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

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