

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155694	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2015
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NAME OF PROVIDER OR SUPPLIER  BETZ NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 116 BETZ RD AUBURN, IN 46706
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00181964.</p> <p>Complaint IN00181964-Substantiated. Federal/State deficiency related to the allegations is cited at F-431.</p> <p>Survey Dates: September 9, 10 &amp; 11, 2015</p> <p>Facility number: 000306 Provider number: 155694 AIM number: 100273860</p> <p>Census bed type: SNF/NF: 101 Total: 101</p> <p>Census payor type: Medicare: 14 Medicaid: 59 Other: 28 Total: 101</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 17934.</p>	F 0000	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 and requests a desk review in lieu of a post survey revisit on or after October 3, 2015.	

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 0431 SS=E Bldg. 00	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the</p>			

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	<p>quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, record review, and interview, the facility failed to destroy schedule II drugs (narcotics) in a timely manner and failed to ensure medications were counted by nursing staff every shift for 7 of 10 residents who had been discharged from the facility, and for 2 of 10 residents who still resided in the facility. (Residents B, C, D, E, F, G, H, I, J, K).</p> <p>Findings include:</p> <p>Observation on 9/10/15 at 9:00 a.m. of the East Hall treatment cart indicated a locked drawer with medications. The medications were noted to have pharmacy medication count sheets wrapped around them and secured with a rubber band.</p> <p>Interview with the Director of Nursing on 9/10/15 at 9:00 05 a.m. indicated the medications were in the cart and needed to be destroyed.</p> <p>Review of the medications indicated the following:</p> <p>1. Resident (B) had a card of</p>	F 0431	<p>F431 Drug records, label/store drugs and biologicals –Residents affected by the alleged deficient practice – Ten residents were found to have been affected by the alleged deficient practice. All residents who have physician orders for controlled narcotic medications have the potential to be affected by the alleged deficient practice. What corrective actions will be taken for the residents found to have been affected by the deficient practice – Residents(B,C,D,E,F,G,H,I,J,K) scheduled narcotic medications were destroyed per facility policy on 9/10/15. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken – A full house sweep by DNS/designee will be conducted of all controlled narcotic medications to ensure a current physician order is in place. DNS/designee will in-service all nursing staff regarding facility policy of destroying controlled narcotic medications of residents who are discharging the facility and/or residents who receive a physician order to discontinue controlled narcotic medications. This will be completed on or before 10/2/15. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient</p>	10/02/2015

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	<p>Tramadol HCL 50 milligram tabs. The medication was filled on 7/9/15 and the last dose given was on 7/12/15 with 4 tabs remaining. This resident still resided in the facility on another hall. Interview with the DON indicated the medication had probably been discontinued.</p> <p>2. Resident (C) had a a card of Lorazepam 2 milligram tabs. The medication was filled on 6/20/15 with the last dose given on 6/21/15 with 6 tabs remaining. Resident (C) had discharged from the facility on 8/22/15.</p> <p>3. Resident (D) had a card of Tramadol HCL 50 milligram tabs. The medication was filled on 4/22/15 and the last dose given was on 5/23/15 with 26 tabs remaining. Resident (D) had discharged from the facility on 7/15/15.</p> <p>4. Resident (E) had a card of Methylphenidate 5 milligram tabs. The medication was filled on 6/23/15 and the last dose given was on 7/23/15 with 1 tab remaining. Resident (E) still resided in the facility on another hall. Interview with the Director of</p>		<p>practice does not re-occur – DNS/designee will follow facility policy of destroying controlled narcotic medications immediately after a resident is discharged from the facility and/or receiving a physician order to discontinue controlled narcotic medications. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what QA program will be put into place– A Medication Storage Review CQI tool will be implemented weekly per DNS/designee for four weeks then monthly for six months. Data will be collected by DNS/designee and submitted to the CQI committee. If threshold of 95% is not met, an action plan will be developed. Date of compliance will be 10/2/15.</p>				

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	<p>Nursing indicated she did not know why the medication was still in the East Hall cart.</p> <p>5. Resident (F) had a card of Tramadol HCL 50 milligram tabs. The medication was filled on 7/6/15 and the last does was given on 7/11/15 with 20 tabs remaining. Resident (F) had discharged from the facility on 7/22/15.</p> <p>6. Resident (G) had a card of Alprazolam 0.25 milligrams filled on 6/29/15. None of the medication had been used and 30 tabs remained. Resident (G) discharged from the facility on 7/15/15.</p> <p>7. Resident (H) had a card of Morphine Sulfate 50 milligrams Extended Release caps. The medication was filled on 7/7/15. None of the medication had been used and 120 caps of medication remained. Resident (H) had discharged from the facility on 8/22/15.</p> <p>8. Resident (I) had a card of Lyrica 75 milligrams. The medication was filled on 7/7/15 and the last dose was given on 8/1/15 with 21 caps remaining. Review of the</p>			

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	<p>medication sheet indicated the medications should have been sent with the resident on discharge but still remained in the facility. Resident (I) had discharged from the facility on 9/1/15.</p> <p>9. Resident (J) had the following medications: Hydroco/CPM Extended Release Solution. 300 milliliters had been sent from the pharmacy on 7/6/15 and 170 milliliters remained on 7/16/15 as the last dose given. A card of Alprazolam 0.25 milligrams. The medication was filled on 7/15/15 with 20 tabs and none were given. A card of Alprazolam 0.25 milligram tabs filled on 7/3/15. The last dose was given on 7/16/15 with 27 tabs remaining. A card of Alprazolam 0.25 milligrams filled on 7/6/15. 30 tabs were sent and none were given. Resident (J) discharged from the facility on 7/24/15.</p> <p>10. Resident (K) had a bottle of Morphine Sulfate 30 milliliters. The medication was filled on 6/9/15 with the last dose given on 6/10/15 with 27 milliliters remaining. Resident (K) discharged from the facility on 6/10/15.</p>			

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	<p>On 9/10/15 at 9:40 a.m. interview with the Director of Nursing indicated nurses count all of the narcotics every shift and sign off as being counted. She indicated the narcotics in the East Hall treatment cart are also counted.</p> <p>Interview with nurses on 9/10/15 at 1:30 p.m. indicated 3 of 6 nurses (#2, #3, and #4) did not know there were narcotics in the East Hall Treatment Cart and did not count them during their shift.</p> <p>On 9/11/15 at 10:00 a.m. review of the current Pharmacy policy "Resident Discharge with Medications" provided by the DoN and dated 2/2014 indicated the following:</p> <p>"Controlled substances may not be returned to the pharmacy and must either be released with the resident or destroyed per facility policy and procedure."</p> <p>This Federal Tag relates to complaint IN00181964</p> <p>3.1-25(n)</p>			

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

PRINTED: 09/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

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