STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES AT DEER CREEK	401 EAST US 30 SCHERERVILLE, IN 46375

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R000000	This visit was for a Post Survey Revisit (PSR) to complaint number IN00137654 investigated on 10/15/13. Complaint IN00137654 - Not corrected. Survey dates: December 2, 2013 Facility number: 013069 Provider number: 013069 AIM number: N/A Survey team: Regina Sanders, RN, TC Census bed type: Residential: 66 Total: 66 Census payor type: Other: 66 Total: 66 Sample: 3 This Residential State Finding was cited in accordance with 410 IAC. Quality review completed on December 5, 2013, by Janelyn Kulik, RN.	R000000	Residences at Deer Creek (the "Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/orimposition of future remedies, or for any increase in future remedies, whethersuch remedies are imposed by the state of Indiana or any other entity; or (2)serve, in any way, to facilitate or promote action by any third party againstthe Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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R000241	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure medications were administered as ordered by the residents' physicians for 3 of 3 residents reviewed for medication administration in a total sample of 3. (Residents #B, #C, and #D) Findings include: 1. Resident #B's record was reviewed on 12/02/13 at 1:25 p.m. The resident's diagnoses included, but were not limited to, depression and congestive heart failure. The current Physician's Orders, indicated the following medication orders: (10/05/13) Carafate (medication for the stomach) 1 gm (gram) per 10 ml (milliliters), give 10 mls four times a day	R000241	Resident B, C and D's medication and treatment records were reviewed. In all instances, the medications or treatments were administered as ordered and not missed. They were only documentation errors based upon medication reconciliations, discussions with staff and/or resident/families. The facility is in the process of implementing an electronic medical record system. As such, some of the documentation issues are still being addressed. 1. Residents B, C and D were assessed and physicians notified of medication documentation omissions. No issues identified.2. All residents on medication administration package had MAR/TAR's reviewed. Medication reconciliations completed. All meds given and documented. Documentation deficiencies are being addressed with software company. 3. Licensed nurse will print missed medication report at the end of each shift and sign. Any missed medication or treatments will be addressed by the respective nurse during their	12/18/2013

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	(10/11/13) Carvedilol (cardiac medication) 3.125 mg (milligrams), one tablet twice daily. (10/11/13) mirtazapine (anti-depressant) 7.5 mg, one tablet at bedtime. (09/30/13) budesonide (nebulizer breathing medication), one vial by nebulizer twice daily. The Medication Administration Record (MAR) and Treatment Administration Record (TAR), dated 10/13, lacked documentation to indicate the resident received the Carafate as ordered on 10/30/13 in the evening and at bedtime, the Carvedilol as ordered on 10/20/13 in the evening, the mirtazapine as ordered on 10/30/13 at bedtime, and the budesonide as ordered on 10/30/13 in the evening. The MAR and TAR, dated 11/13, lacked documentation to indicate the resident received the Carafate, mirtazapine as ordered on 11/20/13 at bedtime and the budesonide as ordered on 11/01/13 in the evening, and 11/03/13 in the morning. 2. Resident #C's record was		shift. This will be maintained by the Director of Nursing or designee. All licensed nurses and QMA's will be re-inserviced on medication administration and will complete a pre-test and post-test. 4. The Director of Nursing or designee will review MAR/TARs three times per week. 5. The process will be reviewed through Quality Assurance for three months.	

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	reviewed on 12/02/13 at 12:30 p.m. The resident's diagnoses included, but were not limited to, dementia, hypertension, atrial fibrillation, and coronary artery disease. The resident's current Physician's Orders indicated the following orders, dated 10/15/13: donepezil (Alzheimer's medication) 23 mg, one tablet daily Vasotec (cardiac medication) 10 mg, one tablet twice daily Norvasc (cardiac medication) 5 mg, one tablet daily Namenda (Alzheimer's medication) 10 mg, one tablet daily Multivitamin, one tablet daily oxybutynin (overactive bladder medication) 5 mg, one tablet daily aspirin 81 mg, one tablet daily calcium 500 mg with vitamin D 400 units, one tablet daily The MAR, dated 11/13, lacked documentation to indicate the resident received the above			

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	medications in the morning as ordered on 11/03/13. 3. Resident #D's record was reviewed on 12/02/13 at 12:50 p.m. The resident's diagnoses included, but were not limited to, hypertension, end stage congestive heart failure, atrial fibrillation, and dementia. The Physician's Orders, indicated the following orders: (07/31/13) triamcinolone cream 0.1%, apply to areas twice daily for psoriasis (08/07/13) benzaclin gel 1-5%, apply to face/neck twice daily (11/04/13) Bactroban cream 2%, apply to umbilicus twice daily The TAR, dated 11/13, lacked documentation to indicate the resident received the triamcinolone cream as ordered on 11/01/13 in the morning, 11/02/13 in the morning and evening, 11/03/13 in the morning, and 11/17/13 in the evening. The TAR lacked documentation to indicate the resident received the benzaclin gel as ordered on 11/01/13 in the morning and evening and 11/17/13 in the evening.			

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	The TAR lacked documentation to indicate the resident received the Bactroban as ordered on 11/17/13 in the evening. During an interview on 12/02/13 at 2:45 p.m., LPN #1 indicated if the medications and treatments were administered as ordered, they would have been initialed on the MARs and TARs. During an interview on 12/02/13 at 3:40 p.m., the Executive Director indicated the medications, which were missed, occurred early in the plan of correction time. She indicated she could not find where the missed medications and treatments were found by the facility with the, "missed medication reports". The plan of correction received from the facility, with a plan of correction date of 10/28/13, indicated, "...the licensed nurse or QMA are to review missed medication report after each medication pass and address as needed. the Director of Resident Services or Designee will review missed medication report three times per week." A facility policy, dated 12/01/12, titled,			

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	"Preparation for Medication Administration", received from the Director of Resident Services as current, indicated, "...Medications are administered in accordance with written orders of the attending physician...r. The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. at the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented..." This State Residential tag was cited on 10/15/13 in regards to Complaint IN00137654. The facility failed to implement a systemic plan of correction to prevent recurrence.			

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