

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 01/30/2014
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NAME OF PROVIDER OR SUPPLIER  STERLING HOUSE OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E COOLSPRING AVE MICHIGAN CITY, IN 46360
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 29 and 30, 2014</p> <p>Facility number: 010610 Provider number: 010610 Aim number: N/A</p> <p>Survey team: Cynthia Stramel, RN, TC Lara Richards, RN Yolanda Love, RN</p> <p>Census bed type: Residential: 63 Total: 63</p> <p>Census payor type: Other: 63 Total: 63</p> <p>Sample: 11</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 2, 2014, by Janelyn Kulik, RN.</p>	R000000	<p>The following is the Plan of Correction for Sterling House of Michigan City in regards to the Statement of Deficiencies for the annual survey completed on 1-30-2014. This Plan of Correction is not to be constructed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</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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R000036	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to ensure the Physician for 1 of 7 resident records reviewed was contacted in a timely manner related to obtaining a treatment order for a skin tear. (Resident #5)</p> <p>Findings include:</p> <p>The record for Resident #5 was reviewed on 1/29/14 at 10:40 a.m. A fax was sent to the resident's Physician on 1/23/14, indicating the resident was observed to have a skin tear to the left shin area that measured 5.2 centimeters (cm) x 3.4 cm x 0.1 cm. Additional documentation on the fax form indicated staff was asking for a</p>	R000036	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident #5: Resident is currently receiving treatment according the physician's orders. Because of additional risk factors, his care and treatment orders are being further monitored by a third-party provider, as well as overseen by licensed nurses within the community. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? Other residents who sustain skin tears have the potential to be affected by the alleged deficient practice. A skin assessment will be completed on all current residents by 2/28/2014, if any skin tears or</p>	02/27/2014

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	<p>treatment order of triple antibiotic ointment and a dry dressing daily until healed.</p> <p>A return fax was received from the Physician on 1/28/14, 5 days later, indicating a treatment order for triple antibiotic ointment and dressing daily until healed.</p> <p>Review of the Treatment Administration Record (TAR) for the month of January 2014, indicated the triple antibiotic ointment had been signed out on 1/28 and 1/29/14.</p> <p>Interview with the Health and Wellness Director on 1/30/14 at 9:15 a.m., indicated a follow up call to the Physician's office should have been made to check on the status of the treatment order.</p>		<p>impairment are detected a treatment plan will be obtained from the physician. All nurses will provide basic first aid to an injury, such as a skin tear. This will include cleansing the area and applying a dry dressing, as well as notification of the physician to determine if additional treatment will be ordered or is required. This communication may be made via physician's preferred method (fax or phone call). What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?Nurses will be re-educated on the first aid and treatment guidelines. This training will be provided by the Health and Wellness Directors/Designees. Guidelines to nurses will include provision of first aid will include cleansing and the application of a dry dressing, until physician can be notified and new treatment orders obtained. Nurses will be instructed to notify the physician via the appropriate method. This would mean that phone notification is generally preferable to faxed notification, especially on a weekend or after the office has closed. Further, nurses will be re-educated on the use of the 24 hour report book. This book is to be utilized to document (on a shift-to-shift basis) any orders requests placed to physicians' offices still pending a return call. The oncoming shift</p>				

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R000144	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.		nurse will review the log to determine if additional notification is required and will be responsible for follow-up through making additional attempts at notifying the physician to obtain further orders, in order to obtain orders in a timely manner. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? The Health and Wellness Director/Designee will review the status of outstanding orders noted in the 24 hour book on a daily basis to monitor compliance. In the event there is evidence that an order for treatment has not been obtained within 24 hours of the request, the designee will be responsible for making additional phone calls to obtain that order. Attempts regarding notification attempts will be documented in the clinical record. Results of audits will be provided to the Executive Director on a weekly basis, either verbally or in writing, and the Executive Director will be responsible for directing additional corrective action when indicated, based on findings. By what date will systemic changes be implemented? 2-27-14	

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	<p>Based on observation and interview, the facility failed to ensure a clean environment was maintained and that it was in a state of good repair related to marred walls, doors, chairs, dust on ceiling vents, stained toilet bowls, urine odors, and peeling wallpaper for 1 of 2 buildings throughout the facility. (The Clare Bridge Cottage)</p> <p>Findings include:</p> <p>During the Environmental tour on 1/30/14 at 10:20 a.m., with the Executive Director and the Maintenance Supervisor, the following was observed in the Clare Bridge Cottage:</p> <p>a. The door frame and door to Room A5 was scratched and marred. Further, there was also frayed wallpaper around the edge of the door frame. One resident resided in this room.</p> <p>b. There was an accumulation of dust in the ceiling vent in Room B1. One resident resided in this room.</p> <p>c. The toilet bowl in Room B7 was stained with a dark brown substance. One resident resided in this room.</p>	R000144	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? a) The door frame to A5 has been re-painted, the wallpaper around the door frame has been repaired, and secured with a corner guard. b) The dust was cleaned from the ceiling vent in B1 c) The toilet bowl in B7 was cleaned d) The missing tile in the B hall shower room was replaced. The wallpaper was removed and the wall repainted. e) Bathroom in C4 was cleaned, and sanitized according to the cleaning schedule f) The substance in the toilet of C8 was removed and the accumulation of dust observed on the light fixture was cleaned. g) The dust was cleaned from the ceiling vent in D4 f) The chairs located in the dining room have been re-conditioned. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? The Executive Director/Designee will conduct weekly rounds of the building to audit for a clean environment and a good state of repair for the community.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? The Maintenance Director will be re-educated by the Executive</p>	02/27/2014

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	<p>d. In the B hall shower room, a square tile from the wall was observed on the floor and the wall paper border was peeling in sections.</p> <p>e. A urine odor was observed in the bathroom of Room C4. One resident resided in this room.</p> <p>f. The toilet bowl in Room C8 was observed to be stained with a brown substance. An accumulation of dust was observed on the light fixture over the bathroom sink. One resident resided in this room.</p> <p>g. An accumulation of dust was observed on the ceiling vent in the bathroom of Room D4. One resident resided in this room.</p> <p>h. All of the chairs located in the dining room had scratched and marred arms and legs.</p> <p>Interview with the Maintenance Supervisor at the time, indicated all of the above were in need of cleaning and/or repair.</p>		<p>Director/Designee on the use of an inspection/audit tool and will be responsible for completing the weekly and monthly checklists regarding environmental, housekeeping, and potential safety issues for the community. Findings will be reported to the Executive Director, who will be responsible for directing further actions. Results of the audits will be kept in a Maintenance Binder. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? A maintenance request log will be utilized for staff to report items in need of repair within the community. The Maintenance Director will review requests for service and take appropriate action, noting on the log when the item has been addressed. The Executive Director will review the maintenance log weekly to audit findings. In addition, the Executive Director/Designee will complete weekly rounds to monitor for housekeeping or environmental issues. Based on findings, the Executive Director will be responsible for monitoring and directing appropriate action. By what date will these systemic changes be implemented? 2-27-14</p>	

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R000241	<p>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.</p> <p>Based on observation, record review and interview, the facility failed to give medications as ordered by the Physician for 1 out of 5 residents reviewed related to the incorrect dosage of Oxybutin (medication for bladder irritability) being given during medication administration. (Resident #11)</p> <p>Findings include:</p> <p>On 1/30/14 at 8:50 a.m., LPN #1 was observed preparing medications for Resident #11. The LPN removed one whole tablet from a bottle labeled Oxybutin 5 mg. The pill was added to rest of the residents medications and given to the resident, which she was observed taking.</p> <p>The record for Resident #11 was reviewed on 1/30/14 at 9:45 a.m.</p>	R000241	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident #11: Licensed Nurse notified Physician and responsible party regarding the dosage discrepancy that occurred. New orders were obtained from the physician to administer the 5 mg dose going forward. Health and Wellness Director will discuss with family the option of utilizing preferred pharmacy and preferred packaging (bubble pack/unit-dosed) for the resident's medication going forward in order to reduce the risk of label and order discrepancies going forward. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? Health and Wellness Directors will request from the Pharmacy provider, or will complete audit by nurses, a 100% audit of the medication cart vs. chart orders to inspect for</p>	02/27/2014
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	<p>The Physicians Order Statement (POS) and Medication Administration Record (MAR) dated 1/24/14 indicated an order for Oxybutin 5 mg, take 2.5 mg po (by mouth) daily.</p> <p>Interview with the LPN at 9:55 a.m., indicated the POS and MAR both indicated the Oxybutin dosage to be given was for 2.5 mg daily. She indicated she would investigate the discrepancy.</p>		<p>proper labeling of all medications and to audit that medications currently in the med cart correspond to the dosages ordered. Nurses will be re-educated by the Health and Wellness Director/Designee regarding the 7 Rights of Medication Administration.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? The Health and Wellness Director/Designee will observe nurses completing a portion of the medication pass for nurses (sample at least 2 resident's per med pass observation)5 x weekly for 2 weeks, then 2 x weekly for 2 weeks, then at least monthly ongoing to ensure a pattern of compliance has been established. The Health and Wellness Director/Designee will audit the med cart to determine which residents are receiving medications from a non-preferred pharmacy and how many are receiving medications utilizing non-preferred packaging. Meetings will be held with families to review their options. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put in place? Results of the Med Pass Audits will be provided to the ED on a monthly basis. In the event</p>				

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			non-compliance with the Med Administration process is noted, corrective action notice will be administered to the nurse. Such corrective action may include: re-education, up to and including final written notice or termination of employment. \By what date will these systemic changes be implemented?2-27-14	