

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 04/10/2014
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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 Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on January 30, 2014.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00145409.</p> <p>Survey date: April 10, 2014</p> <p>Facility number: 010610 Provider number: 010610 AIM number: N/A</p> <p>Survey team: Cynthia Stramel, RN-TC Heather Tuttle, RN Lara Richards, RN Yolanda Love, RN Caitlyn Doyle, RN</p> <p>Census bed type: Residential: 60 Total: 60</p> <p>Census payer type: Other: 60 Total: 60</p> <p>Sample: 11</p> <p>These State findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 14, 2014, by Janelyn Kulik, RN.</p>	R000000		
R000241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and</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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	<p>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 ensure medications were administered as ordered by the Physician related to medication pass times, as well as, following the facility's medication pass policy related to staying with residents as they swallowed their medications for 5 of 5 residents observed during medication pass. (Residents #7, #8, #9, #10, & #11)</p> <p>Findings include:</p> <p>1. On 4/10/14 at 8:22 a.m., QMA #1 was observed preparing medications for Resident #7. At that time, she punched the medication into her hand from the med card and placed it into the cup. After all the resident's medications were prepared, she walked over to the resident who was sitting in the dining room at the table. She gave the pills to the resident and left and walked back to the cart. She did not watch the resident swallow the pills. The QMA did not wash her hands with soap and water or use alcohol gel to either one of her hands after the med pass.</p> <p>2. At 8:30 a.m., the QMA was observed to prepare Resident #8's medications. She was noted to place the resident's pills into the med cup with her hands. After the medications were prepared, she walked over to the resident who was sitting in the dining</p>	R000241	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? What measures will be put in place to ensure practice does not occur again? Residents #7,8,9,10, and 11 were assessed and no affects were identified from deficient practice. An audit of the QMA's and the nurses passing medications has been completed to identify any other residents being affected by the deficient practice. No other residents were identified. Nursing staff and QMA's have been re-educated and in-serviced to the proper medication pass training in order to continue to pass medications according to Brookdale policies and procedures. The Health and Wellness Director or Designees will conduct, to ensure medication passes are being done according to proper policies and procedures 3 random audits weekly x 4 weeks, 2 audits a week x 4 weeks and 1 audit a week x 4 weeks, and quarterly thereafter, results will be reviewed monthly at the Collaborative Care Review (CCR) meetings. In the event a</p>	05/12/2014

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	<p>room eating breakfast and left the med cup on the table and walked away. She did not watch the resident swallow the pills. The QMA walked over to the medication cart and signed out the medications. She did not wash her hands with soap and water or use alcohol gel to either one of her hands.</p> <p>3. At 8:35 a.m., the QMA was observed to prepare Resident #9's medication. She was noted to place the resident's pills into the med cup with her hands. After the medications were prepared, she walked over to the resident who was sitting in the dining room eating breakfast and left the med cup on the table and walked away. She did not watch the resident swallow the pills. The QMA walked over to the medication cart and signed out the medications. She did not wash her hands with soap and water or use alcohol gel to either one of her hands.</p> <p>4. At 8:41 a.m., the QMA was observed to prepare Resident #10's medications. After the medications were prepared, she walked over to the resident who was sitting in the dining room eating breakfast and left the med cup on the table and walked away. She did not watch the resident swallow the pills. The QMA walked over to the medication cart and signed out the medications.</p> <p>5. On 4/10/14 at 8:50 a.m., the QMA #1 was observed to prepare Resident #11's medications. She poured Cetivizine HCL (Zyrtec) 10 milligrams (mg) one tablet, Lisinopril (Zestril) 20 mg one tab, Metformin HCL (Glucophage) 500 mg one tab, and Tamulosin (Flomax) .4 mg one tab. After the medications were prepared, she walked over to the resident who was sitting in the dining room eating breakfast and left the med cup</p>		<p>non-compliance is noted, corrective action will be issued to the responsible party. This could include re-education, up to including final written warning notice or termination.</p>	

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	<p>on the table and walked away. She did not watch the resident swallow the pills. The QMA walked over to the medication cart and signed out the medications.</p> <p>The record for Resident #11 was reviewed on 4/10/14 at 10:00 a.m. Review of Physician Orders on the current 4/2014 recap indicated the resident's medications were to be first administered at 12:00 p.m. The Metformin 500 mg was to be given at 12:00 p.m., and 6:00 p.m. The other three medications were to be given once a day at 12:00 p.m. Further review indicated there was no Physician's Order to give the resident's his medications earlier than the ordered time.</p> <p>Interview with QMA #1 at 9:00 a.m., indicated it was okay to leave the resident's medications with them and let them take the pills when they wanted. She indicated it was not necessary for her to stay with them. She further indicated she administers the resident's medications to him in the morning if he comes down for breakfast because sometimes he sleeps in. She further indicated she had thought there was a Physician's Order for that.</p> <p>Review of the current 4/1/2011 Medication Policy provided by the Health and Wellness Director indicated, "Always observe resident until they have for certain swallowed all medications. Do not leave any medication in container at the table side or bedside. Do not touch any medications. If the nurse touches medications, they must be destroyed. It is recommended that a note be placed in the resident's medical record that the medication was contaminated and destroyed."</p> <p>Interview with Health and Wellness Director</p>			

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R000414	<p>on 4/10/14 at 10:15 a.m., indicated nursing staff were to stay with the resident until they swallowed their medication. She further indicated nursing staff were not to touch the resident's pills with their bare hands.</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper hand washing was in place during medication pass for 3 of 5 residents observed. (Residents #7, #8, &, #9)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 4/10/14 at 8:22 a.m., QMA #1 was observed preparing medications for Resident #7. At that time, she punched the medication into her bare hand from the med card and placed it into the cup. The QMA did not wash her hands with soap and water or use alcohol gel to either one of her hands after the med pass. At 8:30 a.m., the QMA was observed to prepare Resident #8's medications. She was noted to place the resident's pills into the med cup with her bare hands. The QMA walked over to the medication cart and signed out the medications. She did not wash her hands with soap and water or use alcohol gel to either one of her hands. At 8:35 a.m., the QMA was observed to prepare Resident #9's medication. She was noted to place the resident's pills into the 	R000414	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? What measures will be put in place to ensure practice does not occur again? Residents #7,8,9,10, and 11 were assessed and no affects were identified from deficient practice. An audit of the QMA's and the nurses passing medications has been completed to identify any other residents being affected by the deficient practice. No other residents were identified. What measures will be put in place to ensure that this type of deficient practice will not occur in the future. Staff have been in-serviced to the proper hand washing procedures per Brookdale policy. The Health and Wellness Director or Designees will conduct, to ensure medication passes are being done according to proper policies and procedures 3 random audits weekly x 4 weeks, 2 audits a week x 4 weeks and 1 audit a week x 4 weeks, and quarterly</p>	05/12/2014			

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	<p>med cup with her bare hands. The QMA walked over to the medication cart and signed out the medications. She did not wash her hands with soap and water or use alcohol gel to either one of her hands.</p> <p>Interview with QMA #1 at 9:00 a.m., indicated she did not use alcohol gel to either one of her hands nor did she wash her hands with soap and water.</p> <p>Review of the current 4/1/2011 Medication Policy provided the Health and Wellness Director indicated "Wash hands after coughing, sneezing, blowing of nose, or touching oneself." Do not touch any medications. If the nurse touches medications, they must be destroyed. It is recommended that a note be placed in the resident's medical record that the medication was contaminated and destroyed."</p> <p>Interview with Health and Wellness Director on 4/10/14 at 10:15 a.m., indicated nursing staff were to wash hands with soap and water or use alcohol gel in between residents.</p>		<p>thereafter, results will be reviewed monthly at the Collaborative Care Review (CCR) meetings. In the event a non-compliance is noted in regards to hand washing, corrective action will be issued to the responsible party. This could include re-education, up to including final written warning notice or termination.</p>	