

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155152	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/02/2014
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NAME OF PROVIDER OR SUPPLIER  MONTICELLO HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1120 N MAIN ST MONTICELLO, IN 47960
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F000000	<p>This visit was for the Investigation of Complaint IN00148466.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00148466-Substantiated. Federal/State deficiencies related to the allegation are cited at F385.</p> <p>Survey dates: April 28, 29, 30, May 1, and 2, 2014</p> <p>Facility number: 000072 Provider number: 155152 AIM number: 100287440</p> <p>Survey team: Caitlyn Doyle, RN-TC Jennifer Redlin, RN Heather Hite, RN Julie Ferguson, RN Regina Sanders, RN (5/1/14)</p> <p>Census bed type: SNF: 7 SNF/NF: 84 Total: 91</p> <p>Census Payor type: Medicare: 12</p>	F000000	<p>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.</p> <p>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 June 1st, 2014.</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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F000385 SS=D	<p>Medicaid: 60 Other: 19 Total: 91</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 6, 2014, by Janelyn Kulik, RN.</p> <p>483.40(a) <b>RESIDENTS' CARE SUPERVISED BY A PHYSICIAN</b> A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.</p> <p>The facility must ensure that the medical care of each resident is supervised by a physician; and another physician supervises the medical care of residents when their attending physician is unavailable.</p> <p>Based on record review and interview, the facility failed to ensure a resident's personal physician responded timely after an attempt was made to contact the physician related to a change in a resident's condition for 1 of 1 residents reviewed for notification of change. (Resident #B)</p>	F000385	<p><b>F385 Resident's Care Supervised by a Physician</b> It is the practice of this provider to ensure that a resident's personal physician responds timely to a change in a resident's condition.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</b></p>	06/01/2014

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	<p>Findings include:</p> <p>The record for Resident #B was reviewed on 4/30/14 at 11:00 a.m. The resident's diagnoses included, but were not limited to, multiple sclerosis, acute respiratory failure, hypertension, and emphysema.</p> <p>The resident was admitted to the facility on 4/2/14 and was discharged to the hospital on 4/26/14.</p> <p>Resident Progress Notes, dated 4/12/14 at 12:24 p.m., indicated, "...Res (resident) also noted to have thick white debris on her tongue, MD (Physician) faxed."</p> <p>Resident Progress Notes, dated 4/17/14 at 2:33 p.m., indicated, "N.O. (new order) rec'd (received) for Diflucan (an antifungal medication) 150 mg (milligrams) via peg-tube (feeding tube) qd (every day) x 3 days."</p> <p>Review of the Resident Progress Notes, dated 4/12/14 through 4/17/14, indicated there was no follow up with the Physician regarding the thick white debris on the resident's tongue until 4/17/14, 5 days after the change in condition.</p> <p>Resident Progress Notes, dated 4/13/14 at</p>		<p><b>practice? Resident #B no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents with a change in condition have the potential to be affected by this alleged deficient practice. DNS/Designee conducted a chart audit of residents who experienced a change of condition to ensure the physician was notified.</b></p> <p><b>Addendum:</b> <b>Acute Medical Changes will be handled per policy: (policy is attached)</b></p> <p><b>1. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge will notify the physician.</b></p> <p><b>2.If unable to contact the attending physician or alternate physician in a timely manner, notify the Medical Director for medical intervention.</b></p> <p><b>3.The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken.</b></p> <p><b>4.All nursing actions/interventions will be documented in the medical record as soon as possible after resident</b></p>		

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	<p>10:32 a.m., indicated, "...Res (resident) w/ (with) temp (temperature) of 99.7 PRN (as needed) tylenol given @ (at) this time per order; lungs are clear, however, phlegm is yello [sic] to green MD (physician) faxed request CXR (chest x-ray) to r/o (rule out) infex (infection)...."</p> <p>Review of Physician's Progress Notes, dated 4/17/14, indicated the Nurse Practitioner was in the facility and had seen the resident on 4/17/14.</p> <p>Physician Progress Notes, dated 4/18/14, indicated the Medical Director, who was not the resident's primary physician, visited the facility and had seen the resident on 4/18/14.</p> <p>Review of the Resident Progress Notes, dated 4/13/14 through 4/18/14, indicated there was no follow up with the Physician regarding the request for a chest x-ray until 4/17/14, 4 days after the change in condition.</p> <p>The resident was sent to the Emergency Room on 4/26/14 for distended abdomen and increased temperature.</p> <p>A hospital test result, CT (a diagnostic scan) Abd (abdomen)/Pelvis, dated 4/26/14 at 10:33 a.m., indicated "</p>		<p><b>needs have been met.</b></p> <p>All faxes sent to physicians will be reviewed for follow up at each shift change by the charge nurses. If any change of condition faxes have not been addressed within 24 hours, the charge nurse will call the physician or the on call physician for notification and response. The nurse management team is responsible to review all faxes in the clinical meeting for timely responses. On 5/23/14, the Clinical Education Coordinator will re-educate the nurse staff related to change of condition follow up with the physician. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b> All residents with a change in condition have the potential to be affected by this alleged deficient practice. DNS/Designee conducted a chart audit of residents who experienced a change of condition to ensure the physician was notified.</p> <p><b>Addendum:</b> <b>Acute Medical Changes will be handled per policy: (policy is attached)</b></p> <p><b>1. Any sudden or serious change in a resident's condition manifested by a marked change in</b></p>	

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	<p>Impression...4. Bilateral lower lobe infiltrates (abnormal substance accumulated in the lungs) consistent with chronic atelectasis (partial or complete collapse of the lung) however active pneumonia cannot be excluded."</p> <p>During an interview with the DoN, on 5/2/14 at 12:18 p.m., she indicated staff should have followed up with the resident's physician timely related to the resident's change in condition.</p> <p>A facility policy, titled Resident Change of Condition, dated 3/10, and received as current from the DoN, indicated "...3. Routine Medical Change...d. If the physician has not returned the call by the end of the shift, the oncoming nurse will be notified for follow up. e. If unable to contact attending physician or alternate timely, the Medical Director will be notified for response and intervention for the resident change in condition...."</p> <p>This Federal tag relates to complaint number IN00148466.</p> <p>3.1-22(b)(2)</p>		<p><b>physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation. The licensed nurse in charge will notify the physician.</b></p> <p><b>2.If unable to contact the attending physician or alternate physician in a timely manner, notify the Medical Director for medical intervention.</b></p> <p><b>3.The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken.</b></p> <p><b>4.All nursing actions/interventions will be documented in the medical record as soon as possible after resident needs have been met.</b></p> <p>All faxes sent to physicians will be reviewed for follow up at each shift change by the charge nurses. If any change of condition faxes have not been addressed within 24 hours, the charge nurse will call the physician or the on call physician for notification and response. The nurse management team is responsible to review all faxes in the clinical meeting for timely responses. On 5/23/14, the Clinical Education Coordinator will re-educate the nurse staff related to change of condition follow up with the physician. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. <b>How the corrective action(s) will be</b></p>		

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			<p><b>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The CQI tools titled "Change of Condition" will be utilized by the Interdisciplinary team weekly times four, monthly times three and quarterly thereafter for at least six months to ensure compliance. The CQI committee reviews the audits monthly and action plans are developed if a threshold of 95% is not met to ensure continual compliance. Non-compliance with facility policy and procedure may result in employee re-education and/or disciplinary action. The Director of Nursing Services or her designee is responsible to monitor for compliance. <b>Compliance Date: June 1, 2014</b></p>		