

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 01/21/2015
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NAME OF PROVIDER OR SUPPLIER  REAGAN PARK SENIOR LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1176 KINGWOOD DRIVE AVON, IN 46123
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R000000	<p>This visit was for the Investigation of Complaints IN00160675 and IN00162074.</p> <p>Complaint IN00160675 - Substantiated. State/Residential deficiencies related to the allegations are cited at R241 and R297.</p> <p>Complaint IN00162074 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 20, 21, 2015</p> <p>Facility number: 013264 Provider number: 013264 AIM number: N/A</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: Residential: 69 Total: 69</p> <p>Census payor type: Other: 69 Total: 69</p> <p>Sample: 5</p> <p>These state findings are cited in</p>	R000000	<p>This plan of correction is neither an agreement of wrong doing by this facility or its staff member Rather, it is submitted for compliance purposes This facility alleges substantial compliance with this plan of correction as of 2-4-15 and request paper compliance of this survey</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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R000241	<p>accordance with IAC 16.2-5.</p> <p>Quality review completed 1/23/15 by Brenda Marshall, RN.</p> <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 record review and interview, the facility failed to ensure accuchecks (fingerstick blood glucose tests) were done as ordered by the physician, insulin was administered as ordered, and an antidepressant was administered as ordered for 1 of 3 residents reviewed for accucheck, insulin orders and medication administration in a sample of 5.</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 1/20/15 at 1:55 p.m. Resident B's diagnosis included, but was not limited to diabetes mellitus.</p> <p>A physician's order, written 10/6/14 indicated Resident B was to have a blood sugar monitored by accucheck 3 times a day.</p>	R000241	<p>All nurses and QMA's in-serviced on Pharmacy protocols including the 5 Rights of Medication Administration 2-4-15 See attachment A All medications/treatments will be documented on the MAR/TAR as per physician order See attachment B MAR / TAR will be reviewed by oncoming nurse to ensure continuity of care and completion of physicians order Any discrepancy will be reported to the Clinical Director or her designee Failure of signing off MAR/TAR appropriately will result in the employee being called to come in and address the omission, progressive disciplinary action will take place as needed with staff not following policy See attachment C Acting Clinical Director or designee to monitor 3x weekly x 1 month, 1x weekly x 1 month then every month End date to be January 4, 2016</p>	02/04/2015			

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	<p>The November, 2014 Capillary Blood Glucose Monitoring Tool indicated blood sugars were monitored only twice a day on:</p> <p>11/10/14 11/11/14 11/14/14 11/15/14 11/20/14 11/24/14 11/27/14 11/30/14</p> <p>On 11/17/14, the physician ordered Humalog Insulin to be administered subcutaneous (SQ) by sliding scale: blood sugar: 70 - 150 = no insulin 151 - 200 = 2 units 201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 8 units 351 - 400 = 10 units Call MD if over 400</p> <p>The November, 2014 Capillary Blood Glucose Monitoring Tool indicated Resident B had a blood sugar (BS) of 185 and was not given the recommended insulin coverage. The monitoring tool did not indicate insulin coverage was given per physician's orders for a BS of 175 on 11/28/14 at 7:30 a.m., for a BS of</p>			

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	<p>231 on 11/28/14 at 12:00 p.m., and for a BS of 206 on 11/29/14 at 7:00 a.m.</p> <p>A physician's order, dated 11/17/14, indicated Resident B was to receive Lantus insulin 5 units SQ every evening at bedtime.</p> <p>The November, 2014 MAR (Medication Administration Record) did not show the Lantus was given on 11/20/14 and 11/24/14 at bedtime.</p> <p>During an interview with LPN #1 on 1/21/15 at 12:00 p.m., she indicated the sliding scale insulin would be documented on the Capillary Blood Glucose Monitoring Tool, and if it wasn't documented, it wasn't done.</p> <p>During an interview with the Nurse Consultant on 1/21/15 at 3:35 p.m., she indicated she was unable to find any information to show the missing accuchecks, sliding scale insulin, or Lantus insulin had been done or given.</p> <p>A current facility policy, undated, titled "Insulin Injections" was provided by the Nurse Consultant on 1/21/15 at 2:00 p.m.. The policy indicated: "Dosage A regime of insulin varies in frequency and amount based on a physician's order.</p>			

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	<p>An insulin order is adjusted according to the resident's blood and urine glucose concentrations. Glucose checks are taken according to physician's orders to determine if adjustments need to be made to the resident's prescription....</p> <p>Precautions ...Residents who require insulin must have regular blood and urine glucose checks to be certain that the insulin levels are appropriate.</p> <p>Procedure for infusing [sic] insulin: ...10. Record the injection on the resident's Medication Sheet."</p> <p>2. A physician's order, dated 10/2/14, indicated Resident B was to receive Trazodone (antidepressant) 50 milligrams (mg) at bedtime for insomnia.</p> <p>The November, 2014 MAR (Medication Administration Record) had initials circled (meaning not administered) on November 1, 2, 3, 4, and 5, 2014. The back of the MAR had entries on each of these dates which indicated the medication was not available from the pharmacy.</p> <p>During an interview with the Nurse Consultant on 1/21/15 at 3:35 p.m., she indicated she expected the nurse on duty to notify the pharmacy when a medication was not available. She</p>						

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R000297	<p>indicated the nurse should have notified the family, and if the family was unable to provide the medication, the nurse should have notified the Nurse Consultant or the Director of Nursing. The Nurse Consultant indicated the physician's order for the medication should have been followed.</p> <p>This state residential tag relates to Complaint IN00160675.</p> <p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.</p> <p>Based on record review and interview, the facility failed to ensure medications ordered by the physician were available for administration for 1 of 3 residents reviewed for medication administration in a sample of 5.</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/20/15 at 1:55 p.m. Her diagnosis included, but was not limited to insomnia.</p>	R000297	All nurses and QMA's in-serviced on Pharmacy protocols including the 5 Rights of Medication Administration 2-4-15 See attachment A All medications/treatments will be documented on the MAR/TAR as per physician order See attachment B MAR / TAR will be reviewed by oncoming nurse to ensure continuity of care and completion of physicians order Any discrepancy will be reported to the Clinical Director or her designee Failure of signing off MAR/TAR appropriately will result in the employee being called to	02/04/2015			

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	<p>A physician's order, dated 10/2/14, indicated Resident B was to receive Trazodone (antidepressant) 50 milligrams (mg) at bedtime for insomnia.</p> <p>The November, 2014 MAR (Medication Administration Record) had initials circled (meaning not administered) on November 1, 2, 3, 4, and 5, 2014. The back of the MAR had entries on each of these dates which indicated the medication was not available from the pharmacy.</p> <p>During an interview with the Nurse Consultant on 1/21/15 at 3:35 p.m., she indicated she expected the nurse on duty to notify the pharmacy when a medication was not available. She indicated the nurse should have notified the family, and if the family was unable to provide the medication, the nurse should have notified the Nurse Consultant or the Director of Nursing. The Nurse Consultant indicated the physician's order for the medication should have been followed.</p> <p>This state residential tag relates to Complaint IN00160675.</p>		<p>come in and address the omission, progressive disciplinary action will take place as needed with staff not following policy See attachment C Acting Clinical Director or designee to monitor 3x weekly x 1 month, 1x weekly x 1 month then every month End date to be January 4, 2016 All medications are ordered as soon as we obtain the order from the physician In the event the resident's pharmacy is unable to provide such medication, the nurse will notify the family to obtain authorization to pull it from the emergency drug box or order it from a different pharmacy If all attempts fail, the nurse will notify the physician to let him know we are unable to get the medication in The nurse will also notify the acting Clinical Director or designee See attachment C Acting Clinical Director or designee to monitor 3x weekly x 1 month, 1x weekly x 1 month then every month End date to be January 4, 2016</p>				