

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155803	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/26/2013
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NAME OF PROVIDER OR SUPPLIER HAMILTON POINTE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 ELI PLACE NEWBURGH, IN 47630
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F000000	<p>This visit was for the Investigation of Complaint IN00130561.</p> <p>Complaint IN00130561 Substantiated - Federal/State deficiencies related to the allegations are cited at F282 and F329.</p> <p>Survey dates: June 25 and 26, 2013</p> <p>Facility number: 012966 Provider number: 155803 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 32 SNF/NF: 28 Residential: 51 Total: 111</p> <p>Census payor type: Medicare: 27 Medicaid: 11 Other: 73 Total: 111</p> <p>Sample: 4</p>	F000000	<p>This plan of correction is prepared and executed because it is required by the Provisions of State and Federal Regulations. Village of Hamilton Pointe maintains that each deficiency does not jeopardize the health and safety of the residents, not is it of such a nature as to limit our capability to provide adequate care. Request paper compliance.</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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	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to obtain lab work as ordered by the physician for 1 week, a "PT/INR [protime]," for a resident receiving two anti-coagulant medications, for 1 of 3 residents reviewed who received anti-coagulant medication, in a sample of 4.</p> <p>Resident A</p> <p>Findings include:</p> <p>1. The clinical record of Resident A was reviewed on 6/25/13 at 11:25 A.M. Diagnoses included, but were not limited to, aftercare for healing traumatic fracture of hip.</p> <p>Hospital transfer orders, dated 5/24/13, included: "...You will be on Lovenox [anti-coagulant medication] bridging to coumadin...You have an IVC filter [used for blood clots] in</p>	F000282	<p>1. Unable to correct for Resident A. It occurred in the past</p> <p>2. All residents have the potential to be effected. All admission orders will be reviewed within 24 hours to ensure all lab orders transcribed.</p> <p>3. All nurses were re in-serviced on transcription of admission orders and lab procedure.</p> <p>4. DON/designee will audit new admission orders for lab orders and follow-up that the lab orders were sent to lab 5times per week times 1 month then weekly times 2 then monthly ongoing. Results of audits will be reported to QA committee for any action.</p>	07/26/2013	

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	<p>place and will need to be evaluated to have that removed...Warfarin [Coumadin] dose 2.5 mg tomorrow. Maintain INR 2.0-3.0. Next PT/INR on Saturday 5/25/13...Check PT/INR daily for a week...Rehab physician to monitor anticoagulation: Maintain INR with coumadin dosing...."</p> <p>Facility physician orders, dated 5/24/13, included: "Coumadin 2.5 mg give by mouth one time only related to phlebitis [blood clot]...Lovenox solution 60 mg/0.6 ml Inject 1 syringe subcutaneously every 12 hours related to phlebitis...until 6/7/13...Warfarin Sodium Tablet [Coumadin] 2.5 mg Give 1 tablet by mouth one time a day related to phlebitis...."</p> <p>A PT/INR lab value, dated 5/25/13, was not located in the clinical record. PT/INR values done daily x 1 week were not located in the clinical record.</p> <p>Nursing progress notes included the following notations:</p> <p>5/31/13 at 2:14 P.M.: "Type of lab: PT/INR, Results of all PT/INR...abnormal value: PT-65.2, INR 6.1... [Name of physician] notified. Orders...: Hold Coumadin times 2</p>						

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	<p>days, give 1/2 dosage on Sunday and then recheck PT/INR on Monday...."</p> <p>5/31/13 at 11:15 P.M.: "Lovenox solution...discontinued."</p> <p>Hospital lab work, dated 5/31/13, indicated: "Prottime H [High] 65.2, [normal range] [9.4-11.4], INR P [Panic] 6.0, [normal range] [0.9-1.1]."</p> <p>On 6/26/13 at 9:45 A.M., during interview with the Administrator, Director of Nursing, and Corporate nurse, the Administrator indicated they had identified the issue of the lab being missed by the staff. The Corporate nurse indicated the resident had been admitted on a Friday evening, that 2 nurses were supposed to check admission orders, and that the process had not been followed.</p> <p>2. On 6/26/13 at 10:25 A.M., the Corporate nurse provided current facility policies. A policy "Administrative Transcription of Physician's Orders," dated 10/2005, included: "...Transcription of physician order: a. Carefully, review transfer record and discharge summary from the hospital...b. The licensed nurse should notify the physician of the resident's admission, clinical condition</p>						

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	<p>and findings, review and clarify transfer orders...." An additional policy, "Admission Orders Audit," dated 4/2013, included: "...Admission orders will be reviewed within 24 hours by the DON/ADON [Director of Nurses/Assistant Director of Nurses] and one other nurse manager Monday through Friday...2. When a resident is admitted on a weekend or holiday, the DON may assign 2 nurses to review the admission orders within 24 hours...."</p> <p>This federal tag relates to Complaint IN00130561.</p> <p>3.1-35(g)(2)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to adequately monitor a resident receiving two anti-coagulant medications by failing to obtain lab work, resulting in a panic lab value, for 1 of 3 residents reviewed who received anti-coagulant medication, in a sample of 4.</p> <p>Resident A</p> <p>Findings include:</p>	F000329	<ol style="list-style-type: none"> Unable to correct for Resident <ol style="list-style-type: none"> It occurred in the past. All resident receiving anticoagulation medication have the potential to be affected. All nurses were re-in-serviced on the Coumadin monitoring procedure, lab procedure and transcription of physician orders. DON/designee will review Coumadin monitoring log daily times 1 month then weekly times 2 then monthly ongoing. Results of audits will be reported to QA committee for any action. 	07/26/2013
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	<p>1. The clinical record of Resident A was reviewed on 6/25/13 at 11:25 A.M. Diagnoses included, but were not limited to, aftercare for healing traumatic fracture of hip.</p> <p>Hospital transfer orders, dated 5/24/13, included: "...You will be on Lovenox [anti-coagulant medication] bridging to coumadin...You have an IVC filter [used for blood clots] in place and will need to be evaluated to have that removed...Warfarin [Coumadin] dose 2.5 mg tomorrow. Maintain INR 2.0-3.0. Next PT/INR on Saturday 5/25/13...Check PT/INR daily for a week...Rehab physician to monitor anticoagulation: Maintain INR with coumadin dosing...."</p> <p>Facility physician orders, dated 5/24/13, included: "Coumadin 2.5 mg give by mouth one time only related to phlebitis [blood clot]...Lovenox solution 60 mg/0.6 ml Inject 1 syringe subcutaneously every 12 hours related to phlebitis...until 6/7/13...Warfarin Sodium Tablet [Coumadin] 2.5 mg Give 1 tablet by mouth one time a day related to phlebitis...."</p> <p>A PT/INR lab value, dated 5/25/13, was not located in the clinical record.</p>			

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	<p>PT/INR values done daily x 1 week were not located in the clinical record.</p> <p>Nursing progress notes included the following notations:</p> <p>5/31/13 at 2:14 P.M.: "Type of lab: PT/INR, Results of all PT/INR...abnormal value: PT-65.2, INR 6.1... [Name of physician] notified. Orders...: Hold Coumadin times 2 days, give 1/2 dosage on Sunday and then recheck PT/INR on Monday [6/3/13]...."</p> <p>5/31/13 at 11:15 P.M.: "Lovenox solution...discontinued."</p> <p>According to the clinical record the resident did not require any other treatment or services for the panic level lab value, other than the medication being discontinued and/or put on hold for two days.</p> <p>Hospital lab work, dated 5/31/13, indicated: "Prottime H [High] 65.2, [normal range] [9.4-11.4], INR P [Panic] 6.0, [normal range] [0.9-1.1]."</p> <p>On 6/26/13 at 9:45 A.M., during interview with the Administrator, Director of Nursing, and Corporate nurse, the Administrator indicated</p>			

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	<p>they had identified the issue of the lab being missed by the staff. The Corporate nurse indicated there was a policy for residents receiving anti-coagulants.</p> <p>2. On 6/26/13 at 10:25 A.M., the Corporate nurse provided the current facility policy on "Coumadin Monitoring," dated 11/2012. The policy included: "Purpose: To ensure residents receiving Coumadin are receiving accurate dosage of medication based on the lab results and physician orders...Procedure: 1. Residents receiving Coumadin will have an order obtained for monitoring PT/INR. 2. Licensed Nurse will report results of the PT/INR to the physician prior to administering the daily dose of Coumadin....When Coumadin is on hold due to high levels the resident will be placed on alert charting until medication is resumed."</p> <p>This federal tag relates to Complaint IN00130561.</p> <p>3.1-48(a)(3)</p>			

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