

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155446	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2016
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NAME OF PROVIDER OR SUPPLIER COVINGTON MANOR HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5700 WILKIE DR FORT WAYNE, IN 46804
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00190094.</p> <p>Complaint IN00190094 -Substantiated. Federal/State Deficiency related to the allegations is cited at F 502.</p> <p>Survey date: January 7, 2016</p> <p>Facility number: 000476 Provider number: 155446 AIM number: 100290870</p> <p>Census bed type: SNF/NF: 91 Total: 91</p> <p>Census payor type: Medicare: 17 Medicaid: 63 Other: 11 Total: 91</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on January 8, 2016 by 17934.</p>	F 0000	<p>This Plan of Correction is the centers credible allegation of compliance Preparationand /or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. It is respectfully requested that this plan of correction be considered for paper compliance.</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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F 0502 SS=D Bldg. 00	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on interview and record review, the facility failed to ensure laboratory tests were drawn as ordered by the physician for 1 of 3 residents reviewed for laboratory test completion in a sample of 3. (Resident #E)</p> <p>Findings include:</p> <p>Resident #E's record was reviewed 1-7-2016 at 10:29 AM. Resident #E's diagnoses included, but were not limited to, high blood pressure, heart failure, and kidney disease.</p> <p>A review of Resident #E's physician's orders dated 12-30-2015 indicated Resident #E was to have a BUN (blood, urea, nitrogen) and Creatinine drawn three times per week beginning 12-31-2015.</p> <p>A review of Resident #E's laboratory results indicated the BUN and Creatinine was drawn on 12-31-2015, then on 1-7-2016. There were no other results</p>	F 0502	<p>Labs for Resident E were ordered on 1-7-16. I V's and future labs were discontinued due to lab results. Facility wide audit on lab orders was completed on 1-13-16 by the Unit Managers and D.O.N. Clinical whiteboard was updated on 1-13-16 with all lab orders by the D.O.N. Lab orders and verification of completion will be reviewed by the clinical team on a daily basis at clinical meeting and recorded on Lab audit tool which will be monitored by the Director of Nursing. New lab orders will be added to the clinical whiteboard and Lab audit tool daily by the clinical team. Lab audits will be taken to the QAPI committee monthly for further review and or recommendation.</p>	02/06/2016

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	<p>available for review.</p> <p>A review of the (hospital) laboratories requisition dated 12-30-2015 indicated the BUN and Creatinine were to be drawn three times weekly.</p> <p>In an interview on 1-7-2016 at 11:09 AM, the Director of Nursing indicated, although the laboratory test was requested for three times per week, the laboratory entered it into their system as weekly, and, therefore the laboratory tests were not drawn as ordered. Additionally, she indicated the laboratory tests should have been drawn as ordered.</p> <p>This Federal tag is related to Complaint IN00190094.</p> <p>3.1-49(a)</p>			