

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155568	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2016
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NAME OF PROVIDER OR SUPPLIER WILLIAMSPORT NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 200 SHORT ST WILLIAMSPORT, IN 47993
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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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00193265</p> <p>Complaint IN00193265 - Substantiated. Federal/State deficiencies related to the allegations are cited at F 282.</p> <p>Survey dates: February 29 and March 1, 2016.</p> <p>Provider number: 155568 Facility number: 000449 AIM number: 100290350</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 10 Medicaid: 39 Other: 18 Total: 67</p> <p>Sample: 7</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 3/7/16 by</p>	F 0000	Williamsport Nursing and Rehabilitation is respectfully requesting a paper compliance review for the state citings for the survey which ended March 1, 2016. Please review the plan of correction submitted, with supporting documentation, to establish substantial compliance has been met and maintained as of March 25, 2016. Thank you in advance for your attention to this very serious matter.	

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 0282 SS=D Bldg. 00	<p>29479.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview, and record review, the facility failed to follow physician's orders for medication administration for 1 of 4 residents reviewed. (Resident I).</p> <p>Finding includes:</p> <p>Resident I's closed clinical record was reviewed on 2/29/16 at 11:30 a.m. The resident's diagnoses included, but was not limited to, Narcolepsy. Physician's orders, dated 2/3/16, included, but were not limited to, Xyrem (a schedule III controlled substance), 500 mg (milligrams) /ml (milliliter) 8 ml oral at bedtime. The administration time on the electronic medication administration record (eMAR) was 11:00 p.m. A second order for the same medication was noted for the same dose to be given four hours after the first dose. The administration time on the eMAR was noted for 2:00 a.m., three hours after the first dose.</p>	F 0282	<p>F 282 D Level What correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice? This resident was not harmed by the medication error inadministration time. The resident no longer resides at the facility due toreturning to home as planned in rehab to home admission plan and per residentpreference. The nurse found to have changed the administration time order will be in-serviced regarding notification of physician and documenting any changesmade in the Electronic Medical Record or per resident request in regard tomedication administration times. How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective action(s) will be taken? All residents taking medications had the potential to benegatively impacted by this deficient practice. All residents'</p>	03/25/2016

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	<p>A progress note dated, 2/4/16 at 10:58 p.m., was noted of "...Resident offered her Xyrem since it was due on eMAR and was asked if she wanted to be woken up for the 2 a.m. dose. Resident claimed this is not the way the drug was prescribed. Resident was informed that the MD [medical doctor] had prescribed it to be given at certain times. Resident extremely unhappy with that and asked to speak with the DNS [Director of Nursing Services]. DNS spoke with resident. Resident is to ring call light when ready to take medication...."</p> <p>Comments documented on the eMAR for the 2:00 a.m. doses of Xyrem were noted of: 2/4/16 at 2:00 a.m., "Not administered: Refused Comment: resident refused. States 'I don't want this f----- medication.'" On 2/5/16 at 2:00 a.m., "Not Administered: On Hold Comment: medication to be given per resident's request. Resident has not requested medication." On the 2/6/16 eMar at 2:00 a.m., "Not Administered: Other Comment: medication to be given per resident's request. Resident has not requested medication." On 2/7/16 eMAR at 2:00 a.m., was noted of "Not Administered: On Hold Comment: resident will have it at 3:30 am per request." On the 2/8/16 at 2:00 a.m.,</p>		<p>records auditedno discrepancies found in the medication administration times. No residentswere found to have been affected negatively by this deficient practice. What measures will beput into place or what systematic changes will be made to ensure that thedeficient practice does not recur? All licensed staff in-serviced to follow physician orders tofollow med administration times, by March 25, 2016. All new orders and medadministration records will be reviewed at morning meeting Monday- Friday. Anyinaccuracy found will be corrected immediately. If there is a change in time ordosage needed per the review and the resident has been found to have receivedthe medication before the review as transcribed incorrectly, it will berecorded on a CQI sheet and kept in a log for no longer than 12 months. The DNS or designee will then complete a one-on-onein-service training with the nurse who transcribed the order incorrectly. Acopy of this training will be kept with the CQI sheet and in the log. The EDwill review and sign each in-service sheet in the log weekly. How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place Any inaccuracy in</p>	

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	<p>documentation was noted of "Not Administered: Refused."</p> <p>On 3/1/16 at 11:35 a.m., the Assistant Director of Nursing Services (ADNS) was interviewed. The ADNS indicated the eMAR will pre-populate an hour of sleep administration time at 9:00 p.m. Any change in time would have been entered by nursing staff. The ADNS indicated 11:00 p.m. had been entered for the hour of sleep dose of Xyrem, and 2:00 a.m. was entered for the second dose, ordered to be given four hours after the first dose.</p> <p>On 3/2/16 at 2:00 p.m., a telephone interview was done with the DNS (Director of Nursing Services). The DNS indicated she had discussed the timing of the medication with the resident on 2/4/16 at 10:58 p.m., and it was agreed the resident would notify staff when she was ready for the medication. The DNS indicated the physician had not been contacted.</p> <p>This Federal tag relates to complaint IN00193265.</p> <p>3.1-35(g)(2)</p>		<p>transcription will be recorded on a CQIsheet and kept in a log for no longer than 12 months. The DNS or designee will then complete aone-on-one in-service training with the nurse who transcribed the orderincorrectly. A copy of this training will be kept with the CQI sheet and in thelog. The ED or designee will review and sign each in-service sheet in the log weekly.Monthly CQI's titled medication error, medication administration and medicationrefusals will be completed weekly for four weeks then monthly for up to sixmonths or until a substantial compliance has been established for threeconsecutive months. By what date will thesystematic changes be completed? March 25, 2016</p>				