

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155286	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER AVALON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 KINGSTON CIR LIGONIER, IN 46767
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 14, 15, 16, 17, 18, 2014</p> <p>Facility number: 000184 Provider number: 155286 AIM number: 100267210</p> <p>Survey team: Carol Miller, RN, TC Tim Long, RN Rick Blain, RN (July 14, 15, 16, 17, 2014) Diane Nilson, RN (July 14, 15, 16, 2014)</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 4 Medicaid: 39 Other: 8 Total: 51</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>Requesting Desk Review</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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F000282 SS=D	<p>Quality review completed on July 18, 2014 by Randy Fry RN.</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 record review and interview, the facility failed to obtain laboratory tests as ordered by the physician for 2 of 5 residents reviewed for unnecessary medications (Resident #28 and Resident #38).</p> <p>Findings include:</p> <p>1. The record for Resident #28 was reviewed on 7/16/2014 at 10:00 A.M. Diagnoses included, but were not limited to, diabetes mellitus.</p> <p>A physician's order monthly recap for 7/1/14 to 7/31/14, and signed by the physician on 7/1/14, indicated on 4/23/14 the physician had ordered a HgBA1C (a lab test that determines a person's blood glucose level over a period of time) to be obtained on the 1st Monday of March, June, September, and December. A physician's order dated</p>	F000282	<p>Requesting Desk Review F 282</p> <p>1. Physician was notified for resident # 28 and resident # 38.2. All residents had the potential to be affected by this practice. Please note that resident # 28 and Resident # 38 had no negative outcome and there were no other residents affected. A house wide audit was completed by the DNS/Designee to ensure all labs were obtained per order and no further concerns were found. The physician was notified for the residents in question regarding the missing labs and no new orders were obtained. 3. The Director of Nursing Services was educated on F282 and following physician orders on 7-21-14 by the ED. The nursing staff was educated on following physician orders on 7-21-14 by the DNS. The ADNS/Designee will check physician orders and lab tracker daily to lab orders are completed.4. To ensure</p>	07/29/2014	

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	<p>4/28/14 indicated the order for labs was clarified and indicated again the HgBA1C was to be obtained on March, June, September and December. A review of the record indicated the most recent HgBA1C for Resident #28 was obtained on 3/17/14. The HgBA1C level was indicated as being 6.9, with a normal range indicated as being 4.0 to 5.7. The Director of Nursing (DoN) was interviewed on 7/16/14 at 10:45 AM. During the interview, the DoN indicated there was no other HgBA1C in the record and the lab for June had not been completed.</p> <p>2. Resident #38's clinical record was reviewed on 7/16/14 at 9:15 A.M.. The record indicated the resident was admitted to the facility on 4/10/14.</p> <p>Review of Resident #38's Physician's Orders indicated on 4/15/14 an order was received to obtain several laboratory tests, including a Dilantin level (to measure seizure medication levels) on 4/22/14. Review of the laboratory results indicated the other tests were done as ordered but there was no Dilantin level.</p> <p>An interview with the Director of Nursing Services (DNS) on 7/16/14 at 2:30 P.M. indicated she was unable to locate the Dilantin level from 4/22/14 for</p>		<p>compliance the DNS/Designee is responsible for the completion of the lab diagnostic CQI tool weekly times 4 weeks, bi monthly times 2 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. 5. Completion date: 7-29-14</p>	

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F000323 SS=D	<p>Resident #38.</p> <p>An interview with the RN consultant on 7/17/14 at 2:00 P.M. indicated there was not a policy for following physician's orders or for obtaining laboratory tests.</p> <p>3.1-35(g)(2)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to prevent an accident by 1 of 3 residents (#32) reviewed for accidents.</p> <p>Findings include:</p> <p>Review of Resident #32's clinical record on 7/14/14 at 10:25 A.M. indicated on 4/29/14 at 8:10 P.M., the resident was sitting on a couch at the nurse's station and was observed by a Certified Nurse's Aide (CNA) to slide to the floor and then lay down on the floor. The resident had no apparent injuries from the fall.</p> <p>Review of Resident #32's care plans in place from 4/29/14 indicated on 10/18/13 a care plan was started for falls. The</p>	F000323	<p>Requesting Desk Review F3231. Resident # 32 no longer resides in facility. 2. All residents had the potential to be affected by this practice. Please note that resident # 32 had no negative outcome and there were no other residents affected. DNS/Designee conducted an audit to ensure all residents at risk for falls had updated profiles and profiles/care plans were appropriate and implemented as written. 3. The Director of Nursing Services was educated on F323 on 7-21-14 by the ED. The nursing staff was educated on following careplans/profiles on 7-21-14 by the DNS . The DNS/Designee will do daily rounds to ensure that careplans/Profiles are being followed and that fall interventions are in place. 4. To ensure</p>	07/29/2014			

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	<p>problem was identified as fall risk related to: history of falls; balance difficulty during transitions/walking; Alzheimer's dementia medication use; frequently incontinent of bowel/bladder; visual impairment; confusion; history of abnormal labs; needs to rock body when standing from a chair. The approaches included, but were not limited to: have resident sit in a chair when at the nurse's station (include in resident profile).</p> <p>Review of the Resident Assessment and Care Evaluation completed 10/11/13 indicated in the Falls section, Physical performance limitations: "need to rock body or push off on arms of chair when standing up from chair; impaired balance during transitions; gait problem, such as unsteady gait, even with mobility aid or personal assistance, slow gait, takes small steps, takes rapid steps or lurching gait." In the Falls section, Internal risk factors: "Low levels of physical activity."</p> <p>An observation on 7/16/14 at 2:45 P.M. indicated Resident #32 was sitting in a comfy chair at the nurse's station.</p> <p>An interview with the Director of Nursing Services (DNS) on 7/17/14 at 9:38 A.M. indicated on 4/29/14 when Resident #32 fell from the couch at the nurse's station, his care plan indicated he</p>		<p>compliance the DNS/Designee is responsible for the completion of the Fall CQI tool weekly times 4 weeks, bi monthly times 2 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. 5. Completion Date: 7-29-14</p>				

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	<p>should have been seated in a chair. The DNS clarified the chair referred to in the care plan was a straight back chair. The DNS indicated Resident #32's care plan for risk of falls was changed on 7/15/14 and discontinued the approach of having the resident sit in a chair at the nurse's station, and an approach was added to have Resident #32 to be seated on a sofa or a comfy chair at the nurse's station.</p> <p>Review of a policy provided by the Registered Nurse (RN) Consultant on 7/17/14 at 3:00 P.M., titled Fall Management Program, original date of 7/2001, most recently revised 1/2013 indicated under the section Procedure, fall risk, #3: "A care plan will be developed at time of admission specific to each resident based upon the results of the fall risk assessment."</p> <p>Review of a policy provided by the Registered Nurse (RN) Consultant on 7/17/14 at 3:00 P.M., titled IDT Care Plan Review, original date 1/2010 and most recently revised 4/2014, indicated under procedure: "Care plan interventions/changes impacting care provided by CNA's will be communicated to the CNA via verbal report and/or Resident Profile."</p> <p>3.1-45(a)(2)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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