

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/17/2012
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NAME OF PROVIDER OR SUPPLIER  CARMEL HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032
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F0000	<p>This visit was for the Investigation of Complaints IN00103968, IN00103054, and IN00102310.</p> <p>Complaint IN00103968 Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00103054 Substantiated. Federal/State deficiencies related to the allegations are cited at F 282, F 312, F 333, and F 425.</p> <p>Complaint IN00102310 Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 14, 15, 16 &amp; 17, 2012</p> <p>Facility number: 000095 Provider number: 155181 AIM number: 100290490</p> <p>Survey Team: Michelle Hosteter RN-TC Michelle Carter RN (2/14 &amp; 2/15, 2012) Janet Stanton RN (2/14 &amp; 2/15, 2012) Heather Lay RN (2/16 &amp; 2/17, 2012) Lori Brettneaher RN (2/15, 2/16, &amp; 2/17, 2012)</p> <p>Census bed type: SNF: 34 SNF/NF: 95</p>	F0000		

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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	<p>Total: 129</p> <p>Census payor type: Medicare: 24 Medicaid: 82 Other: 23 Total: 129</p> <p>Sample: 14</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/22/12 Cathy Emswiller RN</p>			

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F0282 SS=G	<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 ensure physician's orders were followed which caused which caused residents to have anxiety and mental anguish worrying about the possibility of having an adverse reaction without ordered medications 3 of 8 residents reviewed for physicians's orders being followed in a sample of 14 residents (Resident P) (Resident Q) (Resident O).</p> <p>Findings include:</p> <p>1. The record for Resident P was reviewed on 2/16/2012 at 10:30 A.M. Resident P was admitted on 2/3/2012 at 3:30 P.M. and had current diagnoses which included but were not limited to: Bacterial pneumonia, Addison's disease, congestive heart failure (CHF), SIADH (Syndrome of Inappropriate Antidiuretic Hormone), atrial fibrillation, hypertension (HTN), esophageal reflux, encephalopathy, epilepsy, chronic obstructive asthma, diabetes mellitus type two (insulin dependant), restless leg syndrome, insomnia, depression, irritable bladder, difficulty in walking, post</p>	F0282	<p><b>F282 483.20 (k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></p> <p><b>I. Residents P, Q and O currently reside in the facility and are receiving medications per order.</b></p> <p><b>II. Facility will complete a 100% audit to determine residents are receiving medications as ordered. Any issues identified will be corrected immediately.</b></p> <p><b>III. The systemic change includes that all medication orders will be faxed to pharmacy timely and in addition the pharmacy will be called for all orders that occur for newly admitted patients and patients returning with new orders. The EDK (Emergency Drug Kit) will be utilized when needed for first dose of new drug order when the drug is available in the EDK. The after hours pharmacy system will be utilized for new orders that occur after hours if the drug is not in the EDK. Education will be provided to licensed nurses to include:</b></p>	03/13/2012	

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	<p>laminectomy thoracic-T11, T12 vertebralplasty, weakness, muscles, chronic pain, and osteoporosis.</p> <p>Admission physician orders dated 2/3/2012 indicated Resident P had physician orders for: Cozaar 50 milligram (mg) tab PO (by mouth) every 12 hours, Lasix 20 mg po daily, Pradaxa 75 mg twice daily, Lantus 16 units sub q (subcutaneous injection) daily each evening, Vancomycin 250 mg po four times a day for two weeks, Neurontin 300 mg cap po three times a day, Synthroid 200 mcg (micro grams) tab po daily, Dicyclomine 10 mg po three times a day before meals, Amlodopine 7.5 mg po daily, Protonix 40 mg po twice a day, Prednisone 5 mg po daily, Zoloft 100 mg tab po daily, Betapace 120 mg twice a day, Ferrous Sulfate 325 mg three times daily, Requip 2 mg tab po three times daily.</p> <p>Resident P's Medication Administration Record (MAR) dated 2/3/2012, indicated Resident P did not receive the following ordered medications on 2/3/201: Lantus 16 units injection (insulin for diabetes), Neurontin (anti-seizure), Lamictal (anti-seizure medication), Cozaar (high blood pressure), Betapace (heart anti-arrhythmia), Pradaxa (blood thinner to prevent blood clots and stroke)</p>		<ul style="list-style-type: none"> <li>· <b>Procedure to fax and call pharmacy for new admits/readmits or needed medication and the systemic changes described above.</b></li> <li>· <b>Protocol for Dialysis residents</b></li> <li>· <b>Use of the EDK</b></li> <li>· <b>Importance of timely drug administration</b></li> <li>· <b>Notifying DON or administrative nurse when medications are not available</b></li> </ul> <p><b>Licensed Nurses/QMA's to be inserviced by March 13 th , 2012.</b></p> <p><b>IV. DON/Designee will audit through review of MARS (Medication Administration Records). This review will be done for 100% of MARS 3 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 MARS will occur on each of the 6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as ordered by the physician. See attachment A.</b></p> <p><b>Any identified concerns from audits will be addressed immediately.</b></p>		

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	<p>Synthroid (thyroid medication), Prednisone (anti-inflammatory), Zoloft (anti-depression), Requip (anti-tremor/restless leg syndrome), Protonix (anti-reflux), and Dicyclomine (irritable bowel).</p> <p>Resident P's Medication Administration Record (MAR) dated 2/4/2012, indicated Resident P did not receive the following ordered medications on 2/4/2012: Lasix (anti-diuretic), Cozaar 9:00 A.M.. dose (high blood pressure), Pradaxa 8:00 A.M. dose (blood thinner), Betapace 9:00 A.M. dose (anti-erythema), Neurontin 9:00 A.M. and 1:00 P.M. doses (anti- seizure), Lamictal 8:00 A.M. dose (anti-seizure), Lantus (insulin), Vancomycin 9:00 A.M. and 1:00 P.M. doses (antibiotic), Synthroid 6:00 A.M. dose (thyroid), Prednisone (anti-inflammatory), Protonix 9:00 P.M. dose (anti-reflux), Ferrous Sulfate 8:00 A.M., 11:00 A.M., and 4:00 P.M. doses (iron supplement), Requip 9:00 AM. and 1:00 P.M. doses (anti-tremor/restless leg syndrome).</p> <p>A doctor's progress note dated 2/3/12, 2145 (9:45 P.M.), indicated Resident P had complaints of diarrhea-suspected clostridium difficile. Start Vancomycin. UTI (urinary tract infection), CHF (congestive heart failure) and Ext</p>		<p><b>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</b></p> <p><b>COMPLIANCE DATE: 3/13/2012</b></p>				

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	<p>(extremities) 1-2 + edema.</p> <p>A care plan dated 2/3/2012 indicated Resident P was at risk for the following: oxygen desaturation related to pneumonia and congestive heart failure, potential for acute episode related to hypertension diagnoses, and a potential for either hyper or hypo glyceemic episode related to diabetes mellitus. All problems had approaches to prevent complications which included administering medications as ordered.</p> <p>During an interview on 2/15/2012 at 915 A.M., LPN #1 and LPN #2 indicated Resident P was alert and oriented and able to answer questions accurately.</p> <p>A Minimum Data Set (assessment tool) dated 2/10/2012, indicated Resident P was alert and oriented.</p> <p>During an interview with Resident P on 2/15/2012 at 9:30 A.M., Resident P stated, "Pharmacy is terrible. I was admitted last week. Didn't get meds for 2 days."</p> <p>During an interview on 2/16/12 at 3:50 P.M., The DON (Director of Nursing) and Administrator where asked to provide information regarding Resident P's medication not being given the first two</p>						

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	<p>days of admission.</p> <p>During an interview on 2/17/2012 at 1:20 P.M., Resident P stated, "I finally went to sleep. Went to sleep praying. Prayed a lot I wouldn't have a grand mal seizure. You can't stop your seizure medication cold turkey. I told the nurse if I had a seizure I would fall out of this bed and if I fell out of this bed and fractured something someone would pay. I told the nurse if they couldn't get my medicine I would call my pharmacy and get them. She said they should be in but they didn't come. I have had seizures for 10 years. In 1981 or 82 I had a seizure and fractured my back at T12. I have had lots of fractures. My last grand mal seizure was September 2010. I came in with CHF (congestive heart failure). My lungs filled up at the hospital and I was on a lot of Lasix. I didn't get my Lasix for two days here. Insulin either. A friend of mine went down and told the nurse to call him when the meds arrived. Thank the Lord that nothing has happened yet. The last time I was here in February last year the same thing happened.</p> <p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator indicated no further documentation was available to explain why resident #P did not get the ordered medication.</p>				

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	<p>2. The record for Resident Q was reviewed on 2/15/12 at 1:30 P.M.. Resident Q was admitted on 2/9/2012 with diagnoses which included but were not limited to: Diabetes Mellitus, hypertension, and acute renal failure resolved.</p> <p>Nursing notes dated 2/9, 2/10, and 2/12/2012 indicated Resident Q was alert and oriented.</p> <p>During an interview on 2/15/2012 at 0915 A.M., LPN #1 and LPN #2 indicated Resident #Q was alert and oriented and able to answer questions accurately.</p> <p>During an interview on 2/15/2012 at 1300, Resident Q stated, "I was a DON (Director of Nursing) for twenty-one years. I was admitted last Thursday. Did not get insulin 2 nights in a row. Both nights I told the Aide (they call them something different here). She said she would check with the nurse. Both nights I fell asleep and did not get insulin. Third day I asked my nurse if the order had been changed. She said no, I should have got my insulin and didn't."</p> <p>A physician's order dated 2/9/2012, indicated Resident Q had a order for Lantus 16 units Sub Q (subcutaneous</p>						

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	<p>injection) every evening.</p> <p>Review of Resident Q's Medication Administration Record for February 2012, indicated resident Q did not get Lantus on 2/9/2012 and 2/10/2012.</p> <p>During an interview on 2/16/12 at 3:50 P.M., The DON (Director of Nursing) and Administrator where asked to provide information regarding Resident Q's insulin not being given the first two days of admission as ordered.</p> <p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator indicated no further documentation was available to explain why Resident Q did not get the ordered insulin.</p> <p>3. The record for Resident O was reviewed on 2/15/12 at 10:00 A.M. Resident O was originally admitted to the facility on 11/4/12 and readmitted on 11/22/12 with diagnoses which included but were not limited to: Post hardware removal of left femur, weakness, enteritis, pain, renal disease, arthritis, hypertension, and neuropathy.</p> <p>Review of Resident O's MDS (minimum data set-assessment tool) dated 1/27/2012, indicated Resident O was alert and oriented.</p>				

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	<p>During an interview on 2/15/2012 at 0915 A.M., LPN #1 and LPN #2 indicated Resident O was alert and oriented and able to answer questions accurately.</p> <p>During an interview on 2/15/2012 at 1:30 P.M., Resident O stated, "I go to dialysis so I am not here for my 9:00 A.M. meds. When I get back some of the nurses will not bring me my 9:00 A.M. meds. I have to ask for them and explain why it is ok for me to take my 9:00 A.M. meds even if it is not 9:00 A.M. I especially have to have my Lyrica or my legs go crazy." Resident O indicated some nurses will bring them but some refuse.</p> <p>A Physician's order dated 12/21/11, indicated Resident O had an order for Lyrica 50 milligrams twice a day.</p> <p>Resident O's Medication Administration Record dated February 2012, indicated Resident O did not receive the ordered Lyrica at 9:00 A.M., on 2/2/12, 9:00 P.M. on 2/2/12, and 9:00 A.M. on 2/3/2012.</p> <p>During an interview on 2/16/12 at 3:50 P.M., The DON (Director of Nursing) and Administrator where asked to provide information regarding Resident O's Lyrica not being given as ordered.</p>						

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	<p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator indicated no further documentation was available to explain why resident O did not get the ordered Lyrica.</p> <p>3.1-48(c)(2)</p>				

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F0312 SS=A	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review, observation, and interview, the facility failed to provide necessary services to maintain good grooming and personal hygiene for 1 of 8 resident reviewed for bathing and hair care services in a sample of 14. (Resident O)</p> <p>Findings include:</p> <p>The record for Resident O was reviewed on 2/15/12 at 10:00 A.M. Resident O was originally admitted to the facility on 11/4/12 and readmitted on 11/22/12 with diagnoses which included but were not limited to: Post hardware removal of left femur, weakness, enteritis, pain, renal disease, arthritis, hypertension, and neuropathy.</p> <p>Review of Resident O's MDS (minimum data set-assessment tool) dated 1/27/2012, indicated Resident O was alert and oriented. This MDS indicated Resident O required extensive assistance of one staff to maintain personal hygiene and physical help of staff for bathing activity.</p>	F0312	<p><b>F312 483.25 (a) (3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</b></p> <p><b>I. Resident O currently resides in the facility and is receiving ADL care to maintain good grooming and personal hygiene.</b></p> <p><b>II. Facility will complete a 100% audit to determine residents are receiving ADL care to maintain good grooming and personal hygiene. Any issues identified will be corrected immediately.</b></p> <p><b>III. The systemic change includes that ADL sheets will be instituted throughout the community which includes day and shift of resident's shower. Education will be provided to licensed nurses, QMA's, and CNA's to include:</b></p> <ul style="list-style-type: none"> <li>· Utilization of ADL Sheets</li> <li>· Documentation and reporting of refusals in regards to personal grooming</li> </ul>	03/13/2012			

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	<p>Review of a care plan dated 11/20/2011 indicated Resident O required staff to provide assist with all ADL's related to limited mobility. A goal for Resident O was to be clean and well groomed every day with staff assistance thru next review. Approaches to meet this goal included staff to assist with full shower 2 times weekly and bed baths on non shower days.</p> <p>During an interview on 2/15/2012 at 9:15 A.M., LPN #1 and LPN #2 indicated Resident O was alert and oriented and able to answer questions accurately.</p> <p>During an interview on 2/15/2012 at 1:30 P.M., Resident O stated, "I would like bathed at least once a week at least. I would prefer twice a week. I've gone 3 weeks without a bath before here-as recent as January/February. I tend not to ask. I shouldn't have to ask. They each have sixteen patients. We are running on full census. I miss taking showers. I can't get out of bed. I've only had my hair washed once since I have been here. I washed my hair at least 3 times a week at home. My hair is greasy."</p> <p>During an observation on 2/15/2012 at 1:30 P.M., Resident O's hair looked greasy.</p>		<p><b>Licensed Nurses, QMA's, and CNA's to be inserviced by March 13 th , 2012.</b></p> <p><b>IV. DON/Designee will audit through review of ADL sheets. This review will be done for 100% of ADL sheets 3 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 ADL sheets will occur on each of the 6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that residents are receiving ADL care to maintain good grooming and personal hygiene.</b></p> <p><b>Any identified concerns from audits will be addressed immediately.</b></p> <p><b>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</b></p> <p><b>COMPLIANCE DATE: 3/13/2012</b></p>				

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	<p>During an interview on 2/16/12 at 3:50 P.M., The DON (Director of Nursing) and Administrator where asked to provide: Documentation which indicated Resident O had been bathed and hair washed in January and February, documentation of Resident O refusing bathing or hair care, documentation anywhere which indicated Resident O had been offered and had refused bathing and/or hair care services.</p> <p>During an interview on 2/16/12 at 8:40 A.M., The DON indicated documentation could not be found which indicated Resident O had been bathed or hair had been washed. Nor could documentation be found anywhere which indicated Resident O had behaviors of refusing baths or hair care.</p> <p>During an interview on 2/17/12 at 11:45 A.M., The DON stated, "It is policy for residents to be bathed twice a week."</p> <p>During an interview on 2/17/12 at 1:35 P.M., CNA #3 indicated staff doesn't wash Resident O's hair with water. Resident O uses no rinse shampoo and Resident O does it without staff's help.</p> <p>During an interview on 2/17/2012 at 1:40 P.M., Resident O stated, "I have never refused having my hair washed or a bath. It is not offered. I do use this no rinse</p>				

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	<p>shampoo but haven't used it in two weeks. My hair is skanky and it itches. It was last washed around Thanksgiving."</p> <p>During an observation on 2/17/2012 at 1:40 P.M., Resident O's hair looked greasy.</p> <p>During an interview on 2/17/12 at 1:45 P.M., the facility's corporate nurse consultant stated, "Protocol is complete bed baths at least twice a week or more if needed. Hair should be washed per patient's preference."</p> <p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator indicated no further documentation was available regarding Resident O not being provided baths and hair care.</p> <p>This Federal tag relates to complaint IN00103054.</p> <p>3.1-38(a)(3)(B) 3.1-38(a)(3)(B)(2) 3.1-38(a)(3)(B)(3)</p>						

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F0333 SS=G	<p>483.25(m)(2) <b>RESIDENTS FREE OF SIGNIFICANT MED ERRORS</b> The facility must ensure that residents are free of any significant medication errors.</p> <p>Based on interview and record review, the facility failed to ensure residents were free of significant medications errors which caused residents to have anxiety and mental anguish worrying about the possibility of having an adverse reaction without ordered medications for 3 of 8 residents reviewed for medication errors in a sample of 14 residents (Resident P) (Resident Q) (Resident O).</p> <p>Findings include:</p> <p>1. The record for Resident P was reviewed on 2/16/2012 at 10:30 A.M. Resident P was admitted on 2/3/2012 at 3:30 P.M. and had current diagnoses which included but were not limited to: Bacterial pneumonia, Addison's disease, congestive heart failure (CHF), SIADH (Syndrome of Inappropriate Antidiuretic Hormone), atrial fibrillation, hypertension (HTN), esophageal reflux, encephalopathy, epilepsy, chronic obstructive asthma, diabetes mellitus type two (insulin dependant), restless leg syndrome, insomnia, depression, irritable bladder, difficulty in walking, post laminectomy thoracic-T11, T12 vertebralplasty, weakness, muscles,</p>	F0333	<p><b>F333 483.25 (m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</b></p> <p><b>I. Residents P, Q and O currently reside in the facility and are receiving medications per order.</b></p> <p><b>II. Facility will complete a 100% audit to determine residents are receiving medications as ordered. Any issues identified will be corrected immediately.</b></p> <p><b>III. The systemic change includes that all medication orders will be faxed to pharmacy timely and in addition the pharmacy will be called for all orders that occur for newly admitted patients and patients returning with new orders. The EDK (Emergency Drug Kit) will be utilized when needed for first dose of new drug order when the drug is available in the EDK. The after hours pharmacy system will be utilized for new orders that occur after hours if the drug is not in the EDK. Education will be provided to licensed nurses to include:</b> <b>Procedure to fax and call</b></p>	03/13/2012			

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	<p>chronic pain, and osteoporosis.</p> <p>Admission physician orders dated 2/3/2012 indicated Resident P had physician orders for: Cozaar 50 milligram (mg) tab PO (by mouth) every 12 hours, Lasix 20 mg po daily, Pradaxa 75 mg twice daily, Lantus 16 units sub q (subcutaneous injection) daily each evening, Vancomycin 250 mg po four times a day for two weeks, Neurontin 300 mg cap po three times a day, Synthroid 200 mcg (micro grams) tab po daily, Dicyclomine 10 mg po three times a day before meals, Amlodopine 7.5 mg po daily, Protonix 40 mg po twice a day, Prednisone 5 mg po daily, Zoloft 100 mg tab po daily, Betapace 120 mg twice a day, Ferrous Sulfate 325 mg three times daily, Requip 2 mg tab po three times daily.</p> <p>Resident P's Medication Administration Record (MAR) dated 2/3/2012, indicated Resident P did not receive the following ordered medications on 2/3/201: Lantus 16 units injection (insulin for diabetes), Neurontin (anti-seizure), Lamictal (anti-seizure medication), Cozaar (high blood pressure), Betapace (heart anti-arrhythmia), Pradaxa (blood thinner to prevent blood clots and stroke) Synthroid (thyroid medication), Prednisone (anti-inflammatory), Zoloft</p>		<p><b>pharmacy for new admits/readmits or needed medication and the systemic changes described above.</b></p> <ul style="list-style-type: none"> <li>· Protocol for Dialysis residents</li> <li>· Use of the EDK</li> <li>· Importance of timely drug administration</li> <li>· Notifying DON or administrative nurse when medications are not available</li> </ul> <p><b>Licensed Nurses/QMA's to be inserviced by March 13 th , 2012.</b></p> <p><b>IV. DON/Designee will audit through review of MARS (Medication Administration Records). This review will be done for 100% of MARS 3 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 MARS will occur on each of the 6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as ordered by the physician. See attachment A.</b></p> <p><b>Any identified concerns from audits will be addressed immediately.</b></p> <p><b>The results of these audits will</b></p>				

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	<p>(anti-depression), Requip (anti-tremor/restless leg syndrome), Protonix (anti-reflux), and Dicyclomine (irritable bowel).</p> <p>Resident P's Medication Administration Record (MAR) dated 2/4/2012, indicated Resident P did not receive the following ordered medications on 2/4/2012: Lasix (anti-diuretic), Cozaar 9:00 A.M. dose (high blood pressure), Pradaxa 8:00 A.M. dose (blood thinner), Betapace 9:00 A.M. dose (anti-erythema), Neurontin 9:00 A.M. and 1:00 P.M. doses (anti- seizure), Lamictal 8:00 A.M. dose (anti-seizure), Lantus (insulin), Vancomycin 9:00 A.M. and 1:00 P.M. doses (antibiotic), Synthroid 6:00 A.M. dose (thyroid), Prednisone (anti-inflammatory), Protonix 9:00 P.M. dose (anti-reflux), Ferrous Sulfate 8:00 A.M., 11:00 A.M., and 4:00 P.M. doses (iron supplement), Requip 9:00 AM. and 1:00 P.M. doses (anti-tremor/restless leg syndrome).</p> <p>A doctor's progress note dated 2/3/12, 2145 (9:45 P.M.), indicated Resident P had complaints of diarrhea-suspected clostridium difficile. Start Vancomycin. UTI (urinary tract infection), CHF (congestive heart failure) and Ext (extremities) 1-2 + edema.</p>		<p><b>be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</b></p> <p><b>COMPLIANCE DATE: 3/13/2012</b></p>				

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	<p>A care plan dated 2/3/2012 indicated Resident P was at risk for the following: oxygen desaturation related to pneumonia and congestive heart failure, potential for acute episode related to hypertension diagnoses, and a potential for either hyper or hypo glyceemic episode related to diabetes mellitus. All problems had approaches to prevent complications which included administering medications as ordered.</p> <p>During an interview on 2/15/2012 at 915 A.M., LPN #1 and LPN #2 indicated Resident P was alert and oriented and able to answer questions accurately.</p> <p>A Minimum Data Set (assessment tool) dated 2/10/2012, indicated Resident P was alert and oriented.</p> <p>During an interview with Resident P on 2/15/2012 at 9:30 A.M., Resident P stated, "Pharmacy is terrible. I was admitted last week. Didn't get meds for 2 days."</p> <p>During an interview on 2/16/12 at 3:50 P.M., The DON (Director of Nursing) and Administrator where asked to provide information regarding Resident P's medication not being given the first two days of admission.</p>				

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	<p>During an interview on 2/17/2012 at 1:20 P.M., Resident P stated, "I finally went to sleep. Went to sleep praying. Prayed a lot I wouldn't have a grand mal seizure. You can't stop your seizure medication cold turkey. I told the nurse if I had a seizure I would fall out of this bed and if I fell out of this bed and fractured something someone would pay. I told the nurse if they couldn't get my medicine I would call my pharmacy and get them. She said they should be in but they didn't come. I have had seizures for 10 years. In 1981 or 82 I had a seizure and fractured my back at T12. I have had lots of fractures. My last grand mal seizure was September 2010. I came in with CHF (congestive heart failure). My lungs filled up at the hospital and I was on a lot of Lasix. I didn't get my Lasix for two days here. Insulin either. A friend of mine went down and told the nurse to call him when the meds arrived. Thank the Lord that nothing has happened yet. The last time I was here in February last year the same thing happened.</p> <p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator indicated no further documentation was available to explain why resident #P did not get the ordered medication.</p> <p>2. The record for Resident Q was</p>						

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	<p>reviewed on 2/15/12 at 1:30 P.M.. Resident Q was admitted on 2/9/2012 with diagnoses which included but were not limited to: Diabetes Mellitus, hypertension, and acute renal failure resolved.</p> <p>Nursing notes dated 2/9, 2/10, and 2/12/2012 indicated Resident Q was alert and oriented.</p> <p>During an interview on 2/15/2012 at 0915 A.M., LPN #1 and LPN #2 indicated Resident #Q was alert and oriented and able to answer questions accurately.</p> <p>During an interview on 2/15/2012 at 1300, Resident Q stated, "I was a DON (Director of Nursing) for twenty-one years. I was admitted last Thursday. Did not get insulin 2 nights in a row. Both nights I told the Aide (they call them something different here). She said she would check with the nurse. Both nights I fell asleep and did not get insulin. Third day I asked my nurse if the order had been changed. She said no, I should have got my insulin and didn't."</p> <p>A physician's order dated 2/9/2012, indicated Resident Q had a order for Lantus 16 units Sub Q (subcutaneous injection) every evening.</p>				

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	<p>Review of Resident Q's Medication Administration Record for February 2012, indicated resident Q did not get Lantus on 2/9/2012 and 2/10/2012.</p> <p>During an interview on 2/16/12 at 3:50 P.M., The DON (Director of Nursing) and Administrator where asked to provide information regarding Resident Q's insulin not being given the first two days of admission as ordered.</p> <p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator indicated no further documentation was available to explain why Resident Q did not get the ordered insulin.</p> <p>3. The record for Resident O was reviewed on 2/15/12 at 10:00 A.M. Resident O was originally admitted to the facility on 11/4/12 and readmitted on 11/22/12 with diagnoses which included but were not limited to: Post hardware removal of left femur, weakness, enteritis, pain, renal disease, arthritis, hypertension, and neuropathy.</p> <p>Review of Resident O's MDS (minimum data set-assessment tool) dated 1/27/2012, indicated Resident O was alert and oriented.</p> <p>During an interview on 2/15/2012 at 0915</p>						

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	<p>A.M., LPN #1 and LPN #2 indicated Resident O was alert and oriented and able to answer questions accurately.</p> <p>During an interview on 2/15/2012 at 1:30 P.M., Resident O stated, "I go to dialysis so I am not here for my 9:00 A.M. meds. When I get back some of the nurses will not bring me my 9:00 A.M. meds. I have to ask for them and explain why it is ok for me to take my 9:00 A.M. meds even if it is not 9:00 A.M. I especially have to have my Lyrica or my legs go crazy." Resident O indicated some nurses will bring them but some refuse.</p> <p>A Physician's order dated 12/21/11, indicated Resident O had an order for Lyrica 50 milligrams twice a day.</p> <p>Resident O's Medication Administration Record dated February 2012, indicated Resident O did not receive the ordered Lyrica at 9:00 A.M., on 2/2/12, 9:00 P.M. on 2/2/12, and 9:00 A.M. on 2/3/2012.</p> <p>During an interview on 2/16/12 at 3:50 P.M., The DON (Director of Nursing) and Administrator where asked to provide information regarding Resident O's Lyrica not being given as ordered.</p> <p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator</p>				

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	indicated no further documentation was available to explain why resident O did not get the ordered Lyrica.  3.1-48(c)(2)				

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on interview and record review, the facility failed to ensure residents obtained routine medications for 1 of 8 residents reviewed for pharmacy services in a sample of 14 residents (Resident P).</p> <p>Findings include:</p> <p>The record for Resident P was reviewed on 2/16/2012 at 10:30 A.M. Resident P was admitted on 2/3/2012 at 3:30 P.M. and had current diagnoses which included but were not limited to: bacterial pneumonia, Addison's disease, congestive heart failure (CHF), SIADH (Syndrome</p>	F0425	<p><b>F425 483.60 (a), (b) PHARMACEUTICAL SVC – ACCURATE PROCEDURES, RPH</b></p> <p>I. Resident P currently resides in the facility and is receiving medications per order.</p> <p>II. Facility will complete a 100% audit to determine residents are receiving medications as ordered. Any issues identified will be corrected immediately.</p> <p>III. The systemic change includes that all medication orders will be faxed to pharmacy timely and in addition the pharmacy will be</p>	03/13/2012			

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	<p>of Inappropriate Anti-diuretic Hormone), atrial fibrillation, hypertension (HTN), esophageal reflux, encephalopathy, epilepsy, chronic obstructive asthma, diabetes mellitus type two (insulin dependent), restless leg syndrome, insomnia, depression, irritable bladder, difficulty in walking, post laminectomy thoracic-T11, T12 vertebralplasty, weakness, muscles, chronic pain, anemia, and osteoporosis.</p> <p>Admission physician orders dated 2/3/2012 indicated Resident P had physician orders for: Cozaar 50 mg (milligram) tab PO (by mouth) every 12 hours, Lasix 20 mg po daily, Pradaxa 75 mg twice daily, Lantus 16 units sub q (subcutaneous injection) daily each evening, Vancomycin 250 mg po four times a day for two weeks, Neurontin 300 mg cap po three times a day, Synthroid 200 mcg (micro grams) tab po daily, Dicyclomine 10 mg po three times a day before meals, Amlodopine 7.5 mg po daily, Protonix 40 mg po twice a day, Prednisone 5 mg po daily, Zolofit 100 mg tab po daily, Betapace 120 mg twice a day, Ferrous Sulfate 325 mg three times daily, Requip 2 mg tab po three times daily.</p> <p>Resident P's Medication Administration Record (MAR) dated 2/3/2012, indicated</p>		<p>called for all orders that occur for newly admitted patients and patients returning with new orders. The EDK (Emergency Drug Kit) will be utilized when needed for first dose of new drug order when the drug is available in the EDK. The after hours pharmacy system will be utilized for new orders that occur after hours if the drug is not in the EDK.</p> <p>Education will be provided to licensed nurses to include:</p> <ul style="list-style-type: none"> <li>· Procedure to fax and call pharmacy for new admits/readmits or needed medication and the systemic changes described above.</li> <li>· Protocol for Dialysis residents</li> <li>· Use of the EDK</li> <li>· Importance of timely drug administration</li> <li>· <b>Notifying DON or administrative nurse when medications are not available</b></li> </ul> <p><b>Licensed Nurses/QMA's to be inserviced by March 13 th , 2012.</b></p> <p><b>IV. DON/Designee will audit through review of MARs (Medication Administration Records). This review will be done for 100% of MARs 3 times a week for 8 weeks. Following this initial 8 weeks, random review of a minimum of 5 MARs will occur on each of the</b></p>				

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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	
	<p>Resident P did not receive the following ordered medications on 2/3/201: Lantus 16 units injection (insulin for diabetes), Neurontin (anti-seizure), Lamictal (anti-seizure medication), Cozaar (high blood pressure), Betapace (heart anti-arrhythmia), Pradaxa (blood thinner to prevent blood clots and stroke) Synthroid (thyroid medication), Prednisone (anti-inflammatory), Zoloft (anti-depression), Requip (anti-tremor/restless leg syndrome), Protonix (anti-reflux), and Dicyclomine (irritable bowel).</p> <p>Resident P's Medication Administration Record (MAR) dated 2/4/2012, indicated Resident P did not receive the following ordered medications on 2/4/2012: Lasix (anti-diuretic), Cozaar 9:00 A.M. dose (high blood pressure), Pradaxa 8:00 A.M. dose (blood thinner), Betapace 9:00 A.M. dose (anti-arrhythmia), Neurontin 9:00 A.M. and 1:00 P.M. doses (anti-seizure), Lamictal 8:00 A.M. dose (anti-seizure), Lantus (insulin), Vancomycin 9:00 A.M. and 1:00 P.M. doses (antibiotic), Synthroid 6:00 A.M. dose (thyroid), Prednisone (anti-inflammatory), Protonix 9:00 P.M. dose (anti-reflux), Ferrous Sulfate 8:00 A.M., 11:00 A.M., and 4:00 P.M. doses (iron supplement), Requip 9:00 A.M. and 1:00 P.M. doses</p>		<p><b>6 units (total of 30 records) weekly for 16 weeks, and then monthly for an additional 6 months to total 12 months of audits to determine that medications are provided as ordered by the physician. See attachment A.</b></p> <p><b>Any identified concerns from audits will be addressed immediately.</b></p> <p><b>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</b></p> <p><b>COMPLIANCE DATE: 3/13/2012</b></p>		

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NAME OF PROVIDER OR SUPPLIER  CARMEL HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032			
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	<p>(anti-tremor/restless leg syndrome).</p> <p>A doctor's progress note dated 2/3/12, 2145 (9:45 P.M.), indicated Resident P had complaints of diarrhea-suspect clostridium difficile. Start Vancomycin. Further concerns included urinary tract infection, congestive heart failure, extremities with 1-2 + edema.</p> <p>A Minimum Data Set (assessment tool) dated 2/10/2012 indicated Resident P was alert and oriented</p> <p>During an interview on 2/15/2012 at 0915 A.M., LPN #1 and LPN #2 indicated Resident P was alert and oriented and able to answer questions accurately.</p> <p>During an interview with Resident P on 2/15/2012 at 9:30 A.M., Resident P stated, "Pharmacy is terrible. I was admitted last week. I didn't get meds for 2 days."</p> <p>During an interview on 2/15/2012 at 10:00 A.M., LPN #2 stated, "Sometimes it takes up to 4 hours to get the medications but no more than 4 hours."</p> <p>A facility policy titled "Admission and Readmission Orders" provided by the DON on 2/16/12 at 8:55 A.M., indicated admission and readmission orders faxed</p>						

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NAME OF PROVIDER OR SUPPLIER  CARMEL HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032			
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	<p>prior to 6:00 P.M. will be delivered with the next regular delivery. Orders faxed after 6:00 P.M. will be delivered the next day. If the medications are required the same day, call the admission orders to the pharmacist and fax the orders to the pharmacy. Indicate to the pharmacist that the medications are needed on the next scheduled delivery. Any admission medications needed on a more urgent basis should be called to the pharmacist.</p> <p>During an interview on 2/16/12 at 8:55 A.M., the DON indicated the facility had a contract with a local pharmacy to obtain medications their pharmacy could not provide immediately. Also the facility had an EDK (emergency drug kit) box for many medications.</p> <p>During an interview on 2/16/12 at 3:50 P.M., The DON and Administrator were asked to provide information regarding Resident P's medication not being given the first two days of admission.</p> <p>During an interview on 2/17/2012 at 1:50 P.M., The DON and Administrator indicated no further documentation was available to explain why resident P did not get the ordered medications for the first two days of admission.</p>						

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	3.1-25(a)			