

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/29/2014
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NAME OF PROVIDER OR SUPPLIER FAIRMONT REHABILITATION CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S LAFOUNTAIN ST KOKOMO, IN 46902
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F000000	<p>This visit was for the Investigation of Complaint IN00149416.</p> <p>Complaint IN00149416-Substantiated. Federal deficiencies related to the allegation are cited at F282, and F309.</p> <p>Survey dates: May 28 & 29, 2014.</p> <p>Facility number: 000025 Provider number : 155064 AIM number : 100274850</p> <p>Survey team : Michelle Hosteter, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 51 Total : 58</p> <p>Census payor type: Medicare: 17 Medicaid : 32 Other : 9 Total : 58</p> <p>Sample : 5</p> <p>These deficiencies reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by</p>	F000000		

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=G	<p>Tammy Alley RN on June 4, 2014.</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.</p> <p>Based on record review and interview the facility failed to ensure an order for blood thinning medication was discontinued per physician's order, resulting in the resident going to the hospital for coumandin toxicity for 1 of 3 residents reviewed for physician orders in a sample of 7. (Resident B)</p> <p>Findings include:</p> <p>On 5/28/14 at 12:05 P.M., the record review for Resident B was completed. Diagnoses included, but were not limited to, diabetes, deep vein thrombosis, and end stage renal failure.</p> <p>The resident was admitted to the facility 4/3/14, after being in the hospital. The hospital record indicated the resident was admitted for deep vein thrombosis, leg edema and leg pain.</p> <p>The hospital records dated 4/3/14, indicated Resident B was ordered to take</p>	F000282	<p>F282 The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1. Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> ·Resident B was discharged from facility on 4-18-14. <p>2. How the facility identified other residents:</p> <ul style="list-style-type: none"> ·An audit has been completed on all residents receiving Coumadin and/or other anticoagulants to ensure orders and plan of care were followed. <p>3. Measures put into place/ System changes:</p> <ul style="list-style-type: none"> ·PT/INR Flow Sheet was implemented for tracking of lab results, new orders and any bleeding or bruising. ·Licensed staff have been educated regarding the importance of following physician 	06/25/2014

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	<p>Coumadin (a blood thinning medication) 3 milligrams by mouth daily, as well as Enoxaprin (a blood thinning medication) 90 milligrams subcutaneously (beneath first layer of tissue) daily until INR >(greater than) 2.</p> <p>A lab was drawn on 4/4/14. The results were: PT (Prothrombin Time-a measure of time it takes for the plasma of blood to clot), INR (International Normalized Ratio an amount of time one person's blood clots compared to a control sample). The lab indicated Resident B's INR was 2.8 The lab had a handwritten notation that indicated the lab was faxed to the physician on 4/4/14 by RN #1.</p> <p>The MAR (Medication Administration Record) dated 4/4/14 through 4/7/14, indicated the medication Enoxaprin 90 milligrams was given by RN #2 on these dates even though the INR was 2.8. The physician's order dated 4/3/14 indicated to give Enoxaprin until INR was greater than 2.</p> <p>The nurses notes dated 4/7/14 12:00 P.M., indicated, "...Swelling with dark purple discoloration noticed to left top of hand. Doctor notified. Doctor to see patient. Doctor ordered a venous doppler of left upper extremity and x-ray of left wrist immediately...1:00 P.M. Doctor</p>		<p>orders related to anticoagulants, appropriate documentation and monitoring for side effects such as bleeding or bruising, as well as use of the PT/INR Flow Sheet for tracking lab results and orders.</p> <p>4. How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> ·Physician orders andPT/INR Flow Sheets will be reviewed 5 times per week to monitor for order changes or new orders related to Coumadin and/or other anticoagulant use and to ensure updating of PT/INR Flow Sheet. ·The Director of Nursing/ designee will be responsible for these audits. ·The results of these audits will be reviewed in the Quality Assurance meeting monthly x6 months or until compliance of 90% is achieved for 3 consecutive months. <p>5) Date of compliance: 6-25-14</p>				

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	<p>asked if the resident had an IV (intravenous) in left hand previously. Writer called hospital and was told at the hospital before arriving to facility an IV had been removed from the right hand. 1:20 P.M. X-ray company here to do the wrist x-ray, company indicated cannot do venous doppler so resident sent to hospital to have doppler completed</p> <p>4/8/14- 11:00 P.M.- Edema (swelling) to left hand. Dark purple, blue and red bruise 40 centimeters by 18 centimeters from fingers up resident arm. Area of back of hand raised, hard to touch. Resident complaining of pain of a "6" on scale of 1-10. Continue to monitor, doctor aware.</p> <p>4/9/14-8:00 A.M.- Area on left hand/left arm dark purple, blue and red bruising noted. Raised area on back of hand hard to the touch. Ice applied per treatment order. Resident complain of pain of "5" on scale of 0-10.</p> <p>4/10/14-10:15 A.M. - +4 edema to left hand, left hand is deep purplish in color on top, however, the palm of her hand and underneath fingers are pale pink in color, moves hand and fingers freely. Hand and fingers are warm to touch. Denies pain. Bruising noted to the underneath areas of left upper and lower</p>			

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F000329 SS=G	<p>extremity Bruising noted to right side of mid back. Denies pain. Doctor notified. 11:00 A.M. New order to send resident to ER (emergency room) for evaluation and treatment.</p> <p>4/11/14- 7:15 A.M.- Called hospital and resident admitted with diagnosis of renal failure and Coumadin toxicity..."</p> <p>In an interview with the Director of Nursing on 5/29/14 at 1:30 P.M., she indicated for resident's receiving blood thinning medications, she expected the nurses would assess the resident and follow the doctor's orders and notify him if there were changes.</p> <p>This Federal Tag relates to the investigation of complaint IN00149416.</p> <p>3.1-35(g)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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>				

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	<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 assess and monitor bruising and swelling for a resident on blood thinning medication resulting in hospitalization for Coumadin toxicity for 1 of 3 residents reviewed for medication monitoring in a sample of 7. (Resident B)</p> <p>Findings include:</p> <p>On 5/28/14 at 12:05 P.M., the record review for Resident B was completed. Diagnoses included, but were not limited to, diabetes, deep vein thrombosis, and end stage renal failure.</p> <p>The resident was admitted to the facility 4/3/14, after being in the hospital. The hospital record indicated the resident was admitted for deep vein thrombosis, leg edema and leg pain.</p> <p>The hospital records dated 4/3/14, indicated Resident B was ordered to take</p>	F000329	<p>F329</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1. Immediate actions taken for those residents identified: ·Resident B was discharged from facility on 4-18-14.</p> <p>2. How the facility identified other residents: ·An audit was completed on all residents receiving Coumadin and/or other anticoagulants to identify other residents potentially affected.</p> <p>3. Measures put into place/ System changes:</p>	06/25/2014	

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	<p>Writer called hospital and was told at the hospital before arriving to facility an IV had been removed from the right hand. 1:20 P.M. X-ray company here to do the wrist x-ray, company indicated cannot do venous doppler so resident sent to hospital to have doppler completed.</p> <p>4/8/14- 11:00 P.M.- Edema (swelling) to left hand. Dark purple, blue and red bruise 40 centimeters by 18 centimeters from fingers up resident arm. Area of back of hand raised, hard to touch. Resident complaining of pain of a "6" on scale of 1-10. Continue to monitor, doctor aware.</p> <p>4/9/14-8:00 A.M.- Area on left hand/left arm dark purple, blue and red bruising noted. Raised area on back of hand hard to the touch. Ice applied per treatment order. Resident complain of pain of "5" on scale of 0-10.</p> <p>4/10/14-10:15 A.M. - +4 edema to left hand, left hand is deep purplish in color on top, however, the palm of her hand and underneath fingers are pale pink in color, moves hand and fingers freely. Hand and fingers are warm to touch. Denies pain. Bruising noted to the underneath areas of left upper and lower extremity Bruising noted to right side of mid back. Denies pain. Doctor notified.</p>		<p>5) Date of compliance: 6-25-14</p>				

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	<p>11:00 A.M. New order to send resident to ER (emergency room) for evaluation and treatment.</p> <p>4/11/14- 7:15 A.M.- Called hospital and resident admitted with diagnosis of renal failure and Coumadin toxicity..."</p> <p>The documentation titled "Daily Skilled Nurses Notes", indicated no concern with bruising from admission date 4/3/14 through 4/7/14. The documentation for 4/7/14 under skin area, all shifts was checked, "Skin WNL [within normal limits]".</p> <p>The day shift had nothing documented under the comments section regarding skin. The form also had a section marked "Edema (if check, complete below) and nothing was documented.</p> <p>The Evening shift comments section indicated, "...resident sent to hospital for doppler of left hand. Hematoma (bruising) to left hand and wrist (sic) and forearm." Nothing was documented in comments section for Night shift.</p> <p>4/8/14- Skin section indicated bruising to left hand for all shifts, and other concerns noted for left hand in the comments section, that the left arm was swollen and bruised, the resident had limited range of motion, and that the doppler was negative.</p>						

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	<p>4/9/14- Skin section indicated bruising to left hand for all shifts and other concerns for left hand check marked. Comments section for all shifts, indicated left hand hematoma and bruising with edema, purple, blue and red coloring.</p> <p>4/10/14- Indicated the "resident went out to hospital...."</p> <p>The hospital transfer documentation form dated 4/13/14, indicated the resident was in the hospital from 4/10/14 through 4/13/14, and the reason for the admission was Coumadin toxicity and renal failure. A hospital order sheet dated 4/11/14 indicated, "...Dress the wound on the dorsum of the left hand with Bacitracin to Adaptic and Kerlix twice daily and as needed...."</p> <p>In an interview with the ADON (Assistant Director of Nursing) on 5/29/14 at 11:00 A.M., she indicated when a resident was receiving a blood thinning medication she would have expected the nurses to have measured the bruising and assess the swelling to see if it is getting worse or not and if it is getting worse to notify the doctor. She also expected the staff to follow the physician orders related to the administration of medications.</p>			

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