

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155214	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2012
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NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 FRANCISCAN DR CROWN POINT, IN 46307
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00106757.</p> <p>Complaint IN00106757-Substantiated, no deficiencies to the allegation were cited.</p> <p>Survey dates: July 9, 10, 11, 12, 13, and 16, 2012</p> <p>Facility number: 000120 Provider number: 155214 AIM number: 100274780</p> <p>Survey team: Regina Sanders, RN Kelly Sizemore, RN (July 9, 10, 11, 12, and 13, 2012) Marcia Mital, RN (July 9, 10, 11, 12, and 13, 2012) Shannon Pietraszewski, RN (July 9, 10, 11, 12, and 13, 2012)</p> <p>Census bed type: SNF: 28 SNF/NF: 139 NCC: 7 Total: 174</p> <p>Census Payor type: Medicare: 29</p>	F0000	<p>St. Anthony Home ("the provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and / or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the state of Indiana or any other entity; or (2) to serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.</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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	<p>Medicaid: 97 Other: 48 Total: 174</p> <p>Sample: 26 Supplemental sample: 5 NCC sample: 1</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 17, 2012 by Bev Faulkner, RN</p>				

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F0329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>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> <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 record review and interview, the facility failed to ensure a resident taking hypertensive medications was monitored as ordered by the physician prior to the administration of the medication for 1 of 26 residents reviewed for monitoring medications in a total sample of 26. (Resident #146)</p> <p>Findings include:</p> <p>Resident #146's record was reviewed on 7/10/12 at 2:50 p.m. Resident #146's</p>	F0329	<p>1.1 Regarding resident #146, Unit Nurse Manager/designee immediately assessed resident and notified physician and family of the occurrence on 7/10/12; no adverse reactions noted.</p> <p>1.2 Unit Nurse Managers/designees reviewed current residents taking hypertensive medications that require blood pressure parameters to ensure monitoring was completed as ordered prior to administration of medication.</p> <p>1.3 Director of Staff Development/designee will</p>	08/15/2012

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	<p>diagnoses included, but were not limited to, hypertension and diabetes mellitus.</p> <p>A care plan, dated 4/17/12, indicated "...receiving antihypertensive medications and is at risk for ...side effects....Blood pressure readings as ordered. Notify physician if not within ordered parameters..."</p> <p>A physician's order recapitulation, dated 6/12, indicated Coreg (antihypertensive medication) 6.25 milligrams twice a day and Lisinopril 10 milligrams daily.. Hold if systolic blood pressure less than 100 or heart rate less than 60.</p> <p>The resident's MAR (Medication Administration Record), dated 6/12, indicated the resident had received the Coreg twice a day and Lisinopril daily on 6/2/12, 6/3/12, 6/4/12, 6/5/12, 6/9/12, 6/10/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12. 6/23/12, and 6/24/12 without monitoring the resident's blood pressure or pulse.</p> <p>A physician's order, dated 6/26/12, indicated orthostatic blood pressures and pulses lying, sitting and standing twice a day,</p> <p>The resident's MAR, dated 6/12, indicated</p>		<p>re-inservice licensed staff and QMAs regarding monitoring blood pressure parameters prior to administering hypertensive medication. Unit Nurse Managers/designees will audit all residents who require blood pressure parameters prior to administering a hypertensive medication, per unit, weekly to ensure accuracy for nine (9) months beginning the week of 7/30/12.</p> <p>1.4 The DON/designee will report audit findings to the Quality Assurance (QA) Committee monthly for nine (9) months with the next meeting held in August 2012. The QA Committee will monitor data presented for any trends, and determine if further monitoring/action is necessary for continued compliance.</p> <p>1.5 Systemic changes will be completed by 8/15/12.</p>		

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	<p>the resident's blood pressures on the 3-11 shift were lying: 6/26/12- 98/49, 6/27/12- 98/48, 6/28/12- 100/80, sitting: 6/26/12- 77/52, 6/27/12- 69/46, 6/28/12- 89/70, standing: 6/26/12- refused, 6/27/12- 61/40, and 6/28/12 90/72. The blood pressure medication of Coreg was held on these days at 9 p.m.</p> <p>The resident's MAR, dated 7/12, indicated the resident's blood pressure and pulse were monitored at 9 a.m. prior to the administration of the Coreg and the Lisinopril. The 9 p.m. dose of Coreg lacked documentation of the resident's blood pressure or pulse being monitored on 7/1/12, 7/3/12 through 7/9/12.</p> <p>During an interview on 7/10/12 at 4:02 p.m., the C Hall Unit Manager indicated the resident's blood pressures and pulses were not monitored as ordered by the physician.</p> <p>3.1-48(a)(3)</p>			

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F0333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free of a significant medication error, related to not receiving digoxin due to failure to transcribe an order for digoxin (heart medication) from hospital discharge orders for 1 of 26 residents reviewed for significant medication errors in a total sample of 26. (Resident #150)</p> <p>Findings include:</p> <p>1. Resident #150's record was reviewed on 7/13/12 at 9:30 a.m. Resident #150's diagnoses included, but were not limited to, diabetes, seizures, and atrial fibrillation.</p> <p>The physician's recapitulation orders, dated 06/12, indicated the resident had an order for digoxin (heart medication) 0.125 mg daily, which was originally ordered on 05/22/12.</p> <p>A physician's order, dated 6/20/12, indicated send to the emergency room for evaluation and treatment.</p> <p>The resident returned to the facility on 6/22/12.</p>	F0333	<p>1.1 Regarding resident #150, Unit Nurse Manager/designee immediately assessed resident and notified physician and family of the occurrence on 7/13/12; no adverse reactions noted.</p> <p>1.2 Unit Nurse Managers/designees reviewed admissions within thirty (30) days of 7/28/12 to ensure the residents' hospital discharge orders were transcribed correctly to the facility's admission POS; any deficiencies noted corrected at that time.</p> <p>1.3 The Director of Staff Development/designee will re-inserve licensed staff regarding transcription accuracy from hospital discharge orders to the facility admission POS. Unit Nurse Managers/designee will audit new/re-admissions, per unit, weekly to ensure accurate transcription from hospital discharge orders to facility admission POS for nine (9) months beginning the week of 7/30/12.</p> <p>1.4 The DON/designee will report audit findings to the Quality Assurance (QA) Committee monthly for nine (9) months with the next meeting held in August 2012. The QA Committee will monitor data presented for any trends, and determine if further</p>	08/15/2012	

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	<p>The hospital scheduled medication record, dated 06/20/12, indicated the resident had received digoxin 0.125 mg daily while in the hospital.</p> <p>Hospital discharge orders, dated 6/22/12, indicated an order for digoxin 0.125 milligrams by mouth daily, hold for apical pulse less than 60, with "yes" written next to it.</p> <p>Admission orders, dated 6/22/12, lacked an order for the digoxin.</p> <p>Medication Administration Records lacked documentation the resident received the digoxin after returning from the hospital from 6/23/12 through 7/13/12.</p> <p>During an interview with the C Hall Unit Manager, on 7/13/12 at 10:30 a.m., she indicated the digoxin was not transcribed when the resident transferred from the hospital. She indicated it was on both transfer papers. She indicated she was going to call the physician.</p> <p>During an interview with the Administrator, on 7/13/12 at 11:30 a.m., he indicated they had received an order to restart the digoxin.</p> <p>Review of the 2010 Nursing Spectrum</p>		<p>monitoring/action is necessary for continued compliance.</p> <p>1.5 Systemic changes will be completed by 8/15/12.</p>		

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	Drug Handbook, pages 348-350, indicated, "...take drug at same time every day. Instruct patient not to stop drug abruptly..." 3.1-25(b)(9) 3.1-48(c)(2)				

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F0425 SS=E	<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 observation and interview, the facility failed to return, release, and/or destroy expired and/or discontinued medications in one of five Medication rooms (1st Floor), three of five medication carts (Unit 2A, 2B and 2D), and two of five treatment carts (Unit 2A and 2B).</p> <p>Findings include:</p> <p>1. During the environmental tour on 7/12/12 at 1:15 p.m., with the LPN (Licensed Practical Nurse) #1, the following medication bottles/packages</p>	F0425	<p>1.1 Unit Nurse Managers/designees immediately destroyed expired and discontinued medications and treatments from 1A, 2A, 2B and 2D medication rooms, medication carts and treatment carts on 7/12/12.</p> <p>1.2 Unit Nurse Managers/designees audited/cleaned all medication rooms, medication carts and treatment carts in the facility and destroyed expired and discontinued medications or treatments per facility policy. Pharmacy conducted medication cart audits the week of 7/30/12 with any deficiencies noted</p>	08/15/2012

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	<p>and ointments was observed in a plastic storage bin, expired and/or discontinued, in the 1st Floor Medication Room:</p> <p>Albuterol Sulfate Inhalation Solution (nebulizer breathing treatment) 0.083%, expiration date of 11/11.</p> <p>Doc q lace (stool softener) 100 mg (milligrams), expiration date of 11/5/10.</p> <p>Nitrofurantoin (antibiotic), sticker on the bottle indicated d/c (discontinued).</p> <p>Triamcinolone 0.1% ointment, two tubes with expiration date of 5/12.</p> <p>Florastor Capsules, full bottle with expiration date of 1/12.</p> <p>2 bottles of Warfarin Sodium (blood thinner), expiration date of 12/11 and 3/29/12.</p> <p>Levofloxacin (antibiotic) 250 mg, discontinued on 7/7/12.</p> <p>Bupropion (Antidepressant medication) 75 mg, expiration date of 5/12.</p> <p>Levothyroxine (thyroid medication) 0.15 mg, expiration date of 5/12.</p> <p>Senna Plus (stool softener), medication</p>		<p>corrected at that time.</p> <p>1.3 Director of Staff Development / designee will re-inservice licensed staff and QMAs regarding the return, release and/or destruction of expired and/or discontinued medications or treatments in the medication rooms, medication carts and treatment carts. Unit Nurse Managers/designees will audit each medication room, medication cart and treatment cart weekly to ensure all expired and / or discontinued medications are returned, released or destroyed per facility policy beginning week of 7/30/12 for nine (9) months.</p> <p>1.4 The DON/designee will report audit findings to the Quality Assurance (QA) Committee monthly for nine (9) months with the next meeting held in August 2012. The QA Committee will monitor data presented for any trends, and determine if further monitoring/action is necessary for continued compliance.</p> <p>1.5 Systemic changes will be completed by 8/15/12.</p>		

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	<p>discontinued.</p> <p>Megace Oral Suspension (appetite stimulant), medication discontinued.</p> <p>Amaryl (diabetic medication) 4 mg, medication discontinued.</p> <p>Excelon patches (Alzheimer/Dementia medication), resident expired.</p> <p>Sucralfate (stomach ulcer medication), expiration date of 6/14/12.</p> <p>Levetiracetam (seizure medication), expiration date of 5/27/12.</p> <p>During an interview at the time of the observation, LPN #1 indicated the Levofloxacin was ordered on 7/6/12 before receiving the urinalysis results. When the results returned with no indication for infection, it was discontinued on 7/7/12. The LPN #1 indicated the bupropion and levothyroxine needed to be discarded due to the dosage had changed, and the Senna Plus, Megace oral suspension, and the Amaryl should be discarded because the medication had been discontinued. LPN #1 indicated the Excelon patches came from a resident who had recently died and she had held onto the patches for residents who are private pay since they are an</p>			

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	<p>expensive medication. She also indicated a lot of the medications came from the families from outside pharmacies and she should have sent them back. LPN #1 indicated the facility pharmacy will not take back the expired or discontinued medications who are not on the skilled units.</p> <p>2. During an environmental tour on 7/12/12 at 2:00 p.m., with the LPN #2 for 2B, there was a partial bottle of Nitrostat (chest pain medication) 0.4 mg., expiration date of 6/12, in the 2B unit medication cart. In the treatment cart, there was a partially used and unlabeled bottle of Iodosorb packing strips with the expiration date of 9/11, a partially used bottle of sterile water with an expiration date of 4/12, and a partially used package of Aquacell with the expiration date of 11/2011.</p> <p>During an interview at the time of the observation, LPN #2 indicated when a medication is discontinued, the nurse receiving the order should be removing the medication from the cart and dispose the medication at that time.</p> <p>3. During an environmental tour on 7/12/12 at 2:15 p.m., with LPN #3 for Unit 2D, there was a partially used bottle of Clonidine (blood pressure medication),</p>			

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	<p>with an expiration date of 8/4/11 in the 2D medication cart.</p> <p>During an interview at the time of the observation, LPN #3 indicated she is prn (as needed) and was not aware of the expired medication.</p> <p>4. During an environmental tour on 7/12/12 at 2:25 p.m., with LPN #2 for Unit 2A, there was partially used bottle of Loperamide (diarrhea medication), with the expiration date of 6/16/12. In the treatment cart, there was a partially used container of zinc nystatin ointment (skin breakdown treatment) with a sticker indicating not to use after 5/16/12.</p> <p>During an interview at the time of the observation, LPN #2 indicated the medication and ointment should have been discarded.</p> <p>Review of a facility policy provided by the DON on 7/13/12 at 8:15 a.m. titled, "Discharge Medications-Permanent", dated 7/1/02 and revised 2/12, the policy indicated "All drugs shall be destroyed or returned to pharmacy...Facility personnel shall remove the resident's drugs from the medication storage area, medication cart, and treatment cart, Follow state regulations for disposal of medications for discharged residents..."</p>						

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	<p>Review of a facility policy provided by the DON during this time titled, "Destruction and Sealing of Medications" dated 7/1/02 and revised on 2/12, indicated "...Discontinued non-countable medications may be destroyed in the presence of another Licensed Nurse from the facility. Any discontinued non-countable medications should be stored in a separate designated locked area until a designated Licensed Nurse picks them up for disposal...."</p> <p>3.1-25(o) 3.1-25(r)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155214		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/16/2012	
NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 203 FRANCISCAN DR CROWN POINT, IN 46307			
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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure tubes of creams or ointments were labeled with a resident name and room number and stored</p>	F0431	1.1 Unit Nurse Managers/designees immediately destroyed the identified tubes of cream or ointment observed in 2A's treatment cart per policy on	08/15/2012			

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	<p>according to accepted practices to prevent risks of cross-contamination related to resident's creams and ointments stored in the treatment cart, not separated from other resident's creams and ointments in 1 of 5 treatment carts. (Unit 2A)</p> <p>Findings include:</p> <p>During the environmental tour on 7/12/12 at 2:25 p.m., with LPN #2, two tubes of "Get Clean Moisturizing Cleanser and Skin Protectant" and three tubes of DermaPhor Ointment" was stored in the bottom drawer in a cylinder plastic container touching each other in the plastic container. The tubes were partially used and there was not a label with the resident names or room numbers.</p> <p>During an interview at the time of the observation, LPN #2 was not able to identify who the tubes belonged to and indicated they should have names or room numbers on them and put in their individualized slots in the correct drawers.</p> <p>A facility policy regarding storage of treatment cream and ointments was requested and the ADON indicated on 7/13/12 at 12 noon, they did not have a policy regarding storage of creams and ointments.</p>		<p>7/12/12.</p> <p>1.2 Unit Nurse Managers/designees audited all treatment carts to ensure tubes of cream or ointment were labeled with a resident name and room number, and stored separately to prevent risks of cross contamination; any other deficiencies noted were corrected at time of audit.</p> <p>1.3 Director of Staff Development/designee will re-inservice licensed staff and QMAs regarding proper labeling and storage of tubes of cream or ointment in the treatment carts to prevent risk of cross contamination. Unit Nurse Managers/designees will audit each treatment cart weekly to ensure proper labeling and storage of tubes of cream or ointment to prevent risk of cross contamination beginning week of 7/30/12 for nine (9) months.</p> <p>1.4 The DON/designee will report audit findings to the Quality Assurance (QA) Committee monthly for nine (9) months with the next meeting held in August 2012. The QA Committee will monitor data presented for any trends, and determine if further monitoring/action is necessary for continued compliance.</p> <p>1.5 Systemic changes will be completed by 8/15/12.</p>	

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	3.1-25(l)(1) 3.1-25(l)(2) 3.1-25(m)			