

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/15/2013
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NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10TH ST MIDDLETOWN, IN 47356
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 7, 8, 12, 13, 14 & 15, 2013</p> <p>Facility number: 000343 Provider number: 155486 AIM number: 100289600</p> <p>Survey team: Leslie Parrett RN TC Sharon Lasher RN (August 7, 12, 13, 14 & 15, 2013) Barbara Gray RN Angel Tomlinson RN (August 13, 14 & 15, 2013)</p> <p>Census bed type: SNF/NF: 24 Total: 24</p> <p>Census payor type: Medicare: 4 Medicaid: 13 Other: 7 Total: 24</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>This Plan of correction is submitted to serve as a Credible Allegation of compliance in association with stated completion dates. Preparation and/or execution of this plan of correction does not constitute an admission of agreement by the provider of conclusion set facts on the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by State and Federal laws.</p>	
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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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	Quality review completed on August 22, 2013, by Janelyn Kulik, RN.				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review, observation and interview the facility failed to identify and assess a resident for unknown bruising on her right hand, 1 of 3 residents reviewed for skin conditions out of 3 who met the criteria for skin conditions (Resident #1)</p>	F000309	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. The bruising on resident #1 was documented in her record, physician and family notified of same on 8/14/13. This resident did have blood drawn on 8/7/13 per lab requisition and nurses notes. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken All residents skin was checked by nursing staff on 8/14/13 and 8/15/13 for unreported skin issues and none were found. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. All nursing staff were individually re-inserviced on 8/14/13 & 8/15/13 on observing and reporting any skin problems or changes in condition. C.N.A.'s were reminded to verbally report to charge nurses and write on assignment sheet after checking skin conditions during care. A</p>	09/14/2013

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			<p>new poilicy has been initiated for nurses going with lab for any blood draws to document in nurses notes where on body blood was taken from and ask lab techs to also put location of blood draw on the carbon requisition kep by the facility. (See attached policy #1) In addition Liscensed Nurses will do a weekly summary on each resident including a weekly skin assessment. (See attachment #2) Upon initial identification of any skin issues a note will be entered in the nurses note with date, time, location, and measurment of area of concern, family/responsible party and physician notification, and treatment/intervention initiated as appropriate. How the corrective action(s) will be monitored to ensure the deficient practice will not recur. D.O.N. to monitor compliance daily. Upon first identification Liscensed Nurse will fill out initial identification of wound form. (See Attachment #3) And put in D.O.N.'s office for D.O.N. to monitor appropriate action has been completed. What quality assurance program will be put into place. The Initial Wound Identification form will be used to identify patterns and trends. These will be presented and discussed at quarterly Quality Assurance meetings. Next Q.A. meeting 10/11/13. All changes will be completed by September 14, 2013. Respectfully</p>	

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	<p>Findings include:</p> <p>On 8/8/13 at 9:23 A.M., Resident #1 was observed with a large purplish colored area on the top outer area of her right hand.</p> <p>On 8/12/13 at 10:08 A.M., Resident #1 was observed with the same large purplish colored area on the top outer area of her right hand. The area looked approximately 5 cm (centimeters) long by 3.5 cm wide. She also had a small purplish colored area in the antecubital area of her right arm the approximate size of a nickel. She also had a small purplish discolored area above the antecubital area of her right arm the approximate size of a dime. She was non-verbal but did make some throaty sounds.</p> <p>On 8/14/13 at 8:15 A.M., Resident #1 was observed with the same 3 areas of purplish discoloration observed on 8/8/13 and 8/12/13.</p> <p>Resident #1's record was reviewed on 8/14/13 at 8:42 A.M. Her diagnoses included but were not limited to, severe mental retardation, cerebral palsy, and epilepsy.</p>		requesting paper compliance for F309.	

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	<p>Resident #1's annual MDS (Minimum Data Set) assessment dated 6/5/13, indicated Resident #1 had no speech. She rarely/never understood. She was severely impaired in her cognitive skills for daily decision making. She required total assistance of 2 persons for bed mobility, transfer, toileting, and personal hygiene. She did not walk.</p> <p>On 8/14/13, at 11:29 A.M., the DoN (Director of Nursing) indicated she believed the discolored area on Resident #1's right hand was from a blood draw. The DoN indicated she had not seen the area "until today."</p> <p>On 8/14/13 at 11:31 A.M., RN #2 indicated she believed the discolored area on Resident #1's right hand was from a blood draw. She indicated Resident #1 had 2 tubes of blood drawn on 8/7/13. RN #2 indicated she was not aware of the discolored area "until today." RN #2 indicated no staff had documented on the area of discoloration.</p> <p>A nurses note documented on 8/14/13 at 11:35 A.M.,by RN #2 indicated the following: "Noted at right posterior hand 6.5 cm by 3.0 cm area purple, green in color. Noted at</p>				

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	<p>right antecubital 2.0 cm by 2.0 cm purple area with 1.0 cm by 1.0 cm purple area proximally. Areas non-tender to touch. Dr. paged, M.D., to return call. 11:50 A.M.-Call placed to sister."</p> <p>On 8/15/13 at 10:15 A.M., RN#3 indicated all resident's skin was viewed with their showers 2 times weekly . She indicated the CNA's would report any skin concerns to their nurse. She indicated the resident's get some type of bathing daily and their skin was observed during toileting or any care. She indicated the nurses did not do a routine weekly skin assessment but the CNA's were good to report any skin concerns.</p> <p>On 8/15/13 at 10:21 A.M., the DoN indicated residents received showers 2 times weekly. She indicated if a resident refused or did not receive their shower, the CNA would report to their nurse and a refusal would be documented in a nurses note. She indicated Resident #1 had been showered on Monday's and Thursday's.</p> <p>No documentation was available indicating Resident #1 had not been receiving her showers.</p>				

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	<p>Review of a document titled "Policy for Change in Condition of a Resident" presented by the Director of Nursing on 8/15/13 at 3:00 p.m. indicated "If there is any change at all in resident's condition, it must be charted in the Nurse's notes. The family or Advocate and doctor must be notified. This must be charted along with date and time."</p> <p>3.1-37(a)</p>			

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F000329 SS=D	<p>483.25(I) 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 interview and record review, the facility failed to provide an appropriate diagnosis for the use of an anti-psychotic medication and attempt a GDR (gradual dose reduction) for the use of Ativan and Risperdal, for 1 of 5 residents reviewed for unnecessary medications, of 5 who met the criteria for unnecessary medications. (Resident #15)</p> <p>Findings include:</p>	F000329	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident #15 Ativan was reduced from 0.5 mg 1/2 tab BID to 0.5mg 1/2 tab daily and Resident #15 Risperdal was reduced from 0.5 tab BID to 0.5 mg 1/2 tab BID on 8/28/13 by Medical Director until resident sees psychiatrist on 9/12/13 at which time diagnosis and use of Ativan and Risperdal will be addressed with him at that time. How other residents having the potential to be affected by the	09/14/2013			

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	<p>Resident #15's record was reviewed on 8/12/13 at 11:27 A.M. Diagnoses included but were not limited to, senile dementia with depressive and delusional features and anxiety.</p> <p>A physician's recapitulation order for Resident #15 for August 2013, indicated the following orders: Initiated 1/28/11-Risperdal 0.5 mg (milligrams) tablet orally 2 times daily. Initiated 1/29/11-Ativan 0.25 mg tablet orally 2 times daily.</p> <p>A Care Plan for Resident #15 initiated 11/20/07, and updated 2/5/13, indicated the following: Problem-Resident #15 received an anti-psychotic medication (Risperdal) and an anti-anxiety medication (Ativan), putting her at risk for side effects of the medications. Goal-Resident #15 would be free of side effects of the medications daily through her next review. Approach-Resident #15 would be medicated as ordered. She would be observed for side effects of the medications. She would receive neurological and psychological services as ordered and needed.</p> <p>A Social Service Progress Note for Resident #15 dated 8/22/12, indicated</p>		<p>same deficient practice will be identified and what corrective actions(s) will be taken. Nursing staff have been inserviced on requesting diagnosis for any new physician orders for any psychotropic medication. Facility has Social Service consultant to be at facility on 9/4/13 to focus solely on all residents taking Psychotropic medication to ensure appropriate dose reductions, behavior plans and care plans are in place and physicians contacted if appropriate. Facility has contracted with new pharmacy services including new consulting pharmacist with 18 years of experience consulting in long term care. The new consulting pharmacist will audit all residents records with appropriate recommendation for any psychotropic medication diagnosis or adjustment by 9/14/13. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Nurses will now document any psychotropic drug usage on weekly summaries including diagnosis for use, medication dosage and strength, date current dosage and strength initiated and date to be re-evaluated including dose reduction and any behaviors observed. (See Attachment #2) When new consulting pharmacist visits all nurses will be inserviced</p>		

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	<p>the following: Resident #15's Mood Interview was completed. She was alert with some confusion. No mood or behavior had been noted. She had no conflict with other residents. Risperdal and Ativan were administered by nursing.</p> <p>A Psychiatric Progress Note for Resident #15 dated 9/20/12, indicated the following: Staff reported that resident #15 had been more pleasant with a brighter affect. She was smiling and much more interactive than usual. She thought her husband was still alive and at work. She was quick to close her eyes and rest. Her diagnostic impression was dementia. Her plan included continuing Risperdal 0.5 mg 2 times daily.</p> <p>A Social Service Progress Note for Resident #15 dated 11/14/12, indicated the following: Resident #15's Mood Interview was completed. She was alert with intermittent confusion. No mood or behaviors had been noted. She had no conflict with other residents. Risperdal and Ativan were administered by nursing.</p> <p>A Social Service Progress Note for Resident #15 dated 2/5/13, indicated the following: Resident #15's quarterly MDS assessment was</p>		<p>on use of psychotropic drugs, including current regulations for appropriated diagnosis and gradual dose reductions. How the corrective action(s) will be monitored to ensure the deficient practice will not recur. D.O.N. to monitor. Nurse receiving any new orders for psychotropic drug use will notify the D.O.N.. D.O.N. will audit orders and weekly summaries daily for 1 month and monthly thereafter for 1 year. Consulting pharmacist will check monthly during monthly audit. What quality assurance program will be put into place. Results of pharmacist audits and psychotropic drug report will be given by pharmacist and any psychotropic drug usage by a resident will be reviewed at quarterly Quality Assurance meetings. Next Q.A. meeting 10/11/13. All changes to be completed by 9/14/13 Respectfully requesting paper compliance for F329</p>		

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	<p>completed. She was alert with clear speech. She was confused at times. She had no behaviors noted. She had no conflict with other residents. She was prescribed psychoactive medications.</p> <p>A Psychiatric Progress Note for Resident #15 dated 3/19/13, indicated the following: Resident #15 was doing very well. She was energetic and had a bright affect. Her mood was good. She was smiling and very interactive. There were no concerns from staff. Her diagnostic impression was dementia and depression. Her plan included continuing Risperdal 0.5 mg 2 times daily. A return medication check would be in 6 months on 9/2/13.</p> <p>A Social Service Progress Note for Resident #15 dated 5/1/13, indicated the following: A Mood Interview was completed. She remained alert with clear speech. She had some confusion noted at times. No mood or behaviors were noted or identified. She denied any negative feelings. She had no conflict with other residents. She was prescribed Risperdal and Ativan routinely.</p> <p>A Social Service Progress Note for Resident #15 dated 7/31/13, indicated</p>				

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	<p>the following: Resident #15's quarterly MDS was completed. Her Mood Interview was conducted. She scored 3 on her BIMS (Brief Interview for Mental Status), indicating severe cognitive impairment for daily decision making. She remained alert. She denied any negative thoughts or feelings. No mood or behaviors were noted or identified. She had no conflict with other residents. She was prescribed psychoactive medications.</p> <p>Resident #15's quarterly MDS (Minimum Data Set) assessment dated 7/31/13, indicated Resident #15 was understood and usually understood others. She scored 3 on her BIMS (Brief Interview for Mental Status), indicating her cognitive ability for daily decision making was severely impaired. She had no mood or behavior symptoms. She had no indicators of psychosis. She did not resist care and did not wander the facility. She received an anti-psychotic and anti-anxiety medication every day during the 7 day review period.</p> <p>On 8/13/13 at 9:20 A.M., RN #2 indicated a resident's behavior was documented in the nurses notes. She indicated behaviors were also documented on Behavioral Referral</p>			

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	<p>forms, placed in the Behavior Book, and then reviewed by Social Services. She indicated Resident #15 had not been having any type of behaviors.</p> <p>On 8/13/13 at 9:29 A.M., RN #3 indicated Resident #15 had not been having any behaviors. She indicated Resident #15 would occasionally refuse to toilet when asked to. She indicated Resident #15 had not been combative or tried to strike out at anyone. She indicated she didn't curse at anyone.</p> <p>On 8/14/13 at 12:58 P.M., the DoN (Director of Nursing) indicated Resident #15's primary physician had not requested a dose reduction for Risperdal or Ativan within the last year. She indicated Resident #15 had not had a dose reduction for Risperdal or Ativan in the last year. She indicated Resident #15's diagnosis for the use of Risperdal was senile dementia with depressive and delusional features.</p> <p>On 8/15/13 at 9:09 A.M., the MDS Coordinator indicated Resident #15 had not been experiencing any behaviors or delusions. She indicated at times, Resident #15 would ask where her deceased husband was.</p>						

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	<p>On 8/15/13 at 1:20 P.M., the DoN indicated Resident #15 sometimes thought her mother was at the facility and that other men were her husband. She indicated this thinking had not interfered with Resident #15's daily routine. She indicated Resident #15 could be grouchy at times if she was having a bad day. She indicated Resident #15 did not have any behaviors.</p> <p>3.1-48(a) 3.1-48(a)(2) 3.1-48(a)(4)</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/15/2013	
NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 131 S 10TH ST MIDDLETOWN, IN 47356			
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F000428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on interview and record review, the facility's pharmacy failed to recognize and recommend a GDR (Gradual Dose Reduction) for Risperdal and Ativan medications, for 1 of 5 residents reviewed for unnecessary medications, of 5 who met the criteria for unnecessary medications. (Resident #15)</p> <p>Findings include:</p> <p>Resident #15's record was reviewed on 8/12/13 at 11:27 A.M. Diagnoses included but were not limited to, senile dementia with depressive and delusional features and anxiety.</p> <p>A physician's recapitulation order for Resident #15 for August 2013, indicated the following orders: Initiated 1/28/11-Risperdal 0.5 mg (milligrams) tablet orally 2 times daily. Initiated 1/29/11-Ativan 0.25 mg tablet orally 2 times daily.</p>	F000428	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident #15 Ativan was reduced from 0.5 mg 1/2 tab BID to 0.5mg 1/2 tab daily and Risperdal was reduced from 0.5 tab BID to 0.5 mg 1/2 tab BID on 8/28/13 by Medical Director until resident sees psychiatrist on 9/12/13 at which time diagnosis and use of Ativan and Risperdal will be addressed with him at that time. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken Facility will be contracted with new pharmacy services including new consulting pharmacist with 18 years of experience consulting in long term care skilled nursing facilities by 9/14/13. New consulting pharmacist will audit all residents records with appropriate recommendations for any psychotropic medication including gradual dose reductions and unnecessary medication</p>	09/14/2013			

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	<p>A Care Plan for Resident #15 initiated 11/20/07, and updated 2/5/13, indicated the following: Problem-Resident #15 received an anti-psychotic medication (Risperdal) and an anti-anxiety medication (Ativan), putting her at risk for side effects of the medications. Goal-Resident #15 would be free of side effects of the medications daily through her next review. Approach-Resident #15 would be medicated as ordered. She would be observed for side effects of the medications. She would receive neurological and psychological services as ordered and needed.</p> <p>Resident #15's quarterly MDS (Minimum Data Set) assessment dated 7/31/13, indicated Resident #15 was understood and usually understood others. She scored 3 on her BIMS (Brief Interview for Mental Status), indicating her cognitive ability for daily decision making was severely impaired. She had no mood or behavior symptoms. She had no indicators of psychosis. She did not resist care and did not wander the facility. She received an anti-psychotic and anti-anxiety medication every day during the 7 day review period.</p>		<p>useages. what measures will be put into place or what systemic shanges will be made to ensure that the deficient practice does not recur. New consultant pharmacist will audit all resident records at least monthly with report of any irregularities to the attending physician and D.O.N. to be acted upon. How the corrective action(s) will be monitored to ensure the deficient practice will not recur. Compliance will be monitored by administrator or D.O.N. upon admistrators designation to receive monthly reports from consulting pharmacist to be acted upon including monthly psychotropic drug usage in facility with recommendations for gradual dose reductions and use of unnecessary drugs. If consultant pharmacist fails to meet requirements of facility a new pharmacist will be contracted. What quality assurance program will be put into place. Results of pharmacy audits and recommendations and action taken by facility or physician will be reviewed at quarterly Quality Assurance meetings by the consulting pharmacists. This will include all residents receiving psychotropic medications. Next Q.A. meeting is 10/11/13, All changes will be completed by 9/14/13. Respectfully requesting paper compliance for F428</p>				

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	<p>On 8/14/13 at 12:58 P.M., the DoN (Director of Nursing) indicated the facility's pharmacy had not requested a dose reduction for Risperdal or Ativan in the last year. She indicated Resident #15 had not had a dose reduction for Risperdal or Ativan in the last year.</p> <p>The most recent Pharmacy Services Provider Agreement executed 3/1/12, indicated the following: "RESPONSIBILITIES OF THE PHARMACY -1.1) Distribution and Related Services: For the benefit of clients of the COMPANY, the PHARMACY will: 1.1a) Supply Products in compliance with applicable local, state and federal laws and regulations for clients at COMPANY; 1.1.b) Render all services in accordance with any applicable requirements of local, state and federal laws and regulations, as required, and the PHARMACY's Policies and Procedures Manual... 1.1.h.) Provide drug information and consultation to the COMPANY's licensed professional staff regarding Products ordered for individual clients by members of the COMPANY's professional staff...."</p> <p>3.1-25(h)</p>				

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