

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2014
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 802 US HWY 20 E MICHIGAN CITY, IN 46360
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F000000	<p>This visit was for the Investigation of Complaint IN00154281.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00152882 completed on July 30, 2014.</p> <p>Complaint IN00154281- Substantiated. Federal/State deficiencies related to the allegations are cited at F329, F441, and F514.</p> <p>Survey dates: August 27, 28, & 29, 2014</p> <p>Facility number: 000236 Provider number: 155344 AIM number: 100287700</p> <p>Survey team: Janet Adams, RN-TC Julie Ferguson, RN (August 29, 2014)</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type: Medicare: 22 Medicaid: 51</p>	F000000	<p>The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and it also not to be construed as of an admission of interest against the facility, the Administrator or any employee or agents, or any other Individuals who draft or may be discussed in the Plan of Correction. In addition preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusion set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of Appeal of this matter solely because of the requirement under State and federal law that mandates submission of the Plan of Correction a condition to Participate in the Title 18 and Title 19 programs. The submission of this plan of correction within this timeframe should in no way be of non-compliance or admission by the facility This facility respectfully requests paper</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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F000329 SS=D	<p>Other: 6 Total: 79</p> <p>Sample: 11</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 3, 2014, by Janelyn Kulik, RN.</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> <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</p>		compliance and has attached documentation. Hard copies of documents can be e mailed or faxed if requested.				

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	<p>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 residents were monitored for need for, the effectiveness of, and side effects of narcotic pain medications for 1 of 3 residents reviewed for the use of narcotic pain medications in the sample of 11. (Resident #E)</p> <p>Findings include:</p> <p>The closed record for Resident #E was reviewed on 8/29/14 at 12:40 p.m. The resident's diagnoses included, but were not limited to, pneumonia, pressure ulcer, muscle weakness, edema, neuropathy, diabetes mellitus, depression, and congestive heart failure.</p> <p>A Pain Assessment completed on 5/20/14 indicated the resident was at risk for pain and had experienced pain in the past and had no pain at the time of the assessment.</p> <p>A Care Plan initiated on 5/15/14 indicated the resident had chronic pain as evidenced by complaints of pain related to arthritis, a history of a CVA (a stroke), and diabetic neuropathy. Care plan interventions included to administer/observe for the effectiveness and side effects of routine and PRN pain</p>	F000329	<p>F 329 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident E no longer resides in this facility How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken: Full facility audit of residents' Medication Administration Records was completed to ensure pain flow records are current for applicable residents. Issues identified via this audit were immediately corrected. The Medical Records Manager will ensure the pain flow record is provided for each new resident at time of admission.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The DON/designee provided inservice education to the licensed Nurses on 8/29/14; 9/02/14; 9/08/14 related to the completion of pain assessments utilizing the pain flow sheet prior to and following administration of PRN pain medication to residents. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: Nursing Administration to</p>	09/10/2014

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	<p>medications.</p> <p>The 7/2014 Medication Administration Records were reviewed. A PRN (as needed) Administration Record indicated there were Physician orders for the resident to receive Roxanol (a liquid form of Morphine) 5 milligrams by mouth or under the tongue every 4 hours as needed for pain. There were only two doses of the Roxanol signed out on this sheet for July 2014. The doses were signed out on 7/9/14 (time unreadable) and 7/14/14 at 12:00 a.m.</p> <p>The Controlled Substance Record for the resident's Roxanol indicated doses of 5 milligrams of Roxanol were signed out as given on the following dates and times: 7/8/14 at 9:40 p.m. 7/9/14 at 4:25 a.m. 7/10/14 at 3:30 p.m. 7/12/14 at 4:00 p.m. 7/14/14 at 12:00 a.m. 7/15/14 at 1:00 a.m.</p> <p>A Pain Flow Sheet covering 7/1/14 - 7/15/14 was reviewed. The Flow Sheet indicated the site/location of the pain, the type of pain, the current pain intensity, precipitating/aggravating factors, non medical interventions attempted, the medication name and dose given, and</p>		<p>complete an audit of Medication Administration Records to ensure pain assessments are documented on the pain flow records as indicated per PRN pain medication administration. These audits will be conducted 3 times weekly for 3 months and then 2 times weekly for an additional 3 months. Audit results and system components will be reviewed by the Performance Improvement Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>	

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	<p>verification of the intensity of pain 15 minutes, 30 minutes, 1 hour, and 3 hours after each dose had been given were to be assessed, and side affects of the medications were to completed with each dose of pain medication. There were a total of (14) entries on the 7/2014 Pain Flow Sheet. Norco (a narcotic pain pill) was listed for each of the (14) entries. There was no documentation of the administration of any doses of Roxanol on this sheet.</p> <p>Continued review of the Pain Flow Sheet indicated indicated the following: 7/8/14 - only one entry made at 7:00 a.m. No record for the Roxanol given at 9:40 p.m.</p> <p>7/10/14- No entries made.</p> <p>7/12/14- Only one entry made at 5:00 a.m. No record of the PRN Roxanol given at 4:00 p.m.</p> <p>7/14/14- Only one entry made at 11:00 a.m. No record of the PRN Roxanol given at 12:00 a.m.</p> <p>The July 2014 Progress Notes were reviewed. The following entries were noted:</p> <p>The latest entry made on 7/8/14 was</p>			

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	<p>entered at 5:25 p.m. There was no assessment of the resident complaining of pain or being medicated with Roxanol at 9:40 p.m.</p> <p>The first entry made on 7/9/14 was made at 2:27 a.m. This entry indicated the resident was "sound asleep" and had no signs or symptoms of pain. There was no assessment of the resident complaining of pain or showing signs, or the resident receiving the Roxanol medication at 4:25 a.m. on 7/9/14.</p> <p>An entry made on 7/10/14 at 10:00 a.m. indicated the resident had been medicated for pain with relief. There was no assessment of the resident's pain at 3:30 p.m. when she received the PRN Roxanol or any follow up assessment after the medication was given.</p> <p>There was only one entry made on 7/12/14. This entry was made at 2:40 a.m. The entry indicated the resident had no signs/symptoms or complaints of pain or discomfort.</p> <p>There were no entries made on 7/14/14.</p> <p>When interviewed on 8/29/14 at 9:55 a.m., the Director of Nursing indicated an assessment of the resident and her pain level should have been assessed prior to</p>			

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F000441 SS=D	<p>giving the PRN doses of the Roxanol. The Director of Nursing also indicated an assessment of the resident's pain should have been completed after the medication was administered to note the effectiveness of the medication.</p> <p>The facility policy titled "Pain Management Protocol" was reviewed on 8/29/14 at 11:15 a.m. The policy had a revised date of 3/2007. The Nurse Consultant provided the policy and identified the policy as current. The policy indicated a Pain Assessment was to be completed quarterly and for changes in the the resident's condition indicating the onset of pain. The policy also indicated the Nursing staff members were to monitor and document the effectiveness of the pain management program in the Nurses' Notes, Pain Management Flow Sheet, and Medication Administration Record.</p> <p>This Federal tag relates to Complaint IN00154281.</p> <p>3.1-48(a)(3) 3.1-48(a)(4)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an</p>						

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	<p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interview the facility failed to ensure individual masks used during Nebulizer treatments were covered when not in use for 2 of 4 residents reviewed for</p>	F000441	F 441 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Nebulizer supplies for Residents K and H are now covered and	09/10/2014

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	<p>Nebulizer treatments in the sample of 11. (Residents #H and #K)</p> <p>Findings include:</p> <p>1. On 8/27/14 at 10:45 a.m., Resident #K was observed asleep in his bed. There was a Nebulizer machine on top of the bed side chest. The machine was off. One end of a piece of clear plastic tubing was attached to the machine and the other end was attached to a mask. The mask was on top of the machine. The mask was not covered or in a bag. The clear plastic bag used to store the mask in was on the floor next to the resident's bed.</p> <p>On 8/28/14 at 4:00 p.m., the Nebulizer machine remained on top of the bed side chest. The Nebulizer mask remained on top of the machine. The mask was not covered or in any bag. The clear plastic bag used to store the mask remained on the floor.</p> <p>The record for Resident #K was reviewed on 8/29/14 at 8:30 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, dysphagia (difficulty swallowing), and tremors.</p> <p>Review of the 8/2014 Medication Administration Record indicated there was a Physician's order for the resident to</p>		<p>labeled in accordance with facility policy. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken: Full facility audit of resident nebulizer supplies was completed by the Director of Nursing. New supplies were distributed as necessary. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The DON/designee provided inservice education to the nursing department on 8/29/14; 9/02/14; 9/08/14 and the therapy department on 9/2/14 and department managers on 9/9/14 related to the proper storage of nebulizer equipment. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: Random resident room audits will be conducted by Nursing Administration to insure nebulizer equipment is properly stored in accordance with facility policy. These audits will be conducted 3 times weekly (on various shifts and weekends) for 3 months and then 2 times weekly for an additional 3 months. Audit results and system components will be reviewed by the Performance Improvement Committee with subsequent plans of correction developed and</p>	

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	<p>receive Albuterol (an inhaled respiratory medication) inhaled via a Nebulizer three times a day at 8:00 a.m., 4:00 p.m., and 12:00 a.m.</p> <p>2. On 8/28/14 at 9: 56 a.m., a Nebulizer machine was observed on top of Resident #H's bed. The resident was not in the bed or in the room. Plastic tubing was connected to the machine at one end and to a plastic mask at the other. The mask was also on the bed. The mask was not covered or in a bag. No staff members were in the room.</p> <p>The record for Resident #H was reviewed on 8/28/14 at 2:10 p.m. The resident's diagnoses included, but were not limited to, chronic airway obstruction, pulmonary heart disease, and congestive heart failure.</p> <p>The August 2014 Medication Administration Record was reviewed. There was an order for the resident to receive Duoneb (a combination of inhaled medications used for breathing problems) Nebulizer treatments every four hours.</p> <p>When interviewed on 8/29/14 at 7:55 a.m., LPN #1 indicated the tubing and the masks used for Nebulizer treatments were changed once a week by either the</p>		implemented as deemed necessary.	

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	<p>Central Supply clerk or a representative from the oxygen supply company. The LPN indicated resident masks were to be stored in a bag in the resident's room and Nurses were to place the mask back in the bag after each use.</p> <p>When interviewed on 8/29/14 at 9:05 a.m., LPN #1 indicated she had been assigned to care for Resident #H. The LPN indicated she prepares the medications for the Nebulizer and places the medications in the canister attached to the face mask, and then turned machine on. LPN #1 also indicated after the treatments were finished she turned off the Nebulizer machine.</p> <p>When interviewed on 8/29/14 at 8:10 a.m., the Director of Nursing indicated the Nebulizer masks were to be stored at the bedside and covered in a plastic bag when not in use.</p> <p>The facility policy titled "Respiratory Care Services Policy & Procedure Oxygen Equipment: Supply Change" was reviewed on 8/29/14 at 8:45 a.m. There was no date on the policy. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated handheld were to be changed every 7 days. The policy also indicated the date and name of the</p>						

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F000514 SS=E	<p>resident were to placed on the supplies and they were to be stored in a bag with the resident's name when not in use.</p> <p>This Federal tag relates to Complaint IN00154281.</p> <p>3.1-18(a)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, record review, and interview, the facility failed to ensure medical records were complete related to lack of documentation of respiratory assessments before and after Nebulizer treatments were administered for 4 of 4 residents reviewed for Nebulizer treatments in the sample of 11. (Residents #E, #G, #H, and #K)</p> <p>Findings include:</p>	F000514	F 514 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Residents K, H, L, G receive respiratory assessments prior to and after the administration of nebulizer treatments. Resident E no longer resides in this facility. How other residents having the potential to be affected by the same deficient practice will be	09/10/2014

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	<p>1. On 8/27/14 at 10:45 a.m., Resident #K was observed asleep in his bed. There was a Nebulizer machine on top of the bed side chest. The machine was off. One end of a piece of clear plastic tubing was attached to the machine and the other end was attached to a mask.</p> <p>The record for Resident #K was reviewed on 8/29/14 at 8:30 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, dysphagia (difficulty swallowing), and tremors.</p> <p>Review of the 8/2014 Medication Administration Record indicated there were Physician's orders for the resident to receive Albuterol (an inhaled respiratory medication) inhaled via a Nebulizer three times a day at 8:00 a.m., 4:00 p.m., and 12:00 a.m.</p> <p>Review of the 8/2014 Nebulizer Flow Sheet indicated the resident's lung sounds and O2 Sat (Oxygen saturation percentage) were to be assessed and documented on the sheet before and after each ordered Nebulizer treatment. No documentation of the resident's lungs sounds and O2 saturation levels were recorded on the following dates and times: 8/3/14 at 4:00 p.m.</p>		<p>identified and what corrective actions(s) will be taken: Full facility audit of residents requiring nebulizer treatments was completed by Nursing Administration and a new Nebulizer Record was implemented. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The DON/designee provided inservice education to the Nursing Staff and on 8/29/14; 9/02/14; 9/08/14 related to the completion of both pre and post respiratory assessments with each nebulizer treatment. The education included the implementation of a new Nebulizer Record. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: Nursing Administration to audit both Medication Administration Records and Nebulizer Records for applicable residents to ensure completion of documentation on both forms. These audits will be conducted 3 times weekly (on various shifts and weekends) for 3 months and then 2 times weekly for an additional 3 months. Audit results and system components will be reviewed by the Performance Improvement Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>				

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	<p>8/4/14 at 4:00 p.m.</p> <p>8/5/14 at 12:00 a.m., 8:00 a.m., and 4:00 p.m.</p> <p>8/6/14 at 8:00 a.m. and 4:00 p.m.</p> <p>8/7/14 & 8/8/14 at 12:00 a.m., 8:00 a.m. and 4:00 p.m.</p> <p>8/9/14 & 8/10/14 at 8:00 a.m. and 4:00 p.m.</p> <p>8/11/14 at 12:00 a.m. and 8:00 a.m.</p> <p>8/13/14 at 12:00 a.m., 8:00 a.m., and 4:00 p.m.</p> <p>8/15/14, 8/19/14, 8/23/14, 8/24/14, & 8/27/14 at 12:00 a.m., 8:00 a.m., and 4:00 p.m.</p> <p>2. On 8/28/14 at 9: 56 a.m., a Nebulizer machine was observed on top of Resident #H's bed. The resident was not in the bed or in the room.</p> <p>The record for Resident #H was reviewed on 8/28/14 at 2:10 p.m. The resident's diagnoses included, but were not limited to, chronic airway obstruction, pulmonary heart disease, and congestive heart</p>			

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	<p>failure.</p> <p>The August 2014 Medication Administration Record was reviewed. There were Physician's orders for the resident to receive Duoneb (a combination of inhaled medications used for breathing problems) Nebulizer treatments every four hours as directed. The treatments were scheduled to be given at 6:00 a.m., 10:00 a.m., 2:00 p.m., 6:00 p.m., and 10:00 p.m. while awake. None of the treatments were circled as not given 8/1/14 through 8/27/14 on the Medication Administration Record.</p> <p>Review of the 8/2014 Nebulizer Flow Sheet indicated the resident's lung sounds and O2 Sat (Oxygen saturation percentage) were to be assessed and documented on the sheet before and after each ordered Nebulizer treatment. No documentation of the resident's lungs sounds and O2 saturation levels were recorded on the following dates and times:</p> <p>8/3/14 at 6:00 a.m., 10:00 a.m., 2:00 p.m., and 10:00 p.m.</p> <p>8/4/14 at 6:00 a.m., 10:00 a.m., & 2:00 p.m.</p> <p>8/5/14, 8/7/14, 8/9/14, & 8/10/14 at 6:00 a.m., 10:00 a.m., 2:00 p.m., 6:00 p.m.,</p>			

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	<p>and 10:00 p.m.</p> <p>8/11/14 & 8/12/14 at 6:00 a.m., 10:00 a.m., 2:00 p.m., and 10:00 p.m.</p> <p>8/15/14 at 6:00 a.m., 10:00 a.m., . 2:00 p.m., 6:00 p.m., and 10:00 p.m.</p> <p>8/19/14 at 6:00 a.m., 10:00 a.m., &. 2:00 p.m.</p> <p>8/21/14, 8/24/14, & 8/27/14 at 6:00 a.m., 10:00 a.m. , 2:00 p.m., 6:00 p.m., and 10:00 p.m.</p> <p>3. The closed record for Resident #E was reviewed on 8/29/14 at 12:40 p.m. The resident's diagnoses included, but were not limited to, pneumonia, pressure ulcer, muscle weakness, edema, neuropathy, diabetes mellitus, depression, and congestive heart failure.</p> <p>Review of the 7/2014 Medication Administration Record indicated there were Physician orders for the Resident to receive Duoneb Nebulizer treatments three times a day at 6:00 a.m., 12:00 p.m., and 6:00 p.m.</p> <p>Review of the 7/2014 Nebulizer Flow Sheet indicated the resident's lung sounds and O2 Sat (Oxygen saturation percentage) were to be assessed and</p>						

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	<p>documented on the sheet before and after each ordered Nebulizer treatment.</p> <p>No documentation of the resident's lungs sounds and O2 saturation levels were recorded on the following dates and times:</p> <p>7/2/14 at 12:00 p.m. & 6:00 p.m.</p> <p>7/3/14 at 6:00 a.m., 12:00 p.m., & 6:00 p.m.</p> <p>7/4/14 at 6:00 a.m. & 6:00 p.m.</p> <p>7/5/14 at 6:00 a.m. & 12:00 p.m.</p> <p>7/7/14 at 12:00 p.m.</p> <p>7/10/14 & 7/11/14 at 12:00 a.m. & 6:00 a.m.</p> <p>7/12/14 at 6:00 p.m.</p> <p>7/13/14 & 7/14/14 at 12:00 p.m. & 6:00 p.m.</p> <p>7/15/14 at 6:00 a.m. & 6:00 p.m.</p> <p>4. The record for Resident #G on 8/27/14 at 1:45 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, glaucoma, high blood pressure, anemia, and dementia.</p>			

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	<p>The August 2014 Medication Administration Record was reviewed. There were Physician's orders for the resident to receive Duoneb (a combination of inhaled medications used for breathing problems) Nebulizer treatments every eight hours. The treatments were scheduled to be given at 6:00 a.m., 2:00 p.m., & 10:00 p.m. None of the treatments were circled as not given 8/1/14 through 8/27/14 on the Medication Administration Record.</p> <p>Review of the 8/2014 Nebulizer Flow Sheet indicated the resident's lung sounds and O2 Sat (Oxygen saturation percentage) were to be assessed and documented on the sheet before and after each ordered Nebulizer treatment. No documentation of the resident's lungs sounds and O2 saturation levels were recorded on the following dates and times: 8/3/14 & 8/4/14 at 6:00 a.m. and 2:00 p.m. 8/5/14, 8/7/14, & 8/9/14 at 6:00 a.m., 2:00 p.m., and 10:00 p.m. 8/11/14 - 8/14/14 at 6:00 a.m. and 2:00 p.m. 8/15/14 at 6:00 a.m., 2:00 p.m., and 10:00 p.m.</p>			

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	<p>8/16/14- 8/20/14 at 6:00 a.m. and 2:00 p.m.</p> <p>8/21/14 - 8/24/14 at 6:00 a.m., 2:00 p.m., and 10:00 p.m.</p> <p>8/25/14 & 8/26/14 at 6:00 a.m. and 2:00 p.m.</p> <p>When interviewed on 8/28/14 at 1:00 p.m., the Nurse Consultant indicated Nursing staff should auscultate (listening to the resident's lungs with a stethoscope) the resident's lung before and after each Nebulizer treatment and document the assessments along with the results of the oxygen saturation levels before and after the administration of the treatment.</p> <p>When interviewed on 8/29/14 at 8:10 a.m., the Director of Nursing indicated the Nebulizer Flow Records were not completed.</p> <p>This Federal tag relates to Complaint IN00154281.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				