

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/25/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00178740.</p> <p>Complaint IN00178740 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: August 24 and 25, 2015</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Census bed type: SNF: 7 NF: 68 Total: 75</p> <p>Census Payor type: Medicare: 7 Medicaid: 61 Other: 7 Total: 75</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.	

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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F 0282 SS=D Bldg. 00	<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 care plan interventions were followed for blood sugar monitoring for 1 of 2 residents reviewed. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 8/24/15 at 3:05 p.m. Diagnoses for the resident included, but were not limited to, septicemia, dysphagia, protein-calorie malnutrition and diabetes.</p> <p>Review of Resident D's clinical record indicated a physician order for blood sugar checks three times daily before meals. Resident D also had an order for Lispro Insulin to be given per sliding scale. The orders were dated 8/12/15.</p> <p>Review of Resident D's Blood Glucose Monitoring Sliding Scale Insulin Record for August 2015 indicated, on 8/16/15 at</p>	F 0282	<p>The MD was contacted regarding the wrong sliding scale insulin given to Resident D and no new orders were received. Resident D's POA was updated. The blood glucose forms have been checked and Resident D is receiving the correct dose of sliding scale insulin. All other residents receiving sliding scale insulin have the potential to be affected. Their blood glucose records have been reviewed, the MD and POA contacted if indicated, and are currently receiving the correct dose of sliding scale insulin. The facility's policy for Physician's Orders has been reviewed and no changes are indicated at this time. The nurses have been re-educated on following physician's orders (See Attachment A). A monitoring form has been implemented (See Attachment B). The DON or designee will be responsible for completing this form daily on scheduled work days on an ongoing basis for a minimum of 6 months. Should a concern be found, immediate corrective action</p>	09/03/2015

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	<p>11:30 a.m., Resident D's blood sugar was 350. She was given 2 units of insulin. On 8/16/15 at 4:30 p.m., Resident D had a blood sugar of 471. Resident D, again, received 2 units of insulin. Review of the sliding insulin scale indicated Resident D should have received 6 units of insulin both times.</p> <p>Review of Resident D's plan of care related to diabetes mellitus, dated 8/14/15, indicated staff were to monitor blood sugar as ordered.</p> <p>During an interview on 8/25/15 at 10:30 a.m., LPN #2 indicated she was unaware Resident D had received the wrong dose of insulin. LPN #2 reviewed the Blood Glucose Monitoring Sliding Scale Record and indicated Resident D had received the incorrect amount of insulin. LPN #2 indicated she would talk to the nurse responsible for giving the incorrect amount of insulin and report her findings. No other information was provided.</p> <p>During an interview on 8/25/15 at 10:45 a.m., the Consultant Nurse indicated she was aware the facility had been working on making sure the residents received the correct amount of insulin. The Nurse Consultant indicated she was disappointed this had occurred.</p> <p>This Federal tag relates to Complaint</p>		will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted if indicated.		

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F 0431 SS=D Bldg. 00	<p>#IN00178740.</p> <p>3.1-35(g)(2)</p> <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</p>			

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	<p>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 medications were stored in a secure manner to prevent potential access at all times by unauthorized users for 1 of 5 medication carts observed. This deficient practice had the potential to effect 15 confused ambulatory or self propelling residents on the Freedom and East Halls.</p> <p>Findings include:</p> <p>During an observation on 8/25/15 at 2:50 p.m., the medication cart on the Freedom Hall was observed to be unlocked and unattended. A nurse was in the nursing station at the time of the observation. The Administrator arrived and also observed the unlocked and unattended medication cart.</p> <p>During an interview on 8/25/15 at 3:00 p.m., QMA # 6 indicated she had left the cart unlocked and was in the nursing station assisting a resident with a hearing aide.</p> <p>Review of the medication cart contents included, but were not limited to, the following:</p>	F 0431	<p>1. There were no residents affected by this alleged deficient practice. QMA #6 was immediately re-educated on keeping the medication cart locked when not in attendance. 2. All residents have the potential to be affected. See below for corrective action 3. The facility's policy for storage of medications was reviewed and no changes are indicated at this time. The nurses and QMAs have been re-educated on the policy and keeping their medication/treatment carts locked when not in attendance (See Attachment A). A monitoring form has been implemented (See Attachment C). 4. The DON or designee will be responsible for completing the monitoring form on scheduled work days as follows: Daily for two weeks then weekly thereafter on an ongoing basis for a minimum of 6 months. Should a concern be found, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted if indicated.</p>	09/03/2015			

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	<p>Drawer #1 - eye drops, nasal sprays, insulins, Coumadin and patches.</p> <p>Drawer #2 - 25 Depakote (an anti-convulsant medication) 125 mg tablets, 57 Zyprexa (an antipsychotic medication) 10 mg tablets, 11 Buspar (an anxiolytic medication) 10 mg tablets, 16 Paxil (an anti-depressant medication) 30 mg tablets, 26 Trazadone (an anti-depressant medication) 25 mg tablets, 20 Keppra (an anti-convulsant medication) 250 mg tablets, 22 Cymbalta (an anti-depressant medication) 60 mg tablets, 7 Celexa (an anti-depressant medication) 20 mg tablets, 10 Zoloft (an anti-depressant medication) 100 mg tablets, 7 Meclizine (an anti-vertigo medication) 25 mg tablets and 20 Escitalopram (an anti-depressant medication) 10 mg tablets.</p> <p>Drawer #3 - 30 Paxil 40 mg tablets, 30 Zyprexa 5 mg tablets, 12 Trazadone 25 mg tablets, 180 Depakote 125 mg tablets, 60 Buspar 10 mg tablets, 60 Keppra 250 mg tablets, 10 Fazaclo 12.5 mg tablets, 84 Fazaclo 25 mg tablets, 30 Meclizine 25 mg tablets, 54 Benadryl 25 mg tablets and 6 Cymbalta 20 mg tablets.</p> <p>Drawer #7 - 276 Zanaflex (a skeletal muscle relaxant medication) 4 mg tablets.</p> <p>Review of a current policy, dated 1/2015</p>			

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	<p>and titled "Storing Drugs", indicated the following:</p> <p>"Policy: Drugs and biologicals will be stored in a safe, secure, and orderly manner at appropriate temperatures and accessible only to licensed nursing and pharmacy personnel or staff members lawfully authorized to administer medications...</p> <p>Procedures...2. When a permitted person is not in a drug storage area, the drug storage areas and devices must be kept locked. ..."</p> <p>This policy was provided by the Administrator on 8/25/15 at 3:09 p.m.</p> <p>This Federal tag relates to Complaint IN00178740.</p> <p>3.1-25(m)</p>			