

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 12/11/2013
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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 a Recertification and State Licensure Survey.</p> <p>This visit included the Investigation of Complaint #IN00138926.</p> <p>Complaint IN00138926 unsubstantiated due to lack of evidence.</p> <p>Survey Dates: December 2, 3, 4, 5, 6, 10, and 11, 2014</p> <p>Facility number: 000025 Provider number: 155064 Aim number: 100274850</p> <p>Survey team: Bobette Messman, RN, TC (12/2, 12/3, 12/4, 12/5, 12/6, 12/11/2013) Michelle Carter, RN Rita Mullin, RN Maria Pantaleo, RN (12/4, 12/5, 12/6, 12/10, 12/11/2013)</p> <p>Census bed type: SNF 8 SNF/NF 48 Total 56</p> <p>Census payor type:</p>	F000000	By submitting the enclosed information we are not admitting the truth of accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. the facility requests the Plan of Correction be considered our allegation of Compliance to the state findings of the survey completed on 12/11/14. The facility also respectfully requests a DESK REVIEW.	

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>Medicare 18 Medicaid 30 Other 8 Total 56</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on December 17, 2013.</p>			

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F000164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation and interview, the facility failed to keep resident information contained and private for 2 of 40 resident's information observed for maintaining private health care information. (Residents #63 & 79)</p>	F000164	<p>Corrective Action MAR records have been observed to be covered except when in use. Licensed nurses will be inserviced on Privacy/Confidentiality of Records. Identification Residents have the potential to be affected by this alleged deficient practice. System Changes A cover</p>	01/10/2014	

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	<p>Findings include:</p> <p>1. During an observation, on 12/3/13, at 1:10 p.m., and 1:30 p.m., on Magnolia Lane, Resident #63's personal information was exposed on the medication cart. The medication cart was next to the nurses station. The MAR (medication administration record) visibly exposed the following information: Albuterol dose and administration information, date of birth, Medicaid insurance number, admission date, and room number.</p> <p>2. During an observation, on 12/6/13, at 9:50 a.m., the MAR was open on the medication cart on Rosebud Lane. The MAR was open to Resident # 79's medication and personal information.</p> <p>During an interview with LPN #7, on 12/6/13 at 9:55 a.m., LPN #7 indicated the MAR should always be closed, but she was discussing a patient's information with hospice nurse and then, stepped away from the cart.</p> <p>During an interview with the DoN (Director of Nursing), on 12/5/13, at 10:41 a.m., she indicated medical information about residents should not be exposed, at any time.</p>		is provided between each MAR to conceal the information when not in use. Monitoring Administrative Nursing staff will audit medication carts to assure MARS are not exposed 3 times daily for 3 months then 3 times weekly for 3 months and monthly for 6 months. Any identified issues/concerns/problems will be reported to the QA Committee for further discussion/review and recommendations.		

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F000282 SS=D	<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 record review and interview, the facility failed to follow the care plan for 1 of 6 residents reviewed for unnecessary medications and failed to follow the physicians' orders for 1 of 1 residents reviewed for behaviors. (Residents #47 & 67).</p> <p>Findings include:</p> <p>1. The clinical record of Resident #67 was reviewed on 12/5/13 at 1:15 p.m. resident was admitted to the facility on 8/7/13.</p> <p>Diagnoses included, but were not limited to, Parkinson's disease, multiple falls, high blood pressure, anxiety, depression, Alzheimer's disease.</p> <p>Hospital discharge orders, dated 8/7/13, indicated Resident #47 was to receive exelon (to treat Alzheimer's Disease) 4.6 mg (milligram)/24. "Place 1 patch onto the skin daily. Remove the old patch first."</p>	F000282	<p>Corrective Action Res. #67 the physician changed the medication order from a patch to an oral medication. Res. #47 has a Mood/Behavior Log implemented. Mood/Behavioral Logs were placed on each resident's chart. Identification Residents have the potential to be affected by this alleged deficient practice. Resident records have been audited to assure all meds are delivered that are ordered. Resident records contain a Mood/Behavior Log. System Changes Residents that have physicians orders for unavailable meds will have the physician notified and a response from the physician within 24 hours for an order for an alternate medication and/or order to hold medication. Mood/Behavior Log will be placed on charts at admission for all residents. Monitoring DON or designee will complete medication audits for one third of residents weekly for 3 months and monthly for one third of the residents for 3 months and quarterly for one third of the residents for 6 months. Any identified</p>	01/10/2014			

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	<p>A Fax from (name of Pharmacy), dated 8/7/13 at 4:01 p.m., indicated "Exelon 9.5 mg and 4.6 mg patches are currently not going to be made available from our pharmacy due to a back order from the manufacturer. We are able to provide the exelon capsules as a substitute for the patches...."</p> <p>A Medication Administration Record, dated for the month of August 2013, indicated the exelon 4.6 mg patch was not applied on August 7, 8, 9, 10 or 12, 2013.</p> <p>During an interview with the Director of Nursing, on 12/5/13 at 2:30 p.m., she indicated the pharmacy was unable to supply the patches and a request was faxed to the doctor to change the patches to an oral form of exelon. He was faxed on 8/9/13 but didn't get back with us until Monday, 8/12/13. We should have called him.</p> <p>2. The record for Resident #47 was reviewed on 12/4/13 at 2:48 p.m.</p> <p>Diagnoses included, but were not limited to, cardiac dysrhythmias, chronic kidney disease- stage 3, history of deep vein thrombosis, insulin dependant diabetes mellitus, gastroesophageal reflux disease, generalized anxiety disorder, high</p>		<p>issues/concerns/problems will be reported to the QA committee for further discussion. Social Services Director will audit Mood/Behavior Logs in the resident records for completeness weekly for one third of the residents for 3 months and monthly one third of the residents for 3 months and one third of the records monthly for 6 months. any identified issues/concerns/problems will be reported to thd QA Committee for further discussion/review and recommendations.</p>		

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	<p>blood pressure, vascular dementia with delusions, peripheral vascular disease, depression, osteoarthritis, hyperlipidemia, lumbago, obesity, cataract, diverticulitis, anemia, basal cell carcinoma, paralysis agitans, and Parkinson's disease.</p> <p>A physicians order, dated 8/16/13, indicated Seroquel (antipsychotic), 25 mg. (milligrams), 1 tablet, by mouth, daily, for dementia w/delusions.</p> <p>A physicians order, dated 8/16/13, indicated Wellbutrin XL (antidepressant), 150 mg., 1 tablet, by mouth, daily, for depression.</p> <p>A Mood & Behavior Care Plan, dated 11/21/13, and received from the Director of Nursing (DoN) on 12/4/13, at 3:45 p.m., indicated the following: Psych (psychiatric) diagnoses: dementia, depression.</p> <p>Problem 1. Depression Interventions: family visit; accept NF placement</p> <p>A social services note, dated 11/15/13 at 3:00 p.m., and received from the DoN, at 3:45 p.m., on 12/4/13, indicated the following: "Quarterly Assessment.little</p>						

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	<p>interest in doing things. tired, no energy. Resident is LTC [long term care]; no anticipated discharge; code status- full code. Continuing monitor Mood and Behavior- Care Planned. Res [resident] takes pscyh medications- Seroquel 25 mg QD [daily] for dementia w/delusions, wellbutrin 150 mg qd [daily] for depression, Resident has been participating in activities more this month, although he spends a lot of time in his room. Family visit regularly."</p> <p>Behavior monitoring was not noted. During an interview with LPN #1, on 12/4/13, at 3:15 p.m., she indicated Resident #47 had been taking Wellbutrin and Seroquel since admission (8/16/13), and was admitted with the routine orders. She indicated behaviors were not monitored unless a behavior was exhibited and documented.</p> <p>Documentation that indicated Resident #47 continued to have delusions, was not provided.</p> <p>During an interview, with the Assistant Director of Nursing (ADoN), on 12/6/13, at 11:00 a.m., she indicated there was not any documentation related to behavior monitoring for</p>			

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	Resident #47. 3.1-35(g)(2)				

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F000309 SS=E	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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, interview, and observation, the facility failed to complete appropriate nursing assessments, administer appropriate medication, and provide necessary medication, for 4 of 26 residents reviewed for necessary care and services. (Residents #3, 47, 53, 67)</p> <p>Findings include:</p> <p>1. The record for Resident #3 was reviewed on 12/10/13 at 9:23 a.m.</p> <p>Diagnoses for Resident #3, included, but were not limited to, coronary artery disease, general osteoarthritis, type 2 diabetes mellitus, atrial fibrillation, hyperlipidemia, high blood pressure, benign prostatic hyperplasia, depression, renal insufficiency, dementia with confusion, mood disorder, vitamin D insufficiency, and debility.</p> <p>During an observation, on the memory care unit, on 12/2/13, at</p>	F000309	<p>Corrective Action 1. Resident #3-Physician notified and order received for treatment.2. Resident #53- Bruise was documented in the nurses notes.3. Resident #67-Physician changed the medication order from a patch to an oral medication.4. Resident #47 -Mood/Behavior Log was implemented. IdentificationResidents could have the potential to be affected by this alleged deficient practice.Nursing staff will be inserviced on Proper Medication Administration, Use of Mood/Behavior Logs, Incident/Accident Report Completion and Follow Up, Documentation in the Nurses Notes, Changes in the 24 hour report to include Incident/Accident Occurances. System Change1 & 2 - Broaden the Use of the 24 hour report to include section on Incident/Accident occurrence.3. Residents that have orders for unavailable medications will have physician notified and response within 24 hours for an alternate medication or an order to hold the medication.4. Mood/Behavior Log</p>	01/10/2014	

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	<p>12:45 p.m., Resident #3 had a dressing to his left forearm.</p> <p>On 12/2/13, at 12:59 p.m., during an interview, with CNA #2, she indicated Resident #3 had acquired a skin tear to his left forearm. She indicated she was not aware of the date and place of the skin tear origination, but that information should be in the resident's chart. Resident #3 was known to "pick at the area" if the area was not covered well. Therefore, a larger dressing with an elastic cover was placed, to keep him from "messaging" with the dressing and skin tear.</p> <p>During an interview with LPN #4, on 12/10/13, at 9:30 a.m., he indicated when a skin issue arises, documentation should go on a skin assessment sheet, along with measurements, and placed in a binder, labeled "treatment book". He indicated there was no documentation, at all, related to Resident #3's skin tear to his left forearm.</p> <p>On 12/10/13, at 10:16 a.m., during an interview with the ADoN, she indicated there was no documentation related to the skin tear on Resident #3's left forearm. Additionally, there was no treatment information, either.</p>		<p>will be placed on chart at admission for residents. MonitoringThe facility's clinical meeting(Monday through Friday) will review 24 hour report to ensure Incident/Accident Report completed and physician's orders received if needed. DON/designated staff will complete medication audit for one third of the residents weekly for 3 months, monthly for one third of the residents for 3 months and quarterly for one third of the residents for 6 months.Any identified issues/concerns/problems will be reported to the QA Committee for further discussion/review and recommendations.</p>		

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	<p>2. The record for Resident #53 was reviewed on 12/6/13 at 9:54 a.m.</p> <p>Diagnoses for Resident #53, included, but were not limited to, high blood pressure, osteoporosis, type 2 diabetes mellitus, chronic lower extremity edema, anemia, chronic atrial fibrillation, anxiety disorder, dementia, and chronic generalized pain.</p> <p>On 12/3/13 at 10:03 a.m., an observation was made of a significant bruise to Resident #53's right forearm. During an interview with Resident #53, on 12/3/13 at 10:03 a.m., Resident #53 indicated she did not know how the bruise developed, but her right forearm was tender and sore.</p> <p>Documentation related to the bruise on Resident #53's right forearm was not noted.</p> <p>During an interview with the unit manager/wound nurse, on 12/6/13, at 10:33 a.m., she indicated she was not aware of any skin conditions or bruises to Resident #53. The unit manager/wound nurse assessed Resident #53 and noted a bruise to her right forearm.</p>						

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	<p>The unit manager/wound nurse indicated skin sheets and medication administration records (MAR's) did not indicate a skin assessment had been completed since 11/11/2013, during an interview at 10:40 a.m., on 12/6/13. She indicated a skin assessment was due, and scheduled on the evening shift.</p> <p>An Accident/Incident Report, dated 12/5/13, and presented by the unit manager/wound nurse on 12/6/13, at 1:55 p.m., indicated Resident #53 had a bruise to her right forearm that was reported by Resident #53's granddaughter to facility staff, on 12/5/13 at 9:00 a.m., while the granddaughter was visiting.</p> <p>3. The record for Resident #47 was reviewed on 12/4/13 at 2:48 p.m.</p> <p>Diagnoses for Resident #47 included, but were not limited to, cardiac dysrhythmias, chronic kidney disease-stage 3, history of deep vein thrombosis, insulin dependant diabetes mellitus, gastroesophageal reflux disease, generalized anxiety disorder, high blood pressure, vascular dementia with delusions, peripheral vascular disease, depression, osteoarthritis,</p>						

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	<p>hyperlipidemia, lumbago, obesity, cataract, diverticulitis, anemia, basal cell carcinoma, paralysis agitans, and Parkinson's disease.</p> <p>A physicians order, dated 8/16/13, indicated Seroquel (antipsychotic), 25 mg. (milligrams), 1 tablet, by mouth, daily, for dementia w/delusions.</p> <p>A physicians order, dated 8/16/13, indicated Wellbutrin XL (antidepressant), 150 mg., 1 tablet, by mouth, daily, for depression.</p> <p>A Mood & Behavior Care Plan, dated 11/21/13, and received from the Director of Nursing (DoN) on 12/4/13, at 3:45 p.m., indicated the following: Psych (psychiatric) diagnoses: dementia, depression.</p> <p>Problem 1. Depression Interventions: family visit; accept NF placement</p> <p>A social services note, dated 11/15/13 at 3:00 p.m., and received from the DoN, at 3:45 p.m., on 12/4/13, indicated the following: "Quarterly Assessment.little interest in doing things. tired, no energy. Resident is LTC [long term care]; no anticipated discharge; code</p>			

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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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	<p>status- full code. Continuing monitor Mood and Behavior- Care Planned. Res [resident] takes pscyh medications- Seroquel 25 mg QD [daily] for dementia w/delusions, wellbutrin 150 mg qd [daily] for depression, Resident has been participating in activities more this month, although he spends a lot of time in his room. Family visit regularly."</p> <p>Behavior monitoring was not noted. During an interview with LPN #1, on 12/4/13, at 3:15 p.m., she indicated Resident #47 had been taking Wellbutrin and Seroquel since admission (8/16/13), and was admitted with the routine orders. She indicated behaviors were not monitored unless a behavior was exhibited and documented.</p> <p>Documentation that indicated Resident #47 continued to have delusions, was not provided.</p> <p>During an interview, with the Assistant Director of Nursing (ADoN), on 12/6/13, at 11:00 a.m., she indicated there was not any documentation related to behavior monitoring for Resident #47.</p>						

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	<p>4. The clinical record of Resident #67 was reviewed on 12/5/13 at 1:15 p.m., resident was admitted to the facility on 8/7/13 from a geriatric Psychiatric unit for behaviors related to Alzheimer's disease.</p> <p>Diagnoses included, but were not limited to, Parkinson's disease, multiple falls, high blood pressure, anxiety, depression, Alzheimer's disease.</p> <p>Hospital discharge orders, dated 8/7/13, indicated Resident #47 was to receive exelon (to treat Alzheimer's Disease) 4.6 mg (milligram)/24. "Place 1 patch onto the skin daily. Remove the old patch first."</p> <p>A Fax from (name of Pharmacy), dated 8/7/13 at 4:01 p.m., indicated "Exelon 9.5 mg and 4.6 mg patches are currently not going to be made available from our pharmacy due to a back order from the manufacturer. We are able to provide the exelon capsules as a substitute for the patches...."</p> <p>A Medication Administration Record, dated for the month of August 2013, indicated the exelon 4.6 mg patch was not applied on August 7, 8, 9, 10</p>			

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	<p>or 12, 2013.</p> <p>During an interview with the Director of Nursing, on 12/5/13 at 2:30 p.m., she indicated the pharmacy was unable to supply the patches and a request was faxed to the doctor to change the patches to an oral form of exelon. He was faxed on 8/913 but didn't get back with us until Monday, 8/12/13. We should have called him. 3.1-37(a)</p>			
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F000328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview the facility failed to ensure a respiratory assessment and treatment were administered for 1 of 1 resident reviewed for respiratory treatment in a sample of 1. (Resident #110)</p> <p>1. The clinical record for Resident #110 was reviewed on 12/6/2013 at 3:00 p.m.</p> <p>Diagnoses included, but were not limited to, chronic bronchitis with chronic obstructive pulmonary disease, alcohol intoxication, suicidal ideation, osteoarthritis, rhinitis, hypoxemia, chronic respiratory failure, acute respiratory failure, asthma, depression, anxiety, emphysema, hypertension and dehydration.</p> <p>On 12/4/2013, at 10:10 a.m., during an interview with Resident # 110, she</p>	F000328	<p>Corrective Action Resident #110 had breathing treatment at 6pm. Identification Residents with routine breathing treatments have the potential to be affected by the alleged deficient practice. Residents with routine breathing treatments were interviewed regarding the timeliness and effectiveness of their breathing treatments. Licensed nurses will be inserviced on Accurate Assessments and Timing of Medication Administration. System Change Inservice licensed nurses on accurate assessments and timing of medication administration. Inservice licensed nurses on timeliness of assessing for breathing treatments. Monitoring Administrative nurses will interview residents that receive breathing treatments for timeliness and effectiveness weekly for 3 months, monthly for 3 months and quarterly for 6 months. Any identified</p>	01/10/2014	

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	<p>indicated, RN #3, did not administer her breathing treatment when she requested it on 11/20/2013 at 5:30 p.m. Resident #110 indicated she was having breathing difficulty, including but not limited to shortness of breath, and was told by RN #3 she had to wait until 6:00 p.m., for her treatment.</p> <p>Nursing records reviewed on 12/6/2013 at 3:00 p.m., indicated Resident # 110 was having labored breathing and complained of shortness of breath on 11/20/2013 at 6:00 p.m., and Resident #110 did receive a breathing treatment at 6:00 p.m., on 11/20/2013. Nursing records further indicated Resident #110 did not understand why the breathing treatment could not be given when requested. RN # 3 indicated she tried to explain situation to resident but that the resident still did not understand why she could not have the breathing treatment at 5:30 p.m., when she requested it because she was having shortness of breath and labored breathing.</p> <p>December medication orders indicated an order for IPRATR-ALBUTEROL 0.5-3 MG DUONEB 2.5-3 ML(milliliter) SOLUTION use 1 vial via nebulizer 4 times a day at 6</p>		issues/concerns/problems will be reported to the QA committee for further discussion/review and recommendations.		

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	<p>a.m./12 p.m./6 p.m./12 a.m.</p> <p>On 12/7/2013 2013 at 10:30 a.m. during an interview with the Administrator, the administrator indicated the incident had been investigated and RN #3 did not assess the resident immediately for respiratory distress and the medication/treatment could have been given when Resident #110 was complaining of shortness of breath at 5:30 p.m.</p> <p>3.1-47(a)(6)</p>			

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F000329 SS=D	<p>483.25(I) 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 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 gradual dose reductions (GDR's) were conducted for residents that received an anti depressant for 1 of 5 residents reviewed for unnecessary medications in a sam ple of 5, and for a resident receiving Coumadin medication without a Doctor order. (Residents #1 and # 53)</p> <p>Findings include:</p>	F000329	Corrective ActionResident #1-A reduction of Zoloft has been requested from ther physician.Resident #53-PTIR obtained. No adverse affects noted. IdentificationResidents have the potential to be affected by this alleged deficient practice.Licensed nurses will be inserviced on Medication Administration according to physicians orders.A meeting is scheduled with DON, ADON, Pharmacist and Social Service Director to review GDR policies and procedures. System	01/10/2014			

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	<p>1. The clinical record for Resident #1 was reviewed 12/04/2013 at 3:30 p.m.</p> <p>Diagnoses included but were not limited to, morbid obesity, depression, alcoholic dementia, depression, peripheral neuropathy, dementia with behaviors, neurogenic bladder, retention urine, convulsions, primary cerebellar degeneration, hypertension, cerebellar atrophy.</p> <p>Resident # 1 has been taking zoloft 50 mg (milligrams) tab, qd (every day) for depression, and zoloft 25 mg qd for depression.</p> <p>There was no pharmacists recommendation for reduction of zoloft treatment.</p> <p>There was no physician recommendation for reduction of zoloft treatment.</p> <p>During an interview with the DON and ADON on 12/06/2013 at 11:05 a.m., they indicated that a GDR was not done this year for resident #1.</p> <p>2. The record for Resident #53 was reviewed on 12/6/13 at 9:54 a.m.</p> <p>Diagnoses for Resident #53 included,</p>		<p>ChangesA Tracking Sheet for anti depressents, anti psychotics, anti anxiety and hypnotics to ensure that these medications are addressed for GDR.Licensed nurses will audit physician orders and MARs for accuracy every 24 hours. MonitoringSocial Services and Administrative Nurses will audit GDR's monthly at meeting for 12 months.Anticoagulants will be reviewed weekly for 3 months, monthly for 3 months and quarterly for 6 months.Any identified issues/concerns/problems will be reported to the QA Committee for further discussion.</p>				

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	<p>but were not limited to, high blood pressure, osteoporosis, diabetes mellitus- type 2, chronic lower extremity edema, anemia, chronic atrial fibrillation, anxiety disorder, dementia, and chronic generalized pain.</p> <p>A physicians order, dated 3/21/13, indicated Warfarin (anticoagulant) 3 mg, 1 tablet, by mouth, daily.</p> <p>A physicians order, dated 8/8/13, indicated d/c (discontinue) lovenox (anticoagulant), start coumadin (warfarin generic name) 3 mg po (by mouth) qd (daily).</p> <p>A physicians order, dated 8/22/13, indicated decrease coumadin to 2 mg po qod (every other day).</p> <p>A physicians order, dated 8/29/13, at 7:00 p.m., indicated D/C (discontinue) coumadin 2 mg, start xarelto (anticoagulant), 20 mg, 1 tablet, by mouth, daily.</p> <p>A nurses note, dated 8/29/13 at 8:00 p.m., indicated, "N.O. (new order) per MD (physician) - D/C coumadin 2 mg, Start xarelto 20 mg 1 po q day (daily)- (name of family member) aware of N.O."</p>			

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	<p>The August 2013 MAR (medication administration record), indicated the above orders were followed and was marked to D/C the coumadin on 8/29/13.</p> <p>Lab results, dated 8/29/13, indicated PT (prothrombin time) level= 12.2, INR (international normalized ration) = 1.1. On the results page, "Stop coumadin, stop INR" was hand-written.</p> <p>The September 2013 MAR indicated coumadin 3 mg was administered on 9/5/13. Additional information related to why the medication was given was not noted in the physician orders or nursing notes.</p> <p>During an interview with the DoN, on 12/6/13 at 11:00 a.m., she indicated if a medication was not given, the nurse should initial and put a circle around the initials, in the designated area on the MAR. Additionally, an explanation related to why the medication was not administered was to be documented on the back side of the MAR page.</p> <p>The August 2013 MAR indicated on 8/30/13, xarelto was not given. The date was circled and no explanation was documented.</p>				

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	<p>The September 2013 MAR indicated on 9/1, 9/2, 9/3, and 9/4/13, coumadin 3 mg, was not given. The dates were circled. Although, the medication was discontinued.</p> <p>On 9/5/13, the September 2013 MAR indicated coumadin 3 mg was administered.</p> <p>During an interview with the DoN, on 12/6/13, at 11:00 a.m., she indicated there was not a known reason or a documented reason related to why physicians orders were not followed for the coumadin and xarelto.</p> <p>3.1-48(a)(6)</p>			

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F000431 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 stored medications were appropriately controlled, according to the labeled</p>	F000431	Corrective ActionThe expired medications for resident #34 were disposed of immediately. IdentificationResidents have the potential to be	01/10/2014			

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	<p>expiration date, for 1 of 4 medication storage observations.</p> <p>Findings include:</p> <p>During a medication storage observation, with LPN #6, on 12/6/13 at 12:55 p.m., at the Walnut hall medication room, 2 vials of Procrit (antianemic) were stored in the refrigerator. The 2 vials of Procrit, prescribed for Resident # 34, were labeled with an order date of 11/23/12, inject 1 ml (milliliter)/week, and an expiration date of 5/13 (May 2013).</p> <p>LPN #6 indicated the 2 vials of Procrit were expired and should be "thrown away".</p> <p>3.1-25(o)</p>		<p>affected by this alleged deficient practice. Licensed nurses will be inserviced on the Disposal of Expired Medications. System Change Medication rooms will be check weekly for expired medications. Monitoring The facility will conduct a medication room and medication cart audit for expired medications weekly for 3 months, monthly for 3 months and quarterly for 6 months. Identified issues/concerns/problems will be reported to the QA Committee for further discussion/review and recommendations.</p>		

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an 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 and interview, the facility failed to ensure infection</p>	F000441	Corrective Action Food and drink removed from med	01/10/2014			

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	<p>prevention was maintained, during a medication pass, for 1 of 4 medication pass observations. (LPN #5)</p> <p>Findings include:</p> <p>During an observation for a medication pass, on 12/10/13, at 7:35 a.m., on Magnolia lane, an open 12 ounce can of Diet Mountain Dew and 2 pieces of toast in a bowl, were on the medication cart. LPN #5 indicated, during an interview on 12/10/13, at 7:45 a.m., the items were her own and not for resident consumption. She indicated the reason for the items were she "felt queezy" and was not feeling well. She indicated she shouldn't have the items on the cart.</p> <p>During an interview with the DoN, on 12/5/13, at 10:41 a.m., she indicated staff members personal items were to be kept and stored in the break room, not on the units.</p> <p>3.1-18(l)</p>		<p>cart. IdentificationResidents on Magnolia Hall have the potential to be affected by this alleged deficient practice. Inservice licensed nurses on proper storage of personal food items. System ChangeMedication Carts will be check daily for personal food items. MonitoringThe facility will conduct a med cart audit daily for 3 months and weekly for 3 months and quarterly for 6 months. Identified issues/concerns/problems will be reported to the QA Committe for further discussion/review and recommendations.</p>		

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to maintain sink countertops in good repair in resident rooms for 5 of 6 rooms observed, and failed to maintain wallpaper in good repair for 1 of 6 rooms, and failed to maintain dresser drawers in good repair in resident rooms for 4 of 6 rooms observed for orderly, safe and comfortable interiors. (Rooms #204, 206, 208, 209, 211, and 213)</p> <p>Findings include:</p> <p>During Magnolia Lane resident room observations on 12/3/13 at 10:00 a.m., the following was noted:</p> <p>Rooms #204, 206, 208, and 211- Dresser drawers had peeling laminate and were missing laminate.</p> <p>Rooms #204, 206, 209, 211, and 213- Sink countertops were worn out, laminate was peeling, loose, and chipped, and the particle board was exposed.</p> <p>Room #211- 7 inches of wallpaper was peeling from the wall at the</p>	F000465	<p>Corrective Action Rooms #204, 206, 208, and 211 will have the dresser drawers replaced. Rooms #204, 206, 209, 211 and 213 will have sink countertops removed. Room #211 had wallpaper reglued on 12/3/13. Identification Resident rooms with built in dressers and sinks have the potential to be affected by this alleged deficient practice. System Change The dresser drawers and sink countertops will be removed and replaced with a free standing sink and a free standing dresser. Loose wallpaper will be reglued. Monitoring Administrator will inspect rooms for condition of built in cabinetry and wallpaper weekly for 3 months, monthly for 3 months and quarterly for 6 months.</p>	01/10/2014

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	<p>baseboard, at the sink area. The sink countertop was heavily worn and 5 areas of chipped laminate with pressed particle board was visible, including an 11 inch long area of exposed particle board. During an interview with Resident #17, on 12/3/13, at 10:09 a.m., she indicated she and her roommate use the common sink, daily.</p> <p>On 12/3/13, at 10:55 a.m., during an interview with the Maintenance Director, he indicated the sink countertops and dresser drawer sets were in poor condition and should be and needed replaced. He indicated he did not have a current work order for replacements of sinks and dresser drawer sets.</p> <p>He indicated awareness of peeling wallpaper and maintenance personnel were in the process of removing old wallpaper due to the peeling and painting the room walls.</p> <p>3.1-19(f)</p>			

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F000514 SS=D	<p>483.75(I)(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 interview and record review, the facility failed to ensure accurate and complete documentation was completed on the medication administration record for 3 of 10 residents reviewed for documentation. (Resident #53, 3, & 47)</p> <p>Findings include:</p> <p>1. The record for Resident #53 was reviewed on 12/6/13 at 9:54 a.m.</p> <p>Diagnoses for Resident #53 included, but were not limited to, high blood pressure, osteoporosis, diabetes mellitus- type 2, chronic lower extremity edema, anemia, chronic atrial fibrillation, anxiety disorder, dementia, and chronic generalized</p>	F000514	<p>Corrective Action1. Resident #53-PTINR obtained. No adverse affects noted.2. Resident #3-Physician notified and order received for treatment.3. Resident #47-Mood/Behavior Log implemented. IdentificationResidents have the potential to be affected by this alleged deficient practice.1. Incident/Accident report completed and follow up, documentation in the nurses notes, changes in the 24 hour report to include Incident/Accident occurrences.2.Licensed nurses inserviced on proper med/treatment administration.3. Licensed nurses will be inserviced on usage of Mood/Behavior Log. System Changes1 & 2. Broaden use of 24 hour report to include section on Incident/Accident occurrence.3. Mood/Behavior logs will be placed on charts on</p>	01/10/2014			

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	<p>pain.</p> <p>A physicians order, dated 3/21/13, indicated Warfarin (anticoagulant) 3 mg, 1 tablet, by mouth, daily.</p> <p>A physicians order, dated 8/8/13, indicated d/c (discontinue) lovenox (anticoagulant), start coumadin (warfarin generic name) 3mg po (by mouth) qd (daily).</p> <p>A physicians order, dated 8/22/13, indicated decrease coumadin to 2 mg po qod (every other day).</p> <p>A physicians order, dated 8/29/13, at 7:00 p.m., indicated D/C (discontinue) coumadin 2 mg, start xarelto (anticoagulant), 20 mg, 1 tablet, by mouth, daily.</p> <p>A nurses note, dated 8/29/13 at 8:00 p.m., indicated, "N.O. (new order) per MD (physician) - D/C coumadin 2 mg, Start xarelto 20 mg 1 po q day (daily)- (name of family member) aware of N.O."</p> <p>The August 2013 MAR (medication administration record), indicated the above orders were followed and was marked to D/C the coumadin on 8/29/13.</p>		<p>admission. MonitoringThe facility clinical meeting (Monday through Friday) will review 24 hour reports to ensure Incident/Accident reports completed and physician orders received as needed.Social Services Director will audit Mood/Behavior Logs in the resident records for completeness weekly for one third of the residents for 3 months and monthly one third of the residents for 3 months and one third of the records monthly for 6 months. Any identified issues/concerns/problems will be reported to the QA Committee for further discussion/review and recommendations.</p>		

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	<p>Lab results, dated 8/29/13, indicated PT (prothrombin time) level= 12.2, INR (international normalized ration) = 1.1. On the results page, "Stop coumadin, stop INR" was hand-written.</p> <p>The September 2013 MAR indicated coumadin 3 mg was administered on 9/5/13. Additional information related to why the medication was given was not noted in the physician orders or nursing notes.</p> <p>During an interview with the DoN, on 12/6/13 at 11:00 a.m., she indicated if a medication was not given, the nurse should initial and put a circle around the initials, in the designated area on the MAR. Additionally, an explanation related to why the medication was not administered was to be documented on the back side of the MAR page.</p> <p>The August 2013 MAR indicated on 8/30/13, xarelto was not given. The date was circled and no explanation was documented.</p> <p>The September 2013 MAR indicated on 9/1, 9/2, 9/3, and 9/4/13, coumadin 3 mg, was not given. The dates were circled. Although, the medication was discontinued.</p>			

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	<p>On 9/5/13, the September 2013 MAR indicated coumadin 3 mg was administered.</p> <p>During an interview with the DoN, on 12/6/13, at 11:00 a.m., she indicated there was not a known reason or a documented reason related to why the documentation related to medications was not completed.</p> <p>2. The record for Resident #3 was reviewed on 12/10/13 at 9:23 a.m.</p> <p>Diagnoses for Resident #3, included, but were not limited to, coronary artery disease, general osteoarthritis, type 2 diabetes mellitus, atrial fibrillation, hyperlipidemia, high blood pressure, benign prostatic hyperplasia, depression, renal insufficiency, dementia with confusion, mood disorder, vitamin D insufficiency, and debility.</p> <p>During an observation, on the memory care unit, on 12/2/13, at 12:45 p.m., Resident #3 had a dressing to his left forearm.</p> <p>On 12/2/13, at 12:59 p.m., during an interview, with CNA #2, she indicated Resident #3 had acquired a skin tear to his left forearm. She indicated she</p>			

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	<p>was not aware of the date and place of the skin tear origination. Resident #3 was known to "pick at the area" if the area was not covered well. Therefore, a larger dressing with an elastic cover was placed, to keep him from "messaging" with the dressing and skin tear.</p> <p>During an interview with LPN #4, on 12/10/13, at 9:30 a.m., he indicated when a skin issue arises, documentation should go on a skin assessment sheet, along with measurements, and placed in a binder, labeled "treatment book". He indicated there was no documentation, at all, related to Resident #3's skin tear to his left forearm.</p> <p>On 12/10/13, at 10:16 a.m., during an interview with the ADoN, she indicated there was not any documentation related to the skin tear on Resident #3's left forearm. Additionally, there was no treatment information, either.</p> <p>3. The record for Resident #47 was reviewed on 12/4/13 at 2:48 p.m.</p> <p>Diagnoses included, but were not limited to, cardiac dysrhythmias, chronic kidney disease- stage 3,</p>			

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	<p>history of deep vein thrombosis, insulin dependant diabetes mellitus, gastroesophageal reflux disease, generalized anxiety disorder, high blood pressure, vascular dementia with delusions, peripheral vascular disease, depression, osteoarthritis, hyperlipidemia, lumbago, obesity, cataract, diverticulitis, anemia, basal cell carcinoma, paralysis agitans, and Parkinson's disease.</p> <p>A physicians order, dated 8/16/13, indicated Seroquel (antipsychotic), 25 mg. (milligrams), 1 tablet, by mouth, daily, for dementia w/delusions.</p> <p>A physicians order, dated 8/16/13, indicated Wellbutrin XL (antidepressant), 150 mg., 1 tablet, by mouth, daily, for depression.</p> <p>A Mood & Behavior Care Plan, dated 11/21/13, and received from the Director of Nursing (DoN) on 12/4/13, at 3:45 p.m., indicated the following: Psych (psychiatric) diagnoses: dementia, depression.</p> <p>Problem 1. Depression Interventions: family visit; accept NF placement</p> <p>A social services note, dated 11/15/13 at 3:00 p.m., and received</p>			

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	<p>from DoN, at 3:45 p.m., on 12/4/13, indicated the following:</p> <p>"Quarterly Assessment.little interest in doing things. tired, no energy. Resident is LTC [long term care]; no anticipated discharge; code status- full code. Continuing monitor Mood and Behavior- Care Planned. Res [resident] takes pscyh medications- Seroquel 25 mg QD [daily] for dementia w/delusions, wellbutrin 150 mg qd [daily] for depression, Resident has been participating in activities more this month, although he spends a lot of time in his room. Family visit regularly."</p> <p>Behavior monitoring was not noted. During an interview with LPN #1, on 12/4/13, at 3:15 p.m., she indicated Resident #47 had been taking Wellbutrin and Seroquel since admission (8/16/13), and was admitted with the routine orders. She indicated behaviors were not monitored unless a behavior was exhibited and documented.</p> <p>Documentation that indicated Resident #47 continued to have delusions, was not provided.</p> <p>During an interview, with the Assistant</p>			

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	<p>Director of Nursing (ADoN), on 12/6/13, at 11:00 a.m., she indicated there was not any documentation related to behavior monitoring for Resident #47.</p> <p>3.1-50(a)(1) 3.1-50(f)(2)</p>			