

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155787	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2016
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NAME OF PROVIDER OR SUPPLIER INDIANA VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3851 N RIVER RD WEST LAFAYETTE, IN 47906
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the investigation of Complaint # IN00191192 and Complaint # IN00187785.</p> <p>Complaint # IN00191192 - Unsubstantiated due to lack of evidence.</p> <p>Complaint # IN00187785 - Substantiated. Federal /State deficiencies related to the allegations are cited at F431.</p> <p>Survey dates: January 25, 26, 27, 28, 29, February 1, 2016</p> <p>Facility number: 001134 Provider number: 155787 AIM number: 200817200</p> <p>Census bed type: SNF/NF: 153 Total: 153</p> <p>Census payor type: Medicare: 9 Medicaid: 91 Other: 53 Total: 153</p>	F 0000	Preparation and/or execution of the Plan of Correction in general, or these corrective actions in particular, does not constitute an admission or agreement by this facility of the truth of the facts alleged or the conclusions set forth in this statement of deficiencies. This plan of correction and specific actions are prepared and/or executed in compliance of the Indiana State Department of Health Guidelines. This plan of correction is not meant to establish a standard of care, contract, obligation or position and the Indiana Veterans' Home reserves all possible contentions and defenses to the allegations and conclusions made by the inspection team.	

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 0279 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on February 5, 2016.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under</p>			

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	<p>§483.10(b)(4). Based on record review and interview, the facility failed to provide a comprehensive plan of care for 1 of 5 residents reviewed for unnecessary medications. (Resident #188)</p> <p>Findings include :</p> <p>The clinical record for Resident #188 was reviewed on 1/28/16 at 8:30 a.m. Diagnoses included, but were not limited to, atrial fibrillation, hypertension, peripheral vascular disease, and transient ischemic attacks.</p> <p>The January 2016 admission orders indicated orders for Warfarin 5 mg (milligrams) by mouth daily.</p> <p>Plans of care were reviewed for Resident #188, no plan of care was found for anticoagulant therapy.</p> <p>During an interview with the Unit Manager #2 on 1/28/16 at 2:20 p.m., she indicated a care plan specific for anticoagulant therapy should be placed on admission.</p> <p>3.1-35(a)</p>	F 0279	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1. In-services were given on the Comprehensive Care Plans. These in-services will be completed by all LPN's and RN's by 2/19/2016.</p> <p>2. Nurse Unit Manager will audit resident records/frequency book with potential change of condition/significant change of condition and update resident care plans as needed.</p> <p>2. How will other residents have the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</p> <p>1. Nursing Unit Manager's will conduct random audits 3 days a week for 30 days, then 2 days a week for 30 days, then once a week for 30 days to assure that the plan of correction is followed consistently on an ongoing basis.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>1. Nurse Unit Manager will audit resident's records with potential change of condition/significant change of condition.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur?</p> <p>1. Nursing Unit Manager's will</p>	02/19/2016	

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F 0431 SS=E Bldg. 00	<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</p>		<p>conduct random audits 3 days a week for 30 days, then 2 days a week for 30 days, then once a week for 30 days to assure that the plan of correction is followed consistently on an ongoing basis.</p> <p>5. By what date will the systemic changes be completed?</p> <p>1. The in-services were given on documentation, care plans and physical assessments. These in-services will be completed by all LPN's and RN's by 2/19/2016.</p> <p>2. Completion date 2/19/2016 Angela Cooper, DON and Carla Hensel, ADON are responsible for correcting this deficiency.</p>	

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	<p>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, interview, and record review, the facility failed to ensure insulin vials were stored according to manufacturer's guidelines and expired medications were removed from the medication storage areas, in 3 of 6 medication storage areas reviewed.</p> <p>Findings include:</p> <p>During a review of medication storage on 1/28/2016 at 1:09 p.m., the Mitchell building (floor 2) was found to have 1 vial of Novolog (insulin) un-refrigerated, unopened, and undated, delivered on 1/19/2016, belonging to Resident #6 and 1 vial of Lantus (insulin), delivered on 1/19/2016, belonging to Resident #12.</p> <p>During a review of medication storage on 1/29/2016 at 9:20 a.m., the McArthur building (floor 4) was found to have 2 vials of un-refrigerated, unopened, and</p>	F 0431	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?1. In-services were given on storage of medications, and expiration of medications and medical equipment. These in-services were completed by all RNs, LPNs, and QMAs by 2/19/2016.</p> <p>2. How will other residents have the potential to be affected by the same deficient practice be identified and what corrective action will be taken?1. Nursing unit managers, RNs, LPNs, and QMAs will conduct random audits 2x weekly for 2 weeks, then weekly for 10 weeks to assure the plan of correction is followed consistently on an ongoing basis.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Nursing unit managers, RNs, LPN, and QMAs will audit medication carts, treatment carts,</p>	02/19/2016

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	<p>undated Lantus, delivered on 1/19/2016, belonging to Resident #57 and a box of soft click lancets with a use by dated of 6/10/2015 belonging to Resident #83.</p> <p>During a review of medication storage on 1/29/2016 at 2:08 p.m., the Pyle building (floor 3) was found to have 1 vial of un-refrigerated, unopened, and undated Lantus, delivered on 1/25/2016, belonging to Resident #102, 1 vial of Lantus, delivered on 1/25/2016, belonging to Resident #14, and a vial of Lorazepam with an expiration date of 12/2015 belonging to Resident #154.</p> <p>During record review on 2/1/2016 at 2:10 p.m., the Medication Administration Record (MAR) indicated Resident #154 had an order for Lorazepam 2 mg/ml (milligrams per milliliter), inject 1 ml every 6 hours as needed for agitation and aggressive behavior. This order was discontinued on 7/6/2015.</p> <p>During an interview on 1/28/2016 at 2:11 p.m., LPN #1 indicated unopened insulin should be refrigerated until opened.</p> <p>During an interview on 1/29/2016 at 9:25 a.m., LPN #2 indicated insulin should be refrigerated if it is not opened and then dated when opened.</p>		<p>refrigerators, and supplies for proper storage and expiration dates. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur?1. Nursing unit managers, RNs, LPNs, and QMAs will conduct random audits 2x weekly for 2 weeks, then weekly for 10 weeks to assure the plan of correction is followed consistently on an ongoing basis. This process will be followed for 90 days through the QA committee and as needed. 5. By what date will the systemic changes be completed?1. The in-services were given on storage of medications, and expiration of medications and medical equipment. These in-services were completed by all RNs, LPNS, and QMAs. 2. Completion date 2/19/2016Angela Cooper RN/DON and Carla Hensel, RN ADON are responsible for correcting this deficiency.</p>	

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	<p>During an interview on 1/29/2016 at 2:15 p.m., RN #1 indicated insulin should be refrigerated and expired medications discarded.</p> <p>During an interview on 01/29/2016 at 1:42 p.m., with the Pharmacy Director, he indicated he generally refers to the package insert for recommendations regarding storage of insulin.</p> <p>During a review of the packaging insert for Novolog, dated 2/25/2015, received from the Superintendent on 2/1/2016 at 9:00 a.m., the package insert indicated "...16.2 Recommended Storage Unused Novolog should be stored in a refrigerator between 2 degrees and 8 degrees Celsius (36 degrees and 46 degrees Fahrenheit)...."</p> <p>During a review of the packaging insert for Lantus, dated 7/2015, received from the Superintendent on 2/1/2016 at 9:00 a.m., the package insert indicated "...How should I store Lantus? Store unused Lantus vials in the refrigerator between 36 degrees to 46 degrees Fahrenheit (2 to 8 degrees Celsius)...."</p> <p>During a review of the facility policy, dated 1/1/2011, received from the Superintendent on 2/1/2016 at 9:00 a.m., titled "Storage of Medications" indicated</p>			

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	<p>"Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier...Procedures...J. Medications requiring "refrigeration" or "temperatures between 2 degrees Celsius (36 degrees Fahrenheit) and 8 degrees Celsius (46 degrees Fahrenheit)" are kept in a refrigerator with a thermometer to allow temperature monitoring. Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label...L. Outdated, contaminated, or deteriorated and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal...and reordered from the pharmacy, if a current order exists...."</p> <p>This Federal tag relates to complaint # IN00187785.</p> <p>3.1-25(o)</p>			