| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E244 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 04/19/2012 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| RURAL HEALTH CARE | 1747 N RURAL ST<br>INDIANAPOLIS, IN 46218 |

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| F0000 | This visit was for the Investigation of Complaint IN00105286.<br><br>Complaint IN00105286 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Unrelated deficiency cited.<br><br>Survey Date: April 19, 2012<br><br>Facility number: 000388<br>Provider number: 15E244<br>AIM number: 100454140<br><br>Survey team:<br>Karina Gates BHS TC<br>Courtney Mujic RN<br>Beth Walsh RN<br><br>Census bed type:<br>NF: 39<br>Total: 39<br><br>Census payor type:<br>Medicaid: 37<br>Other: 2<br>Total: 39<br><br>Sample: 4<br><br>Rural Health Care was found to be in | F0000 | **This plan of correction is to serve as Rural Health Care's credible allegation of compliance.**<br><br>**Submission of this plan of correction does not constitute an admission by Rural Health Care or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.** | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | substantial compliance with 42 CFR Part 483 Subpart B in regard to Investigation of Complaint IN00105286.<br><br>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.<br><br>Quality review 4/23/12 by Suzanne Williams, RN | | | |

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| F0514 SS=A | 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE<br>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.<br><br>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.<br><br>Based on record review and interview, the facility failed to ensure accurate and complete documentation in order to ensure a resident received a properly ordered anti-anxiety medication, for 1 of 2 residents reviewed for as needed anti-anxiety medications in the sample of 4. Resident #B.<br><br>Findings include:<br><br>Resident #B's clinical record was reviewed on 4/19/2012 at 10:30 a.m. Diagnoses included, but were not limited to, bipolar disorder, borderline personality disorder, anxiety.<br><br>A "Controlled Drug Record," form, which was blue in color found in a binder labeled "Narc (Narcotic) book," indicated doses of Ativan had been given on | F0514 | **F514 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ ACCESSIBLE**<br><br>It is the practice of Rural Health Care to maintain each resident's clinical record in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.<br><br>I. Resident B's physician order sheet and medication administration record (MAR) has been corrected to include the use of PRN Ativan. | 05/19/2012 |

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| | 2/12/2012 at 7:40 a.m., 3/23/2012 at 3 a.m., 3/23/2012 at 8 p.m., and 3/25/2012 at 6:20 p.m. A yellow sticker labeled with a pharmacy name and address and located at the bottom right side of the form indicated, "Ativan 1 mg tablet 4/14/2011, take one tablet by mouth q (every) 4 hours prn (as needed) for increased anxiety."<br><br>A "PRN Documentation/Authorization," form found in a binder labeled "Narc (Narcotic) book," indicated doses of Ativan had been given on 2/12/2012 at 7:40 a.m., 3/23/2012 at 3 a.m., 3/23/2012 at 2:30 p.m., and 3/25/2012 at 6:20 p.m.<br><br>Review of medication administration records from the months of February, March, and April, 2012, indicated no physician order found for prn Ativan. Review of February, March, and April, 2012 physician order recapitulations indicated no order found for prn Ativan.<br><br>A physician order dated 12/20/2011, indicated, "Ativan 1 mg po (by mouth) q (every) 8 hours times 3 days, then resume prn dose."<br><br>Interview with the Medical Records Director on 4/19/2012 at 12:25 p.m. indicated, "the date on the yellow sticker on the blue narcotic count sheet is the | | II. All residents have the potential to be affected. This is being addressed by the systems described below.<br><br>III. Licensed nurses have been re-educated on the importance of initialing medication administration on the MAR as well as the controlled substance reconciliation record when administering routine and PRN medications. Additional systemic changes are being addressed through our quality improvement program as indicated below.<br><br>IV. The Director of Nursing or her designee is conducting QI audits of the MAR and controlled substance records to ensure both records are initialed upon administration of controlled substances. This will further ensure that no orders are dropped from the current physician order sheets. A random sample of 5 resident records are reviewed weekly for 30 days then monthly for 6 months. The pharmacy consultant will assist with audits during routine monthly visits. Results of all audits are reported to the facility QA Committee monthly for additional recommendations as necessary. | |

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| | date the pharmacy filled the order, 4/14/2011. I can't find the actual initial MD order for the prn Ativan but it must be from around the date the pharmacy filled the order because they wouldn't send it without an order."<br><br>Interview with the Director of Nurses on 4/19/2012 at 12:50 p.m. indicated, "it's correct to assume what the Medical Records Director said. What happened in December was the pharmacy didn't complete the order in its entirety and it got missed. The as needed order for Ativan should have been continued on the monthly order re-caps but it went missing starting on January's."<br><br>Interview with the Director of Nurses on 4/19/2012 at 1:30 p.m. indicated her expectation is the nurses should be checking any medication that comes from pharmacy against the current orders. When giving prn medications, the nurses should be checking what they are giving against the current MAR (medication administration record). "We don't document the prn medications on the MAR anymore because we wanted to eliminate double charting."<br><br>3.1-50(a)(1)<br>3.1-50(a)(2) | | | |

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