STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155510	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint # IN00125858. Complaint # IN00125858-Substantiated. Federal deficiencies related to the allegations are cited at F157. Survey dates: April 17 & 18, 2013 Facility number: 000549 Provider number: 155510 AIM number: 100267470 Survey team: Michelle Carter, RN Census bed type: SNF: 12 SNF/NF: 52 Total: 64 Census Payor type: Medicare: 16 Medicaid: 25 Private: 23 Tota: 64 Sample: 4 This deficiency reflects state findings cited in accordance with 410 IAC 16.2.	F000000		

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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	Quality Review completed by Tammy Alley RN on April 22, 2013.			

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F000157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on record review and interview, the facility failed to ensure the physician was notified of a family request for use of a medication for 1 of 4 residents, in a sample of 4,	F000157	1. The confusion occurred as family members and hospice were bringing medications to the facility for this resident at various times. When a new medication is received from an outside	05/15/2013

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NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936	

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	reviewed for physician notification. (Resident E). Findings include: The clinical record for Resident E was reviewed on 4/17/13 at 1:30 P.M. Diagnoses for Resident E included, but were not limited to, malignant colon cancer, congestive heart failure, hypothyroidism, senile dementia, general anxiety, high blood pressure, coronary artery disease, cardiomyopathy, chronic obstructive pulmonary disease, osteoporosis, and chronic respiratory failure. On 4/18/13 at 11:20 A.M., the Director of Nursing (DON) provided nursing notes, dated 2/29/13. These notes were in regard to a family meeting for Resident E that was held on 2/25/13. The notes indicated LPN #1 received a tablet form medication, Carafate (used for prevention and treatment of duodenal ulcers), from a family member, on 2/14/13 who requested the medication be given to the resident. LPN #1 indicated she gave the medication to LPN #2. During an interview with LPN #2, on 4/18/13 at 11:30 A.M., she indicated she did not recall receiving the medication from LPN #1.		pharmacy, the nurse receiving the new medication will be responsible for notifying the physician and obtaining an order for the new medication. Order will be documented in computerized medical record accordingly. 2. The aforementioned policy will be in place for any future instances of new medications brought in to the facility from an outside pharmacy. 3. All licensed nursing staff will be inserviced regarding this policy. 4. When family members or hospice bring medications from outside the facility, the Director of Nursing or designee will QA the chart for compliance to ensure that the physician has been notified and an order obtained. 5. Completion date, 05/15/13.	

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	A physician's order for Sucralfate (generic for Carafate) was dated 2/20/13. During an interview with the DON and LPN #2, on 4/18/13 at 11:35 A.M., they indicated the physician was contacted on 2/20/13 for orders for Carafate. They indicated awareness of a six (6) day delay in contacting the physician related to the family member request for Carafate. 3.1-5(a)(3)			