

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2016
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NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint #IN00190466.</p> <p>Survey dates: January 4, 5, 6, 7, and 8, 2016.</p> <p>Facility number: 000067 Provider number: 155143 AIM number: 100267880</p> <p>Census bed type: SNF/NF: 68 Total: 68</p> <p>Census payor type: Medicare: 10 Medicaid: 41 Other: 17 Total: 68</p> <p>These deficiencies reflect State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 1/14/16 by 29479</p>	F 0000	<p>Please consider this Plan of Correction as our allegation of compliance. Disclaimer: Meadows Manor North does not believe and does not admit that any deficiencies existed before during or after the survey. Meadows Manor North Retirement reserves all rights to contest the survey finding through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. Than of correction is not meant to establish any standard of care, contract obligation or position and Meadows Manor North reserves all rights to raise all possible contention and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of potentially applicable peer review, quality assurance or self-critical examination privileges which Meadows Manor North does not waive and reserves the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows Manor North offers its responses credible allegation of compliance and plan of correction as part of its ongoing effort to provide quality of care to its residents.</p>	
F 0174	483.10(k)			

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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SS=D Bldg. 00	<p>RIGHT TO TELEPHONE ACCESS WITH PRIVACY</p> <p>The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident with privacy during his phone conversations for 4 of 4 phone call observed for private conversations (Resident #87).</p> <p>Finding includes:</p> <p>The following phone conversations were observed:</p> <p>1. On 1/5/16 at 9:35 a.m., Resident #87 was observed at the central nurses station using the telephone. The resident could be overheard in a conversation with his wife. Several staff and residents were in the area.</p> <p>2. On 1/6/16 at 10:16 a.m., Resident #87 was observed ambulating to central nurses station and asked the Social Service Director (SSD) to dial the number to his wife's residence. The SSD dialed the number and handed Resident #87 the phone. There was no privacy and the resident's conversation was overheard. Residents and staff were in the area.</p>	F 0174	<p>It is the policy of the facility to provide resident's atelephone and privacy during use. All rooms have telephone access. The facility will provide a telephone uponrequest of the resident/responsible party. Resident #87 has been approached numerous times and offered the use of a telephone in aprivate location. Resident #87 insisted on using the phone atthe nurse's station. Although, Resident#87 and/or responsible party has never requested a phone to be placed in his roomon January 18, 2016 a phone was placed in his room with his permission. Social Services/Activities interviewed every resident on1/22/16 regarding access to a telephone and a telephone was given to any resident requesting one. On 1/21/16 all staff was inserviced regarding providingprivacy to residents while on the telephone and offering privatelocations. Social Services/Activities will interview residents at leastquarterly to ensure staff is providing them privacy. Any concerns will be brought theAdministrator or designee immediately. The Administrator or designee will immediately</p>	01/25/2016

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	<p>3. Resident #87 was observed on 1/7/16 at 11:02 a.m., on the telephone at the central nurses station. The resident's conversation could be overheard. Staff and residents were in the area.</p> <p>4. On 1/8/16 at 9:25 a.m., Resident #87 was observed on the telephone at the central nurses station and his conversation could be overheard. Staff and residents were in the area.</p> <p>5. On 1/8/16 at 11:00 a.m., Resident #87's room was observed. There was not a telephone in the resident's room.</p> <p>During an interview on 1/5/16 at 9:35 a.m., Licensed Practical Nurse (LPN) #4, indicated there was no portable telephone in the facility for residents to use. She further indicated the resident's rooms had phone jacks and they could bring in their own phones for personal use.</p> <p>During an interview on 1/5/16 at 9:58 a.m., Resident #87 indicated he had to go to the nurses station to use the telephone to call his wife.</p> <p>During an interview on 1/8/16 at 10:21 a.m., RN #6 indicated the staff dial the number for Resident #87 and he hangs up the phone when he is done at the central</p>		address any concerns noted. The Administrator will report any concerns to the QA committee at least quarterly.				

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F 0332 SS=D Bldg. 00	<p>nurses station.</p> <p>Resident #87's record was reviewed on 1/6/16 at 9:45 a.m.. The record indicated a quarterly minimum data set assessment tool (MDS), dated 10/28/15, indicated Resident #87 had severe cognitive impairment.</p> <p>A document titled, "Activity MDS 3.0 Supportive Documentation Tool", dated 6/11/15 was reviewed. The document indicated it was very important to Resident #87 to have privacy during his telephone conversations.</p> <p>A undated policy titled, "Nursing Home Resident Rights Visits Privacy-Confidentiality", identified as current by the Administrator on 1/8/16 at 8:50 a.m., indicated, ..."Privacy during your visits or meeting, in making telephone calls, and with your mail...."</p> <p>3.1-3(f)</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.</p>			
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	<p>Based on observation, interview, and record review, the facility failed to ensure 3 of 27 medications were administered correctly to 3 of 8 residents reviewed for medication administration resulting in a medication error rate of 11.11 percent (Residents #46, #54, and #83).</p> <p>Findings include:</p> <p>1. During observation of medication administration on 1/6/16 at 11:11 a.m., LPN (Licensed Practical Nurse) #2 gave Resident #83 Novolog (rapid acting insulin) 6 units (u), subcutaneously (sq). On 1/6/16 at 12:00 p.m., the resident was observed in his room, waiting for his noon meal. He had not been served any food from the time of the insulin administration.</p> <p>Resident #83's clinical record was reviewed on, 1/8/16 at 12:00 p.m. A physician's order, dated, 10/2/15, indicated, "Novolog 100u/ml (milliliters) vial inject 4 units before meals plus coverage DX (diagnosis): DM (Diabetes Mellitus)." An order for the sliding scale insulin, dated 10/2/15, indicated 111-149 blood sugars readings would be treated with 2 U of insulin. A blood sugar reading obtained prior to administration of the insulin was 144. All insulin were administered more than 5-10 minutes</p>	F 0332	<p>It is the policy of the facility to be free of medication errors. Resident #46, 54 and #83 suffered no harm from the alleged errors. All nurses were inserviced beginning on 1/7/2016 regarding medication administration and ensuring residents receive the medication per manufacture directions/physician orders. Unit managers/SDC will observe at least 5 medication administrations per week for the next 4 weeks. The nurse will be immediately inserviced on any errors identified. The Unit manager will report any errors to the Director of Nursing. The Unit managers/SDC will observe at least 5 medication administrations per quarter and report any concerns to the Director of Nursing for the next 3 quarters. The Quality Assurance Committee will review all concerns quarterly.</p>	01/25/2016

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	<p>before the noon meal.</p> <p>The facility's nursing drug handbook reference "2014 edition Nurse's Drug Handbook," indicated, "...Novolog Dose...Give immediately within 5-10 minutes before meal."</p> <p>2. On 1/7/16 at 8:42 a.m., LPN #4 administered Humulin insulin 16 units sq to Resident #54. The resident was observed in bed with the breakfast tray at the bedside and all of her food had been eaten prior to the administration of the insulin.</p> <p>Resident #54's clinical record was reviewed on, 1/8/16 at 12:00 p.m. A physician's order was noted dated, 10/17/15, "Humulin R (regular) inject 16 u before each meal Dx (Diagnosis): DM."</p> <p>The Director of Nursing (DON) was interviewed on 1/7/16 at 2:00 p.m. She indicated the facility did not have a specific policy for timing of insulin administration, other than the professional references.</p> <p>3. On 1/7/16 at 8:53 a.m., LPN #4 administered Synthroid (thyroid replacement medication) to Resident #46. The resident was observed in bed and had</p>						

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F 0465	<p>already eaten breakfast.</p> <p>Resident #54's clinical record was reviewed on 1/8/16 at 12:00 p.m. A physician's order, dated 4/18/13, was noted for "Levothyroxine 25 mcg (micrograms) Tabl (tablet) Synthroid 25 mcg tablet take (1) tablet by mouth once daily for hypothyroidism. The scheduled time of administration was 7:00 a.m.</p> <p>The facility's drug reference handbook, "2014 edition Nurse's Drug Handbook", included, but was not limited to Synthroid-give daily, preferably 30 minutes to one hour before breakfast. A schedule of medication pass times, provided by the Administrator on 1/4/16 at 2:00 p.m., included, but was not limited to "Levothroid=0500 (5:00 a.m.).</p> <p>The DON was interviewed on 1/7/16 at 2:00 p.m. She indicated the resident did not like to be awakened at 5:00 a.m., and medication was scheduled for 7:00 a.m. She indicated a care plan would be implemented to address the medication.</p> <p>3.1-48(c)(1)</p> <p>483.70(h)</p>						

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SS=D Bldg. 00	<p>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 ensure the environment was maintained in good repair for 3 of 4 hallways (100, 300, and 400 halls.)</p> <p>Findings include:</p> <p>1. During an environmental tour with the Maintenance Staff #7, on 1/7/16 beginning at 11:00 a.m., and ending at 11:30 a.m. the following were observed:</p> <p>100 Hall:</p> <p>The hallway wall between rooms 104 and 108 was observed to be heavily marred and scuffed underneath the handrail.</p> <p>Nine floor tiles in the 100 hall lounge were observed to be broken.</p> <p>300 Hall:</p> <p>The wallpaper in room #302 was observed to be torn and peeling.</p> <p>400 Hall:</p> <p>The wallpaper in room #414 was</p>	F 0465	<p>It is the policy of the facility to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public In 2015 greater than 50 % of the facility was renovated with plans to finish the renovation in 2016. 100 Hall</p> <p>1. The hallway between 104-108 was repainted on 1/8/16.</p> <p>2. The nine tiles will be repaired no later than 2/7/16.</p> <p>300 Hall</p> <p>1. Room 302- the wallpaper was removed and painted. The room will be completed no later than 2/7/16</p> <p>400 Hall</p> <p>1. Room 414- the wall paper was removed and the room was painted. Completed 1/20/16</p> <p>2. Room 409- The water faucet was repaired on 1/11/16. The paint was "bubbled" due to overspray from the disinfectant/cleaner. The wall will be repainted no later 2/7/16.</p> <p>The staff was re-inserviced regarding the policy for use of the maintenance repair forms Any areas identified needing repaired will reported to Maintenance The Maintenance Supervisor will review work orders at least weekly to ensure items are repaired On January 19, 2016 the Administrator inspected all</p>	02/07/2016

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	<p>observed to be torn and peeling.</p> <p>2. On 1/8/16 at 12:48 p.m., during an observation of Resident #9 in room 409, the bathroom was observed with a bubbled surface on the interior wall next to the toilet above the molding. Water was also observed to flow underneath the hot water faucet handle.</p> <p>On 1/8/16 at 1:30 p.m., during a tour of room 409's bathroom with Maintenance staff #7, he indicated the interior wall next to the toilet had water damage. The maintenance man turned the cold water faucet handle to the on position and observed the water running from under the hot water faucet handle. He indicated the faucet handle needed a washer replaced. He indicated he had not received a work order for the needed repairs.</p> <p>In an interview on 1/7/15 during the environmental tour, Maintenance staff #7 indicated he performed weekly preventative maintenance rounds. He indicated the facility had a work order system. He indicated staff would complete a work order form when issues were found and place the forms in the Maintenance mailbox.</p> <p>On 1/7/16 at 1:40 p.m., the Administrator provided documentation, titled "</p>		<p>areas inthe facility. Maintenance will repair any items identified by the Administrator. The Administrator will monitor the repairs identified when the items have been corrected. The Housekeeping supervisor will complete bi weekly review of all rooms and general areas of any concerns that need to be addressed by maintenance for the next quarter and then monthly thereafter. The Housekeeping supervisor will give the Administrator and the Maintenance supervisor a detailed list of areas identified. The Administrator will monitor that the areas are repaired and the date of the repair. The maintenance repair logs will be reviewed by the QAcommittee at least quarterly.</p>	

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	<p>Meadows Manor North Safety and Maintenance Procedure," identified as current, included, but was not limited to: " It is the procedure of Meadows Manor North maintenance department to perform daily maintenance repairs by the use of maintenance repair work order forms. These forms would be filled out by employees and put into the maintenance mail box. The form had the date, exact location, work requested and who requested it. The form would be signed and dated by the maintenance person when completed. "</p> <p>A policy, titled " Meadows Manor North Safety and Maintenance Policy," provided by the Administrator and identified as current on 1/7/16 at 1:40 p.m., included, but was not limited to: "It is the policy of Meadows Manor North to provide a safe, well maintained and healthful environment for residents, employees and the public. The facility will be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public "</p> <p>3.1-19(f)</p>			