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 10/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA VETERANS HOME	3851 N RIVER RD WEST LAFAYETTE, IN 47906

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F000000	This visit was for the Investigation of Complaint IN00137178. Complaint IN00137178 substantiated: Federal deficiencies related to the allegations are cited at F282. Survey dates: October 7, 8 and 9, 2013. Facility number: 001134 Provider number: 155787 AIM number: 200817200 Survey team: Rita Mullen, RN, TC Bobette Messman, RN Maria Pantaleo, RN (October 8 and 9, 2013) Census bed type: SNF/NF: 155 NCC: 19 Total: 174 Census payor type: Medicare: 8 Medicaid: 127 Other: 39 Total: 174 Sample: 9	F000000	Preparation and or execution of the Plan of Correction in general, or these Corrective Actions in particular, does not constitute an admission of agreement by this facility of the truth of the facts alleged or the conclusion set forth in this statement of deficiencies . This Plan of Correction is not meant to establish a standard of care, contract, obligation or position and the Indiana Veterans' Home reserves all rights to raise 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 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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	This deficiency also reflects State Findings in accordance with 410 IAC 16.2. Quality Review was completed by Tammy Alley RN on October 11, 2013.			

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F000282 SS=E	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview the facility failed to ensure the physician orders for diabetic monitoring and insulin administration were followed for 3 of 7 residents reviewed for diabetic monitoring and insulin administration in a sample of 9. (Residents #B, #H, and #J) Findings include: 1. The clinical record of Resident #J was reviewed on 10/9/13 at 10:00 a.m. Diagnoses included, but were not limited to, diabetes and dementia. A Physicians order dated 4/28/09, indicated "Insulin N 1000 u/ml [milliliter] vial inject S. C. (subcutaneous) 38 units every morning." A physician's order dated 4/28/09, indicated, " "Insulin N 1000 u/ml vial inject S. C. (subcutaneous) 27 units every day at 1600 (4:00 p.m.)."	F000282	F282 483.20(3) (ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLANThe facility staff failed to implement care plan strategies as written related to diabetic monitoring and insulin administration in a sample (#B, #H, and #J) I. Action taken to correct deficiency:1. This issue was identified in July and August 2013 and two nurses were terminated as a result, one in August and one in September. Staff reminded to check MARS for orders and plan of care weekly for changes. 2. The two nurses that were identified as failing to complete accuchecks and administer insulin were terminated. 3. In-services were given on documentation and on the new accucheck/sliding scale form will be given by Nursing Unit Manager's from 10-9-13 through 10-18-13 to assure that physician's orders will be completed and insulin will be administered as ordered by the physician..2. Corrective actions monitored so that deficient practice does not recur: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	11/08/2013

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	A Physician's order dated 3/9/09, indicated FSBS (fasting blood sugar) twice a day on Monday, Wednesday & Friday call MD for FSBS < (less than) 60 or 400." Medication Administration Records (MAR) dated for the months of July 2013, Aug 2013, and Sep 2013, indicated FSBS were not performed on the following dates, 7/19/13, 7/29/13, 8/9/13, 8/12/13, 8/19/13, 8/26/13, 9/6/13, 9/20/13 9/27/13, and 9/30/13. Medication Administration Records (MAR) dated for the months of July 2013, Aug 2013, and Sep 2013, indicated insulin injections were not administrated on the following dates, 7/6/13, 7/12/13, 7/20/13, 8/5/13, 8/6/13, 8/15/13, 8/21/13, 8/25/13, 9/5/13, 9/6/13, 9/11/13, 9/27/13, and 9/30/13. During an interview with the director of Nursing on 10/9/13 at 2:00 p.m., she indicated there was no record of the FSBS being done or the insulin given. 2. The record for Resident #B was reviewed on 10/7/2013 at 1:30 p.m. Diagnoses for Resident #B included,		week for 30 days to assure that the plan of correction is followed consistently on an ongoing basis. 3.Systemic changes put in place: 1. New accucheck/sliding scale insulin sheets were implemented. 4. How will the changes be monitored: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.5. Changes take place:1. The in-services were given on documentation and on the new accucheck/sliding scale form will be given by Nursing Unit Manager's from 10-9-13 through 10-18-13 to assure that physician's orders will be completed and insulin will be administered as ordered by the physician.2. Completion date 11-08-13 Linda Sharp RN/DON is responsible for correcting this deficiency. Reason for IDR: We need to change the completion date to 11-8-13	

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	but were not limited to, Diabetes, Chronic Hydrocelle, and Depression. On 10/7/2013 at 1:30 p.m., a record review of Resident # B MAR indicated: 8/28/2013 at 6:00 a.m., resident should have received 4 units of insulin R (regular), and the medication was not administered. 8/31/2013 at 11:00 a.m., resident should have received 2 units SQ of insulin R, and the medication was not administered. 9/2/2013 at 4:00 p.m., resident should have received 4 units SQ of insulin R, and the medication not administered. 9/15/2013 at 11:00 a.m., resident should have received 4 units SQ of insulin R, and the medication was not administered. On 10/9/2013 at 11:25 a.m., during an interview with Unit Manager # 1, he indicated the resident should have received insulin R medication as ordered by the physician, on 8/28/2013, 8/31/2013, 9/2/2013, and 9/15/2013. 3. The clinical record of Resident H was reviewed on 10/8/13 at 10:30 a.m.			

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	Diagnosis include, but were not limited to, Diabetes. Physician's order dated 4/3/13 directed FSBS testing 4 times a day with Novolog 100 unit /ML vial injections SQ to cover elevated blood sugars. A MAR dated for the month of August 2013 indicated no FSBS was done on 8/22/13 at 8:00 p.m. An interview with Nurse Manager #1 on 10/8/13 at 10:30 a.m. ,indicated his review of the MAR demonstrated no FSBS done on 8/22/13 at 8:00 p.m., as ordered by physician. A policy titled Hypoglycemic Management dated 1/1/2011 received from DoN on 10/9/13 at 3:00 p.m. indicated " ...Nursing staff will check fingerstick blood glucose as ordered....Physician will order frequency of glucose monitoring...." This Federal tag relates to compliant #IN00137178. 3.1-35(g)(2)			

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