STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155566		07/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARSAW MEADOWS	300 E PRAIRIE ST WARSAW, IN 46580

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00203094. Complaint IN00203094 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F514. Survey dates: July 18 and 19, 2016 Facility number: 000359 Provider number: 155566 AIM number: 100274920 Census bed type: SNF/NF: 60 Total: 60 Census payor type: Medicare: 4 Medicaid: 53 Other: 3 Total: 60 Sample: 3 These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1. QR completed on July 20, 2016 by 17934.	F 0000	Warsaw Meadows Care Center respectfully requests that thefollowing plan of correction be accepted as proof of compliance and render arevisit unnecessary. This plan of correction is to serve as Warsaw Meadows CareCenter's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Warsaw Meadows Care Center or its management company that theallegation contained in the survey is a true and accurate portrayal of theprovision of nursing care and other services in this facility. Nor does this submission constitute anagreement or admission of the survey allegation.	

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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F 0157 SS=D Bldg. 00	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			

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	interested family member. Based on interview and record review, the facility failed to notify the physician of consistent medication refusal for 1 of 3 residents reviewed for medication refusal in a sample of 3. (Resident #P) Findings include: Resident #P's record was reviewed 7-18-2016 at 2:08 PM. Resident #P's diagnoses included, but were not limited to, anxiety, COPD, and high blood pressure. A review of physicians orders dated 3-21-2016 indicated Resident #P was to receive Symbicort inhaler, 2 puffs by mouth, twice daily. A review of Resident #P's Medication Administration Record dated May 2016, indicated Resident #P refused the Symbicort 8 PM dose every evening in May except the 5th, 11th. A review of Resident #P's Progress notes dated 5-17-2016 at 21:35 (9:35 PM) indicated Resident #P had developed a productive cough with thick yellow mucous. The note further indicated Resident #P's temperature was within normal limits.	F 0157	**F157 483.10(b)(11)NOTIFY OF CHANGES(INJURY/DECLINE/ROOM, ETC)** It is thepractice of Warsaw Meadows Care Center to immediately inform the resident;consult with the resident's physician; and if known, notify the resident'slegal representative or an interested family member when there is an accidentinvolving the resident which results in injury and has the potential forrequiring physician intervention; a significant change in the residentsphysical mental or psychosocial status (i.e., a deterioration in health, mentalor psychosocial status in either life threatening conditions or clinicalcomplications, refusal to take medications); a need to alter treatmentsignificantly (i.e. a need to discontinue existing form of treatment due toadverse consequence, or to commence a new form of treatment); or a decision totransfer or discharge the resident from the facility. I. Resident #P refuseda medication more than two times in a row and the physician was not notified. II. Residentsthat refuse medications have the potential to be affected. III. Thefacility has a policy regarding physician notification. This policy includesnotification of physician when a resident refuses a medication two times in arow.	08/08/2016

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	In an interview on 7-18-2016 at 2:24 PM, the Director of Nursing indicated the physician should have been notified of consistent medication refusals. A current policy titled Change in Resident Condition dated 4-2012 provided by the Administrator on 7-19-2016 at 9:21 AM indicated "1. The Nurse Supervisor/ Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been:...g. Refusal of treatment or medication (i.e.., two (2) or more consecutive times." This Federal Tag is related to Complaint IN00203094. 3.1-5(a)(3)		Licensed nurses have been re-educated on this policy to includedocumenting notification of the resident's physician. The Physician and/orNurse Practitioner will include notification in a progress note. IV.The DON or her designee is conducting a quality improvement audit to ensurethat residents who refuse medications more than twice in a row have had theNurse Practitioner and/or Physician notified. This QA audit will be completedweekly for 30 days. Results of theseaudits will be reported at the QA committee monthly. Any negative findings willadd another week of audits until 100% compliance is achieved. V. Date of completion: 8/8/16	
F 0514 SS=D Bldg. 00	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented;			

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	readily accessible; and systematically organized. 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. Based on interview and record review, the facility failed to accurately document medication refusals for 1 of 3 residents reviewed with medication refusals in a sample of 3. (Resident #P) Findings include: Resident #P's record was reviewed 7-18-2016 at 2:08 PM. Resident #P's diagnoses included, but were not limited to, anxiety, COPD, and high blood pressure. A review of Resident #P's Medication Administration Record (MAR) dated May 2016 indicated the medication Symbicort was circled on May 2, 3, 4, 6, 7, 8, 9, 1-, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 28, 29, and 30. There was no indication on the back of the MAR to indicate the reason for the medication being circled. A review of the Nurse's Progress Notes	F 0514	**F514 RESIDENT RECORDS COMPLETE/ACCURATE/ACCESSIBLE** **What correctiveaction(s) will be accomplished for those residents found to have been effectedby the alleged deficient practice;** It is the intent of Warsaw Meadows Care Center to maintaincomplete, accurate, and accessible records in accordance with State and Federalguidelines. Resident P was notnegatively affected by her refusals of this particular medication but thefacility did not follow its own policy of notification. **How will you identifyother residents having the potential to be affected by the same deficientpractice and what corrective action will be taken;** The facility realizes that all residents have the potentialto be affected. The facility isaddressing this contingency by the systems described below. **What measures will beput in place or what systemic changes will be made to ensure that the deficientpractice does not recur;** The facility has a clear policy on	08/08/2016

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	indicated Resident #P had refused her 8 PM medications on 5-20, 24, and 31. There were no other indications the circled medications were refusals. In an interview on 7-18-2016 at 1:43 PM, LPN #1 indicated Medications that are refused are to be circled on the front of the MAR, then the reason for the medication not being given explained on the back of the MAR or in the progress notes. A current undated policy titled Medication Administration General Guidelines indicated "6) If a dose of regularly scheduled medication is withheld, refused, or given at other then scheduled time .... the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record provided for PRN documentation." This Federal Tag is related to Complaint IN00203094. 3.1-50(a)(1)		documentation of refusalsand notifications. All nurses andQualified Medicine Aides will be in-serviced and will pass a post test byAugust 8th, 2016. **How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place;** Director of Nursing or designee will audit medicationadministration and documentation to ensure refused medications are reported tothe Medical Director and POA/Guardian if there is one after two doses arerefused in a row. Audits will be weeklyfor four weeks, with the results shared with the Administrator to determinefurther need of audits. Further auditingwill be conducted if necessary and documentation will be reviewed once a monthfor the following three months with the results shared with theinterdisciplinary team via the quarterly Quality Assurance Committee Meeting. Any negative findings will add another weekof auditing until 100% compliance is achieved. **DATE OFCOMPLETION: 8 August 2016**	