

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155788	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/15/2014
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NAME OF PROVIDER OR SUPPLIER GREENWOOD MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N SR 135 GREENWOOD, IN 46142
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F000000	<p>This visit was for the Investigation of Complaints IN00154213 and IN00154179.</p> <p>Complaint IN00154179 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282 and F309.</p> <p>Complaint IN00154213 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: August 14 and 15, 2014</p> <p>Facility number: 012564 Provider number: 155788 AIM number: 201018510</p> <p>Survey team: Karyn Homan, RN-TC Marsha Smith, RN Dorothy Plummer, RN</p> <p>Census bed type: SNF: 30 SNF/NF: 129 Total: 159</p> <p>Census payor type: Medicare: 40 Medicaid: 91</p>	F000000	<p>Kim Rhoades, Director Long Term Care Division Indiana State Department of Health 2 North Meridian St Indianapolis, IN 46204 Dear Ms Rhoades, On August 15th, a complaint survey was conducted at Greenwood Meadows. We respectfully request this document be submitted as the Plan of Correction and be considered for desk review by the staff of your division. If any questions arise regarding this request or attached documents, please feel free to contact me at your earliest convenience. Respectfully submitted, Austin Steele, HFA Cc: Bernie McGuinness, VP of Operations Sue Hornstein, Director of Compliance Martha Herron, Director of Clinical Services File</p>	
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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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F000282 SS=D	<p>Other: 28 Total: 159</p> <p>Complaint sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 18, 2014; by Kimberly Perigo, RN.</p> <p>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 interview and record review, the facility failed to ensure services provided to the residents were in accordance with their plan of care for 1 of 3 residents reviewed for Coumadin administration, in that the facility failed to administer ordered Coumadin (medication to thin blood and prevent blood clots) to a resident resulting in a decrease in the Resident's PT/INR (Prothrombin time and International</p>	F000282	<p>What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice:</p> <ul style="list-style-type: none"> Resident E Coumadin was transcribed onto the Medication Administration Record on 8/5/14. Resident E has received Coumadin Therapy since that date. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be 	08/25/2014	

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	<p>Normalized Ratio) (blood test to determine the time it takes for blood to clot). (Resident #E)</p> <p>Findings include:</p> <p>Resident #E's clinical record was reviewed on 8/14/14 at 11:30 a.m. Diagnoses included, but were not limited to, atrial fibrillation (abnormal heartbeat), hypertension (high blood pressure), and congestive heart failure (condition where the heart cannot pump enough blood to the rest of the body).</p> <p>Resident #E's anticoagulant care plan was initiated 7/29/14, and remained current at time of survey. The care plan indicated, "Problem: Resident is at risk for abnormal/excessive bleeding due to use of anticoagulant medication ... Approach: Medications as ordered"</p> <p>Physician orders dated 7/26/14, indicated Resident #E should receive Coumadin 4 milligrams (mg) by mouth Monday, Wednesday, and Fridays. Resident #E then should receive 6 mg of Coumadin on Tuesday, Thursday, Saturday, and Sunday for her diagnosis of atrial fibrillation.</p> <p>Progress notes dated 7/29/14, indicated Resident #E had a chronic problem with</p>		<p>taken: · Any residents that are receiving Coumadin have the potential to be impacted. · All licensed staff will be in-serviced on Coumadin administration by Director of Nursing or Designee by 8/20/14. · All residents with Coumadin were audited by nurse managers and compared Physician Orders to Medication Administration Record to ensure proper Coumadin was transcribed correctly. · All nurse managers will be in-serviced on re-write process and physician order month to month reconciliation by the Director of Nursing by 8-20-14. · Interdisciplinary team will review Coumadin Therapy during daily Monday-Friday AM meeting and the Weekend Supervisor will review Saturday and Sunday the resident physician orders and update Care Plans and Resident Care Sheets. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: · All nurse managers will be in-serviced on re-write process and physician order month to month reconciliation by the Director of Nursing by 8-20-14. · All re-writes will be signed off on by 2 Nurse Manager to ensure accuracy and proper transcription. · All residents receiving Coumadin will be audited daily by the Assistant Director or Nursing or Designee.</p>				

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	<p>atrial fibrillation that was well controlled. The progress note continued to indicate, "... cont [continue] Coumadin, ... Coumadin clinic to manage"</p> <p>No orders for Coumadin were found on the rewrite physician orders for August 2014.</p> <p>No orders were found prior to August 2014 to discontinue Coumadin.</p> <p>The medication administration record (MAR) for August 2014, had no indication Coumadin was administered August 1, 2, 3, and 4, 2014.</p> <p>Medication/Treatment Error form was provided by the Director of Nursing (DoN) on 8/14/14 at 1:35 p.m. The Medication/Treatment Error form indicated, "... type of medication/treatment error: Transcription error ... Description of error: ... orders not transcribed correctly during re-writes Effect of error on resident: INR [international normalized ratio] 1.2 8/5 [8/5/2014]"</p> <p>Lab results dated 8/5/14 at 6:03 a.m., indicated Resident #E's PT/INR (Prothrombin time and International Normalized Ratio) (blood test to determine the time it takes for blood to</p>		<p>· Interdisciplinary team will review during daily Monday-Friday AM meeting and the Weekend Supervisor will review Saturday and Sunday the resident physician orders and update Care Plans and Resident Care Sheets. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie what quality assurance program will be put into place:</p> <p>· A Coumadin Therapy CQI Tool will be completed as a monitoring tool. This tool will monitor but is not limited to: PT INR results, order changes are correctly transcribed to the MAR, Flowsheet in place, and MD Notification. This tool will be completed weekly x4, monthly x6, then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If a threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed. The CQI tool will be overseen by the Director of Nursing, Medical Director, and its members.</p>		

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	<p>clot) was 1.2. Lab results dated 7/29/14 at 9:45 a.m., indicated Resident #E's PT/INR was 2.5. These lab results indicated, there was a drop in Resident #E's PT/INR, when she did not receive her ordered Coumadin.</p> <p>On 8/14/14 at 1:20 p.m., the DoN indicated, Resident #E did not receive Coumadin August 1, 2, 3, nor 4, 2014. The Coumadin order was not copied over to the August rewrites and did not make it on to the August MAR. The facility realized the Coumadin doses had been missed, when Resident #E's PT/INR had been resulted and there was no Coumadin order on the MAR. The facility immediately corrected the Coumadin order and did an investigation of the event.</p> <p>The facility failed to administer Resident #E's Coumadin order as indicated by the anticoagulant care plan nor physician plan of care.</p> <p>"Coumadin and You" (2013) was retrieved on 8/15/14 from the Coumadin website (www.coumadin.com). The website indicated, "Important Safety Information ... Take COUMADIN exactly as prescribed by your doctor. Don't stop taking COUMADIN without talking to your doctor as your risk of</p>				

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F000309 SS=D	<p>stroke may increase...."</p> <p>This Federal tag relates to Compliant IN00154213.</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on interview and record review, the facility failed to ensure residents received the necessary care for 1 of 3 residents reviewed for Coumadin administration, in that the facility failed to administer ordered Coumadin (medication to thin blood and prevent blood clots) to a resident resulting in a decrease in the Resident's PT/INR (Prothrombin time and International Normalized Ratio) (blood test to determine the time it takes for blood to clot). (Resident #E)</p> <p>Findings include:</p>	F000309	<p>What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice:</p> <ul style="list-style-type: none"> · Resident E's Coumadin was transcribed onto the Medication Administration Record on 8-5-14. Resident E has received Coumadin Therapy since that date. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken: · Any residents that are receiving Coumadin have the potential to be impacted. · All licensed staff will be in-serviced on Coumadin administration by 	08/25/2014			

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	<p>Resident #E's clinical record was reviewed on 8/14/14 at 11:30 a.m. Diagnoses included, but were not limited to, atrial fibrillation (abnormal heartbeat), hypertension (high blood pressure), and congestive heart failure (condition where the heart cannot pump enough blood to the rest of the body).</p> <p>Physician orders dated 7/26/14, indicated Resident #E should receive Coumadin 4 milligrams (mg) by mouth Monday, Wednesday, and Fridays. Resident #E then should receive 6 mg of Coumadin on Tuesday, Thursday, Saturday, and Sunday for her diagnosis of atrial fibrillation.</p> <p>Progress notes dated 7/29/14, indicated Resident #E had a chronic problem with atrial fibrillation that was well controlled. The progress note continued to indicate, "... cont [continue] Coumadin, ... Coumadin clinic to manage"</p> <p>No orders for Coumadin were found on the rewrite physician orders for August 2014.</p> <p>No orders were found prior to August 2014 to discontinue Coumadin.</p> <p>The medication administration record (MAR) for August 2014, had no</p>		<p>Director of Nursing or Designee by 8-20-14. All residents with Coumadin were audited by nurse managers and compared Physician Orders to Medication Administration Record to ensure proper Coumadin was transcribed correctly. All nurse managers will be in-serviced on re-write process and physician order month to month reconciliation by the Director of Nursing by 8-20-14. Interdisciplinary team will review during daily Monday-Friday AM meeting and the Weekend Supervisor will review Saturday and Sunday the resident physician orders and update Care Plans and Resident Care Sheets. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: All nurse managers will be in-serviced on re-write process and physician order month to month reconciliation by the Director of Nursing by 8-20-14. All re-writes will be signed off on by 2 Nurse Manager to ensure accuracy and proper transcription. All residents receiving Coumadin will be audited daily by the Assistant Director of Nursing or Designee. Interdisciplinary team will review during daily Monday-Friday AM meeting and the Weekend Supervisor will review Saturday and Sunday the resident physician orders and</p>		

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	<p>indication Coumadin was administered August 1, 2, 3, and 4, 2014.</p> <p>Medication/Treatment Error form was provided by the Director of Nursing (DoN) on 8/14/14 at 1:35 p.m. The Medication/Treatment Error form indicated, "... type of medication/treatment error: Transcription error ... Description of error: ... orders not transcribed correctly during re-writes Effect of error on resident: INR [international normalized ratio] 1.2 8/5 [8/5/2014]..."</p> <p>Lab results dated 8/5/14 at 6:03 a.m., indicated Resident #E's PT/INR (Prothrombin time and International Normalized Ratio) (blood test to determine the time it takes for blood to clot) was 1.2. Lab results dated 7/29/14 at 9:45 a.m., indicated Resident #E's PT/INR was 2.5. These lab results indicated, there was a drop in Resident #E's PT/INR, when she did not receive her ordered Coumadin.</p> <p>On 8/14/14 at 1:20 p.m., the DoN indicated, Resident #E did not receive Coumadin August 1, 2, 3, nor 4, 2014. The Coumadin order was not copied over to the August rewrites and did not make it on to the August MAR. The facility realized the Coumadin doses had been</p>		<p>update Care Plans and Resident Care Sheets. · Lab provider will call all results for an MDRO just as they would for a critical lab result. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie what quality assurance program will be put into place: · A Coumadin Therapy CQI Tool will be completed as a monitoring tool. This tool will be completed weekly x4, monthly x2, then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If a threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed. The CQI tool will be overseen by the Director of Nursing, Medical Director, and its members.</p>				

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F000441 SS=D	<p>missed, when Resident #E's PT/INR had been resulted and there was no Coumadin order on the MAR. The facility immediately corrected the Coumadin order and did an investigation of the event.</p> <p>"Coumadin and You" (2013) was retrieved on 8/15/14 from the Coumadin website (www.coumadin.com). The website indicated, "Important Safety Information ... Take COUMADIN exactly as prescribed by your doctor. Don't stop taking COUMADIN without talking to your doctor as your risk of stroke may increase...."</p> <p>This Federal tag relates to Compliant IN00154213.</p> <p>3.1-37(a)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection</p>						

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	<p>Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to isolate a resident having Extended Spectrum Beta Lactamases (ESBL), an organism found to be resistant to multiple antibiotics, to prevent the spread of the infection. (Resident #G)</p> <p>Findings include:</p> <p>During an initial tour of the facility on</p>	F000441	<p>What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice:</p> <p>Resident G no longer resides in the facility.</p> <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken:</p>	08/25/2014

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	<p>8/14/14 at 10:15 a.m., the room of Resident #G lacked an alert sign on the door and isolation protective equipment was not located in or near the room.</p> <p>The clinical record of Resident #G was reviewed on 8/14/14 at 11:51 a.m. Resident #G was admitted to the facility on 7/30/14. Diagnoses included, but were not limited to, repair of fracture in left hip, chronic obstructive pulmonary disease (COPD), congestive heart failure, atrial fibrillation (an irregular heart beat), hypertension (high blood pressure), ESBL Escherichia coli (e-coli) of the urine, and a history of bladder cancer.</p> <p>During a review of the hospital Discharge Summary signed and dated 7/30/14, ESBL bacteria infection was listed as a problem experienced in the hospital. "Pt [patient] has completed a course of treatment, will monitor for recurrence of symptoms." The discharge summary indicated Resident #G was incontinent of bladder (inability to control urine).</p> <p>A nursing progress note dated 8/1/14 at 4:30 a.m., indicated the left hip dressing, bed, gown, and pad were saturated with drainage and urine and were all changed. The progress note lacked indication of special precautions utilized during the cleaning and changing of the resident and</p>		<ul style="list-style-type: none"> · Any residents that have a history of ESBL have the potential to be impacted. · All clinical records were reviewed to identify residents with a ESBL or history of a ESBL · All residents with a history of a ESBL were reviewed to ensure that proper precautions are in place · All new admission and readmissions will be reviewed by the licensed nurse at the time of admission to determine if transmission based precautions are required · All staff were in serviced by the DNS by 8/19/14 on transmission based precautions policy, ESBL, and admission and readmission review for isolation needs. · Lab provider will call all results for an ESBL just as they would for a critical lab result. <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff were in serviced by the DNS by 8/19/14 on transmission based precautions policy, ESBL, and admission and readmission review for isolation needs. · All physician orders, facility activity report, and labs will be reviewed daily by the IDT team or manager to identify resident exhibiting signs and symptoms of 	

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	<p>the bed.</p> <p>A care plan dated 8/4/14, indicated Resident #G had episodes of urinary incontinence related to history of bladder cancer and urinary retention. Interventions included observing for signs of urinary tract infection (UTI) and providing incontinence care as needed. The care plan lacked indication of the recent UTI experienced in the hospital.</p> <p>On 8/5/14, the resident was seen for a scheduled follow up appointment. During a review of "Patient Visit Instructions" dated 8/5/14, the reason for the visit included dysuria (painful urination). The section titled "Orders" included an order for urinalysis and urine culture.</p> <p>A telephone physician's order dated 8/7/14, 2 days after the follow up visit, included an order to obtain urinalysis with culture and sensitivity. An Infection Control Individual Report dated 8/7/14, indicated Resident #G was experiencing pain, frequency or urgency and had a change in character (visual or smell) of the urine. Precautions utilized included standard precautions.</p> <p>A telephone physician's order dated 8/8/14, 3 days after the follow up visit,</p>		<p>infection to determine the need for proper transmission based precautions.</p> <ul style="list-style-type: none"> All new admission and readmissions will be reviewed by the licensed nurse and the IDT team to determine if transmission based precautions are required. License nurse/IDT team will review all discharge summary, history and physical, and hospital labs for the presence of an ESBL infection. Proper transmission based precautions will be implemented as needed. <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie what quality assurance program will be put into place:</p> <ul style="list-style-type: none"> An Infection Control CQI Tool will be completed as a monitoring tool. This tool will be completed weekly x4, monthly x2, then on a quarterly basis until continued compliance is maintained for 2 consecutive quarters by the Director of Nursing Services or designee. If a threshold of 95% is not met, the results will be reviewed by the CQI committee and an action plan will be developed. The CQI tool will be overseen by the Director of Nursing, Medical Director, and its members. 	

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	<p>included an order to in and out catheterize the resident, as the resident was experiencing dysuria and was unable to void (pass urine). A physician's order dated 8/8/14, indicated a Foley catheter (a tube used to continuously drain the bladder of urine) was to be inserted. A review of the Medication Record indicated the in and out catheterization occurred at 8:15 a.m., and the Foley catheter was anchored at 1:00 p.m. The documentation lacked a description of the urine including amount obtained, color, clarity, and the presence or absence of odor, as well as documentation regarding how the resident tolerated the procedure.</p> <p>A review of the urine culture report dated 8/10/14, indicated the urine specimen was obtained on 8/8/14. The results of the culture indicated the organism isolated in the urine was Escherichia coli ESBL. A physician's telephone order dated 8/10/14, indicated the resident was started on Macrobid (a type of antibiotic used to treat UTI) 100 mg (milligrams) twice a day for 7 days.</p> <p>The Infection Control Individual Report dated 8/10/14, indicated the resident had been seen by the physician who diagnosed an infection and staff was utilizing standard precautions.</p>			

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	<p>A review of a report for another urine culture obtained on 8/11/14, indicated the organism isolated in the urine was Escherichia coli ESBL. On 8/12/14 the antibiotic order was changed to Augmentin 875 mg twice a day for 7 days for UTI.</p> <p>During an interview with the Director of Nursing (DoN) on 8/15/14 at 11:05 a.m., the DoN indicated the facility utilized contact precautions when signs and symptoms were noted of a possible infection requiring isolation or precautions. The DoN indicated the facility utilized isolation for ESBL infections. When asked about Resident #G, the DoN indicated the resident had not been in isolation or utilized contact precautions since admission.</p> <p>During an interview with Certified Nursing Assistant (CNA) #1 on 8/15/14 at 1:00 p.m., the CNA indicated gloves and handwashing were utilized when emptying the catheter of Resident #G. CNA #1 indicated no other precautions or personal protective equipment (PPE), including gowns, were utilized.</p> <p>On 8/14/14 at 2:30 p.m., the DoN provided the Transmission-Based Precaution Guidelines dated April 2014, and indicated the policy was the one</p>			

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	<p>currently utilized by the facility. On page 3 in the section titled, "...Contact Precaution: Use for resident(s) with known or suspected infection(s) or evidence of symptom(s) related to infection(s) that have not been confirmed but may be associated with the spread of infection(s)...Post a 'Please See Nurse' sign on the door frame...Personal Protective Equipment (PPE) must be placed in a 3 drawer contained unit. The unit should be placed inside the resident's room...Put on gown upon entry to room...."</p> <p>On 8/15/14 at 1:00 p.m., the DoN provided the Multiple Drug Resistant Organisms (MDRO) policy dated May 2014, and indicated the policy was the one currently used by the facility. In the section Definitions, "...MDROs - are defined as microorganisms, predominately bacteria, that are resistant to one or more classes of antimicrobial agents...Certain gram-negative bacilli are resistant to multiple classes's of antimicrobial agents; this included Escherichia coli, Klebsiella pneumonia, and strains of Acinetobacter baumannii...."</p> <p>3.1-18(j)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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