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 05/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RITTENHOUSE SENIOR LIVING OF VALPARAISO	1300 VALE PARK RD VALPARAISO, IN 46383

(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
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey date: May 18 & 19, 2016 Facility number: 012181 Provider number: 012181 AIM number: N/A Census bed type: Residential: 93 Total: 93 Sample: 7 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5. Quality review completed by 32883 on 5/20/16.	R 0000		
R 0241 Bldg. 00	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows:			

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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	(1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure treatments were provided as ordered related to skin tears for 1 of 7 records reviewed. (Resident #7) Finding includes: The record for Resident #7 was reviewed on 5/19/16 at 9:43 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, arthritis, and left hip joint replacement. An entry in the Nursing Progress notes dated 4/23/16 at 9:00 a.m., indicated the resident had fallen. The fall resulted in a four inch skin tear on the left elbow, a two inch skin tear on the left hand, a half inch skin tear on the right thumb, and a half inch skin tear on the left leg. 911 was called and pressure was applied to stop the bleeding. A Physician's order dated 4/23/16, indicated orders for clean wound daily with soap and water. Change dressing, apply bacitracin and bandage, start 4/24/16. The order did not specify what wounds were to be treated.	R 0241	R241 1. What corrective actions will be accomplished for those residents found to have been affected by deficient practice? ·All areas to resident #7 are healed. Treatments to areas discontinued 2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? ·DON or designee will do 100% audit of all medical records to review MARs(Medication Administration Records) and TARs(Treatment Administration Records) for accuracy and to ensure that all orders are written accurately and that all orders are correctly transcribed onto appropriate MAR or TAR. ·Any order found to not be written correctly or transcribed correctly to the appropriate MAR or TAR will be corrected. 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? ·DON or designee will inservice all nurses regarding writing orders according to professional standards of practice ·DON or designee will inservice nurses on correctly transcribing orders to the MARs and TARS	06/03/2016

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	The April 2016 Treatment Administration Record (TAR), indicated the treatment was signed off as being completed 4/27/16-4/30/16. There was no documentation on the May 2016 TAR of the treatment being completed. A Physician's order dated 5/5/16, indicated the resident's left hand was to be cleansed twice a day with soap and water. Bacitracin and a telfa dressing were to be applied until the area was healed. There was no order related to the skin tears to the left elbow, right thumb, and left leg. There was no documentation in the Nursing Progress notes to indicate if the areas had healed. Interview with the Director of Nursing on 5/19/16 at 12:50 p.m., indicated the treatment order dated 4/23/16 did not specify which areas were to receive wound care. She also indicated the treatment was signed off for only 3 days. Continued interview at the time, indicated the treatment order obtained on 5/5/16 only addressed the resident's left hand.		4. How the corrective actions will be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place ·DON or designee will audit all MD orders daily x 30 days for compliance(assuring that orders are written and transcribed correctly), if 100% compliance audits will be changed to weekly x 4, if 100% compliance audits will be changed to 5 random charts monthly x 2. All charts will continued to be audited monthly when checking medication sheets for the next month. ·Executive Director will monitor all audits for compliance 5. By what date the systemic changed will be completed? June 3, 2016.	