STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155508	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSCENDENT HEALTHCARE OF BOONVILLE LLC	725 S SECOND ST BOONVILLE, IN 47601

(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
F0000	This visit was for the Investigation of Complaint IN00115733. Complaint IN00115733 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F431. Unrelated deficiency is cited. Survey dates: September 5, 6, 7, 2012 Facility number: 000451 Provider number: 155508 AIM number: 100266240 Survey team: Anne Marie Crays RN TC (September 6, 7, 2012) Vickie Ellis RN (September 5, 2012) Census bed type: SNF: 5 SNF/NF: 58 Total: 63 Census payor type: Medicare: 14 Medicaid: 33 Other: 16 Total: 63 Sample: 19	F0000		

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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	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 9/12/12 by Jennie Bartelt, RN.			

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F0282 SS=D	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 observation, interview, and record review, the facility failed to ensure the care plan and physician's order were followed for medication administration for 1 of 5 residents sampled related to physician orders and care plans, in a sample of 19. Resident D Findings include: 1. On 9/5/12 at 4:15 P.M., QMA # 1 was observed to administer Resident D Lortab 5/500 mg [a pain medication]. The clinical record of Resident D was reviewed on 9/5/12 at 5:00 P.M. A Physician's order, dated 8/30/12 and on the current September 2012 orders, indicated, "Lortab 5, Take 1 tablet by mouth at bedtime for chronic pain." The time indicated the medication was to be given was "2000" [8:00 P.M.]. The Medication Administration Record also indicated the medication was to be given at 8:00 P.M. The clinical record of Resident D was reviewed again on 9/7/12 at 9:50 A.M. A	F0282	Boonville POC By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective September 28, 2012 to the complaint survey conducted on September 5 through September 7, 2012. **F282 It is the practice of Transcendent Healthcare of Boonville to always assure that medication administration is always completed in accordance with the physician's orders.** ***The correction action taken for those residents found to be affected by the deficient practice include:*** Resident #D is receiving the order for Lortab in accordance with the physician's order. ***Other residents that have the potential to be affected have been identified by:*** The systems that have been reinforced are to assure that all residents receive their medication	09/28/2012

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	care plan, initially dated 3/15/12 and updated 6/18/12, indicated: "Problem, Potential for pain related to: routine pain medication, Complaints of pain. Interventions:...Administer routine pain medications as ordered...." On 9/7/12 at 11:05 A.M., during interview with the Director of Nursing, she indicated QMA # 1 was a fairly new employee, and did not usually work that unit. 2. On 9/7/12 at 11:50 A.M., the Administrator provided the current facility policy on "Actual Medication Administration," undated. The policy included: " 2. Administer the medication in accordance with the physician's order...." This federal tag relates to Complaint IN00115733. 3.1-35(g)(2)		in accordance with the physician's orders. We have reviewed ALL residents Medication Administration Records as well as observed medications passes to ensure ALL residents are receiving their medications per physician order at the designated times.***The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:*** The facility has in-serviced all nurses and QMAs related to medication administration. The in-service includes assuring that medication is administered in accordance with the scheduled times as ordered by the physician. ***The corrective action taken to monitor performance to assure compliance through quality assurance is:*** A Performance Improvement Tool has been initiated that randomly reviews 5 nurses or QMAs during medication pass to assure that the medications are being administered in accordance with the physician's orders. The Director of nursing, or designee, will complete this tool weekly x3, monthly x3, and quarterly x3. Any issues identified will be immediately corrected and if needed additional training will occur. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations for new interventions as needed based on	

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			the outcomes of the tools. ***The date the systemic changes will be completed:*** 9-28-12	

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F0431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. Based on observation and interview, the facility failed to ensure a medication cart was locked while unattended for 1 of 3 units with observations of medication	F0431	Boonville POC By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to	09/28/2012

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	passes. The deficient practice had the potential to affect 13 of 13 residents who resided on the East unit, and whose medications were stored in this cart. (East Unit) Findings include: On 9/5/12 at 4:10 P.M., a medication cart was observed in the East hallway. The cart was observed to be unattended by staff in the middle of the hall between rooms. The cart was observed to be unlocked. On 9/5/12 at 4:47 P.M., the medication cart was observed to be left unlocked in the East hallway, unattended by staff. QMA #1, who had been passing medications, was observed in a resident's room. During interview with the Administrator on 9/7/12 at 11:05 A.M., he indicated the medication cart should have been locked while unattended. The Director of Nursing indicated at that time that QMA #1 did not usually work the East unit. This federal tag relates to Complaint IN00115733. 3.1-25(m)		contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective September 28, 2012 to the complaint survey conducted on September 5 through September 7, 2012. **F431** **It is the practice of Transcendent Healthcare of Boonville to assure that medications and other biological are stored and/or locked appropriately.** ***The correction action taken for those residents found to be affected by the deficient practice include:*** There are no specific residents identified in the 2567. The East Unit Medication Cart is locked when unattended in accordance with the facility policy. ***Other residents that have the potential to be affected have been identified by:*** All residents could potentially be affected. All medications carts throughout the building are kept locked when	

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			unattended in accordance with the facility policy. ***The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:*** All nurses and QMAs have been in-serviced related to assuring that the medication carts are kept locked if unattended. The facility believes that are current system is appropriate and will reinforce the system with the in-service and appropriate monitoring. ***The corrective action taken to monitor performance to assure compliance through quality assurance is:*** A Performance Improvement Tool has been initiated that randomly observes medication pass for 5 nurses or QMAs to assure that they are properly locking the medication cart in accordance with the facility policy. The Director of Nursing, or designee, will complete this tool weekly x3, monthly x3, and quarterly x3. Any issues	

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			identified will be immediately corrected and additional training will occur. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations for new interventions as needed based on the outcome of the PI tools. ***The date the systemic changes will be completed:*** 9-28-12	

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F0441 SS=D	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. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, record review, and interview, the facility failed to ensure	F0441	Boonville POC By submitting the enclosed material we are not	09/28/2012

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	isolation precautions and hand washing were observed during a medication pass, for 3 of 3 residents reviewed during a single medication pass, in a sample of 19. Residents D, F, and G Findings include: 1. On 9/5/12 at 3:30 P.M., during the initial tour, the MDS [Minimum Data Set] Coordinator indicated Resident D was in isolation due to a "parasite in the colon which was very contagious, and water-borne." On 9/5/12 at 4:15 P.M., during observation of a medication pass, QMA # 1 was observed to enter Resident D's room and administer Resident D medication. QMA # 1 did not wear gloves, and did not wash her hands after administering the medication. QMA # 1 was observed to then administer medications to Resident F and Resident G, without washing her hands. On 9/7/12 at 11:05 A.M., during interview with the Administrator and Director of Nursing [DON], the DON indicated Resident D was on contact isolation precautions, and staff were to wear gowns and gloves when providing care to Resident D. The Administrator and DON indicated QMA # 1 should have		admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective September 28, 2012 to the complaint survey conducted on September 5 through September 7, 2012.**F441 It is the practice of Transcendent Healthcare of Boonville to assure measures are in place to prevent the spread of infection.** ***The correction action taken for those residents found to be affected by the deficient practice include:*** Resident #D, #F, and #G are receiving services including medication pass that prevent the spread of infection. ***Other residents that have the potential to be affected have been identified by:*** Potentially the practice could affect all residents. The facility has reinforced the current policy related to hand washing and precautions. Therefore, all residents will be receiving services including medication pass in a manner that prevents the spread of infection. ***The measures or systematic changes that have been put into place to ensure that the deficient practice does not***	

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	worn a gown and gloves, and washed her hands. 2. On 9/7/12 at 11:50 A.M., the Administrator provided the current facility policy on "Infection Control," undated. The policy included: "...Breaking the chain of infection controls the spread of infection. To prevent the spread of infection at work: a. Use good hand washing techniques. Hand washing is the best way to prevent the spread of infection...Isolation (Transmission Based) precautions may be ordered to prevent the transmission of pathogens...Contact precautions - pathogens are transmitted by direct contact (skin to skin) with the resident or indirect contact with surfaces or care items in the resident's environment...." 3.1-18(j) 3.1-18(l)		***recur include:*** All nursing staff has been in-serviced related to infection control procedures. This includes hand washing and following proper precautions if a resident in known to have an infection to assist with preventing the spread of the infection. ***The corrective action taken to monitor performance to assure compliance through quality assurance is:*** A Performance Improvement Tool has been initiated that randomly reviews 5 nurses or QMAs during medication pass to assure that proper infection control is in place in accordance to the facility policy. The Director of Nursing, or designee, will complete this tool weekly x3, monthly x3, and quarterly x3. Any issues identified will be immediately corrected and additional training will occur as needed. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations for new interventions as needed based on the outcome of the tools. ***The date the systemic changes will be completed:*** 9-28-12	