

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155255	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/25/2015
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NAME OF PROVIDER OR SUPPLIER WOODVIEW A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3420 EAST STATE BLVD FORT WAYNE, IN 46805
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00179824.</p> <p>Complaint IN00179824 - Substantiated. Deficiency related to the allegations is cited at F 282</p> <p>Survey dates: August 24, and 25, 2015</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census bed type: SNF: 18 NF: 61 NCC: 3 Total: 82</p> <p>Census payor type: Medicare: 3 Medicaid: 43 Other: 36 Total: 82</p> <p>Sample: 11</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	This plan of correction is to serve as Woodview A Waters Community's allegation of compliance Woodview A Waters Community is respectfully requesting a paper compliance	
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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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F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow physician orders for medication administration for 2 of 3 residents reviewed for following physician orders in a sample of 11. (Resident #P, and Resident #Q)</p> <p>Findings include:</p> <p>1. Resident #P's record was reviewed on 8-24-2015 at 3:15 PM. Resident #P's diagnose's included, but were not limited to, diabetes, high blood pressure, and high cholesterol.</p> <p>A physician's order dated 4-21-2015 indicated to give Resident #P Humalog insulin coverage as follows: For a blood sugar of 150-199, give 2 units; 200-250, give 4 units; 251-300,</p>	F 0282	<p>F-282</p> <p>It is the policy of the facility to follow physician orders as related to administration of medication. Residents P and Q were discharged from our facility</p> <p>Any resident who resides in the facility and receives medications including treatment medications has the potential to be affected by this finding. A facility wide audit was completed to ensure that all ordered medications are accurate and on the MARS/TARS clearly and orderly so as to make ordered</p>	09/28/2015

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	<p>give 8 units; 301-350, give 12 units; 351-400, give 16 units.</p> <p>A review of Resident #P's Medication Administration Record (MAR) dated June 2015 indicated Resident #P received the following insulin coverage at 7:30 AM: 4th blood sugar was 163- no insulin was documented as given, coverage should have been 2 units; 10th blood sugar was 185-no insulin coverage was documented as given, coverage should have been 2 units; 25th blood sugar was 344- 16 units was documented as given, coverage should have been 12 units; 27th blood sugar was 162- no insulin was documented as given, coverage should have been 2 units; 29th blood sugar was 173- no insulin was documented as given, coverage should have been 2 units.</p> <p>2. Resident #Q's record was reviewed on 8-24-2015 at 4:39 PM. Resident #Q's diagnose's included, but were not limited to, high blood pressure, diabetes, and asthma.</p> <p>A physician's order dated 7-15-15 indicated Resident #Q was to receive a treatment to the left fourth toe of: cleanse abrasion to left fourth toe with soap and</p>		<p>administration and required documentation easy to visualize and to read. Going forward, the DON/Designee will monitor the MARS/TARS of 25 residents weekly to ensure that they are accurate and contain no "holes" in the documentation. Further, any discrepancies or omissions (holes) in the MAR or TAR documentation will be addressed as found. This monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. Afterwards, 5 charts (MARS/TARS) will continue to be reviewed weekly for a period of not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur as part of the ongoing QA program.</p> <p>At an inservice held for the nurses on 9/4/2015, the following was reviewed:</p> <p>a.</p> <p>Medication Administration-Pol</p>	

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	<p>water, apply Bacitracin (an antibiotic ointment) and dry dressing daily and PRN (as necessary)</p> <p>A review of Resident #Q's Treatment Record (TAR) dated July 2015 indicated a blank space on July 15th, but no initials, or further documentation to indicate the treatment had been completed.</p> <p>A review of Resident #Q's TAR for treatments not completed the month of July 2015 did not indicate the treatment had been addressed.</p> <p>A review of physician's orders did not indicate the treatment had been discontinued until 7-27-2015.</p> <p>In an interview on 8-25-2015 at 10:02 AM, LPN #1 indicated the treatment would have been initialed on the TAR if completed.</p> <p>In an interview on 8-25-2015 at 11:07 AM, the Director of Nursing indicated "physicians orders should be followed".</p> <p>This Federal Tag is related to Complaint IN00179824.</p> <p>3.1-35(g)(2)</p>		<p>icy & Procedure</p> <p>b.</p> <p>Medication Errors</p> <p>c.</p> <p>Documentation Requirements (MARS/TARS)</p> <p>Any staff who fail to comply with the points of the inservice will be further educated and/or progressively disciplined as necessary.</p> <p>At the monthly Quality Assurance meetings, the results of the MAR/TAR monitoring will be reviewed. Any patterns will be identified, however, any concerns will have been addressed as found. If necessary, an Action Plan will be written by the QA committee to address any patterns. This plan will be monitored weekly by the Administrator until resolution.</p>	

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

PRINTED: 09/08/2015
FORM APPROVED
OMB NO. 0938-0391

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