

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155660	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/05/2013
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NAME OF PROVIDER OR SUPPLIER  PULASKI HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 624 E 13TH ST WINAMAC, IN 46996
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 30 and 31, 2013 and August 1,2, and 5, 2013</p> <p>Facility number: 000553 Provider number: 155660 AIM number: 100267430</p> <p>Survey team: Regina Sanders, RN, TC (July 30 and 31, 2013 and August 1 and 5, 2013) Jennifer Redlin, RN Caitlyn Doyle, RN Heather Hite, RN</p> <p>Census bed type: SNF: 04 SNF/NF: 41 Total: 45</p> <p>Census Payor type: Medicare: 05 Medicaid: 24 Other: 16 Total: 4</p> <p>There deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August</p>	F000000		
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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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	6, 2013, by Janelyn Kulik, RN.				

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F000282 SS=D	<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 record review and interview, the facility failed to ensure the resident's care plan was followed, related to antipsychotic and antianxiety medication gradual dose reductions (GDR) for 1 of 5 residents reviewed for unnecessary medications. (Resident #47)</p> <p>Findings include:</p> <p>The record for Resident #47 was reviewed on 07/31/13 at 12:56 p.m. The resident's diagnoses included, but were not limited to, delusional paranoid disorder, psychosis, and dementia.</p> <p>Review of the Physician's Recapitulation Orders dated 7/2013, indicated an order for buspirone (an antianxiety medication) 2.5 milligrams (mg) twice daily and olanzapine (antipsychotic medications), both originally ordered on 6/12/12.</p> <p>Review of the Medication Administration Records (MAR) for the months of 6/2013 and 7/2013,</p>	F000282	<p>Pulaski Health Care Center respectfully requests a paper compliance for Survey Event ID JS1511. Pulaski Health Care Center respectfully requests a paper compliance for F-0282. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident #47's Care Plan for Anti-psychotic and anti-anxiety medications was reviewed and updated on August 1, 2013 due to a GDR medication change. Social Service Director is monitoring for any adverse reactions, side affects and behaviors since the reduction. Resident #47 has not had any adverse reactions due to the discontinuation of Buspirone. Other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All care plans involving residents who are on anti-psychotic, sedative/hypnotic, psycho-pharmacologic medications, and those who are on Behavioral management Programs will be reviewed and revised; as necessary to include:</p> <p>1. Appropriate medication goals</p>	09/04/2013	

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	<p>indicated the resident received the buspirone medication 2.5 mg twice daily and the olanzapine medication 2.5 mg daily.</p> <p>Review of the Social Service notes, dated 6/22/12, indicated a letter was sent to the Physician on 6/22/12 requesting a review of the resident's current psychotropic medications.</p> <p>Review of Physician's response on 6/22/12, indicated the Physician had reviewed the resident's medications and would like to continue the same orders. The response was signed by the Physician on 6/22/12.</p> <p>There was a lack of documentation to indicate a GDR had been attempted or denied from the Physician since the 06/22/12.</p> <p>Review of the current plan of care updated on 5/2013 indicated the resident had the diagnosis vascular dementia, psychosis with paranoia ideation, and received antipsychotic medications. The Nursing interventions included attempt to reduce or discontinue the medication per PHCC (Name of the Facility) policy.</p> <p>A facility policy, dated 9/2007, titled,</p>		<p>and parameters for monitoring the resident's condition (including the likely effects and potential adverse consequences), if receiving medications(s). 2. Who will be responsible for tracking the progress towards the therapeutic goal(s). 3. Establish parameters for evaluating the ongoing need for the medications(s), if applies; and verifying the underlying diagnoses or other underlying causes of signs and symptoms. Measures and systemic changes to be made to ensure that the deficient practice does not recur;</p> <p>Specifics of Behavioral Management Program will be outcome goal specific to the resident. New Forms are developed to ensure compliance with the Gradual Dose Reduction and Care Plan Monitoring. See attached documents: 1) GDR Tracking Log/Flow sheet 2) Quality Assurance form for GDR Reviews &amp; Care Plan Monitoring of the residents on above indicated medication(s). How the corrective action will be monitored: The above changes will be reviewed and adjusted; as needed or with (Quarterly, Annual, and Significant Change in Condition MDS Assessment.) &amp; in Quality Assurance Meetings x's (6) months and monitored periodically thereafter. The Social Service Director will complete the check list and it will be reviewed weekly at the Risk Management meeting. The</p>				

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	<p>"Psychotropic Medication Policy and Procedure," received as current from the Social Services Director, indicated, "...within the first year a resident is admitted on an antipsychotic or initiated on an antipsychotic used to manage behavior, stabilize mood or treat a psychiatric disorder, the resident must undergo a gradual dose reduction, in two separate quarters with at least one month between the attempts, unless clinically contraindicated..."</p> <p>The policy indicated the same procedure should be followed for anxiolytic medications.</p> <p>Interview with the Social Services Director on 7/31/13 at 1:30 p.m. indicated she had discussed the buspirone and olanzapine medications with the Pharmacist in April 2013 and had recently sent a fax to the Physician but had not received a response back. She indicated no further attempts to contact the Physician or reduce the buspirone and olanzapine medications had been made. She indicated the resident had no documented behaviors recently and she would contact the Physician again regarding a GDR attempt.</p> <p>Interview with the Social Services Director on 8/5/13 at 11:40 a.m.</p>		<p>Administrator will monitor the completion and accuracy of the new Tracking forms for Gradual Dose Reductions along with updates to the Care Plans and the results will be presented at the Monthly Quality Assurance Meeting. The new process will also be monitored by the Social Service consultant during their consulting sessions every other month. This findings will be reported to the Administrator on the Social Service Consultant QA report. If there are zero negative findings each month x's 6 months at Quality Assurance concerning the new Care Plan process and tracking for Anti-psychotic and sedative hypnotics the monthly monitoring may stop. This process will continue to be reviewed in the weekly Risk meeting on-going. If there are negative findings at the monthly QA meetings concerning process completion, the Monthly QA monitoring will continue for 1 year and then be evaluated on the same criteria as the previous 6 months.</p>		

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	<p>indicated she had faxed a letter to the Physician on 6/22/12 regarding the resident's psychoactive medications. She indicated she received a response back from the Physician on 6/22/12 which indicated the Physician did not want to attempt a GDR at that time. She indicated she faxed a letter to the Physician again on 6/22/13 regarding the resident's psychoactive medications and had not yet received a response back. She indicated she should have followed up with the Physician and faxed the information to the Medical Director as well. She indicated there were no further attempts or refusals of a GDR from 6/22/12 to 6/22/13.</p> <p>Interview with the DoN (Director of Nursing) on 8/5/13 at 11:40 a.m. indicated there was no documentation of an attempted or refused GDR since 6/22/12.</p> <p>3.1-35(g)(2)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free from unnecessary medications, related to gradual dose reductions (GDR) of an antipsychotic and antianxiety medication, for 1 of 5 residents reviewed for unnecessary medications. (Resident #47)</p> <p>Findings include:</p> <p>The record for Resident #47 was reviewed on 07/31/13 at 12:56 p.m.</p>	F000329	<p>Pulaski Health Care Center respectfully requests a paper compliance for F 0329.</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice; August 1, 2013 the Social Service Director faxed the primary doctor for resident #47 requesting a gradual dose reduction of Buspirone 5 mg. tab 1/2 tab by mouth twice daily for psychosis and, a GDR was requested for Olanzapine medication 2.5 mg daily. for delusional paranoid disorder.</p>	09/04/2013			

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	<p>The resident's diagnoses included, but were not limited to, delusional paranoid disorder, psychosis, and dementia.</p> <p>Review of the Physician's Recapitulation Orders dated 7/2013, indicated an order for buspirone (an antianxiety medication) 2.5 milligrams (mg) twice daily and olanzapine (antipsychotic) 2.5 mg daily, both originally ordered on 6/12/12.</p> <p>Review of the Medication Administration Records (MAR) for the months of 6/2013 and 7/2013 indicated the resident received the buspirone medication 2.5 mg twice daily and the olanzapine medication 2.5 mg daily.</p> <p>Review of the Social Service notes, dated 6/22/12, indicated a letter was sent to the Physician on 6/22/12 requesting a review of the resident's current psychotropic medications.</p> <p>Review of Physician's response on 6/22/12 indicated the Physician had reviewed the resident's medications and would like to continue the same orders. The response was signed by the Physician on 6/22/12.</p> <p>Continued record review indicated</p>		<p>August 2, 2013 the primary doctor was re -faxed the above request by the Social Service Director. The primary doctor responded and the Buspinrone was discontinued and, MD will re evaluate the Olanzapine medication in 4 to 6 weeks for a (GDR) evaluation due to the discontinuation of the Buspirone. The Social Service Director will contact the primary physician on August 30, 2013 for follow up on the (GDR) for the Olanzapine medication. Staff will monitor for signs and symptoms of negative affects of the (GDR) of the Buspirone. Currently to date resident #47 has not had any adverse affects from the discontinuation of the Buspirone. The Medical Director was advised of the above. The Medical Director will be notified for advise if resident #47 does not receive proper (GDR) by the primary physician on the Olanzapine medication. Other residents having the potential to be affected by the same deficient practice will be identified and these corrective actions will be taken; Review of all residents currently in the building who are receiving Pharmacological interventions of anti psychotic medications (with or without Dementia dx, sedative/hypnotics, and psycho pharmacological medications (other than anti psychotics and sedative/hypnotics) &amp; review of</p>				

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	<p>documentation of an attempted or refused GDR was lacking since 6/22/12.</p> <p>Review of the behavior detail report, dated 5/2/13 through 7/30/13, indicated the resident had no behaviors or mood related issues.</p> <p>A facility policy, dated 9/2007, titled, "Psychotropic Medication Policy and Procedure," received as current from the Social Services Director, indicated, "...within the first year a resident is admitted on an antipsychotic or initiated on an antipsychotic used to manage behavior, stabilize mood or treat a psychiatric disorder, the resident must undergo a gradual dose reduction, in two separate quarters with at least one month between the attempts, unless clinically contraindicated..." The policy indicated the same procedure should be followed for anxiolytic medications.</p> <p>Interview with the Social Services Director on 7/31/13 at 1:30 p.m. indicated she had discussed the buspirone and olanzapine medications with the Pharmacist in April 2013 and had recently sent a fax to the Physician but had not received a response back. She indicated no</p>		<p>current Behavioral Management Program's to ensure compliance with 1) Identification of problem behavior. 2) Patient assessment. 3) Specific systematic behavioral interventions. 4) Documentation of outcomes for behavioral interventions. 5) Necessary adjustments of program based on observed results. Ensure that the documentation includes the clinical features, frequency, and duration of the targeted behavior, as well as consequences of behavior for other residents. The behavioral note that is entered in the resident's records should review medical, psychiatric, environmental and cognitive antecedents for the behavior.</p> <p>The multidisciplinary assess and intervention must include all involved disciplines (nursing, physicians, activity dept., etc).</p> <p>The evaluation should reflect the severity of symptoms, the nature of the problem, and the type of intervention. The interventions(s) must be communicated to all appropriate staff members, family members. The staff must document the efficacy of the behavioral intervention.</p> <p>Residents who fail specific behavioral interventions must have an alternative plan to deal with the behavior.</p> <p>Measures/systematic changes put into place or changed to ensure that the deficient practice does not recur; Review of facility</p>				

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	<p>further attempts to contact the physician or reduce the buspirone and olanzapine medications had been made. She indicated the resident had no documented behaviors recently and she would contact the Physician again regarding a GDR attempt.</p> <p>Interview with the Social Services Director on 8/5/13 at 11:40 a.m. indicated she had faxed a letter to the Physician on 6/22/12 regarding the resident's psychoactive medications. She indicated she received a response back from the Physician on 6/22/12 which indicated the Physician did not want to attempt a GDR at that time. She indicated she faxed a letter to the Physician again on 6/22/13 regarding the resident's psychoactive medications and had not yet received a response back. She indicated she should have followed up with the Physician and faxed the information to the Medical Director as well. She indicated there were no further attempts or refusals of a GDR from 6/22/12 to 6/22/13.</p> <p>Interview with the DoN (Director of Nursing) on 8/5/13 at 11:40 a.m. indicated there was no documentation of an attempted or refused GDR since 6/22/12.</p>		<p>policy and procedure for Unnecessary Medication &amp; GDR's. Make appropriate updates to the policies &amp; procedures per newly released "Advanced Copy" of F-329. Ensure compliance with GDR attempts and tracking/monitoring of same. Educate physicians, nursing staff, and families; with the assistance of the Medical Director that Pharmacological Interventions are reserved for those individuals who cannot be managed through behavioral interventions. Information will be shared with all current residents receiving above indicated medications(s) and in Resident Council Meeting, POA's and will be included in new admission packet information. Residents that are admitted/readmitted -- staff will review medications to ensure documented condition, confer with resident, family, physician to ensure medication regimen is clinically significant. GDR's will be reviewed and scheduled as per policy and procedure. Behavior Meetings will be held monthly with the Interdisciplinary Team. See attached: 1) GDR Tracking Log/Flow sheet. 2) QA for GDR Reviews and Care Plan Monitoring of the residents on above indicated medications(s). How the corrective action(s) will be monitored to ensure the deficient practice will not recur; On-going monitoring in QA</p>		

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	3.1-48(b)(2)		monthly for 6 months to ensure GDR's are preformed as per policy and procedure behavioral interventions, unless clinically contraindicated, in an effort to discontinue drugs. Each anti psychotic drug therapy has a specific condition as diagnosed and documented. If GDR's are not preformed by the primary physicians per policy and procedure, the Medical Director will be notified for intervention and plan. The Administrator will be responsible to ensure the GDR's are preformed as per policy and procedure by the, the monitoring will continue for another 6 months. On-going monitoring will occur monthly at the monthly Quality Assurance Meeting which would include Pharmacy Consultant input. The Social Service Consultant will monitor GDR's for proper implementation, Care Planning and report findings to the Administrator during their scheduled visits. Any errors found in the GDR process will be immediately corrected.		