

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155206	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2015
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NAME OF PROVIDER OR SUPPLIER BROWNSBURG HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 HORNADAY RD BROWNSBURG, IN 46112
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 20, 21, 22, 23, 24, 27, & 28, 2015</p> <p>Facility number: 000113 Provider number: 155206 AIM number: 100287670</p> <p>Census bed type: SNF: 0 SNF/NF: 94 Total: 94</p> <p>Census payor type: Medicare: 10 Medicaid:49 Other: 35 Total: 94</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1</p>	F 000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Brownsburg Healthcare that the allegations contained in the survey report are accurate or reflect the provision of nursing care and services to the residents of Brownsburg Healthcare</p> <p>This provider respectfully requests that this plan of correction be considered the letter of credible allegation of compliance and requests a desk review in lieu of a post survey revisit on or after May 25, 2015</p>	
F 278 SS=D Bldg. 00	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the</p>			

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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	<p>appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, interview and record review, the facility failed to ensure the dental assessment portion of the Resident Assessment Instrument (RAI) was recorded accurately, for 1 of 3 residents reviewed for dental concerns (Resident #49).</p> <p>Findings include:</p> <p>On 04/23/15 at 2:30 p.m., Resident #49 was observed to have broken and dark colored teeth with a noticeable mouth odor. The resident was unable to complete an interview due to her decline</p>	F 278	<p>Assessment Accuracy/coordination/certified..</p> <p>The assessment must accurately reflect the resident's status and must be signed and certified by a registered nurse for accuracy of the assessment. Resident#49 had a quarterly MDS done on 5/6/15. The dental assessment included checking for presence of mouth odor, cracked and missing teeth and pain status. On the 5/6/15 assessment the resident had no mouth odor, natural teeth present on the bottom, on upper has several missing and broken teeth with black areas on them. The resident continues to refuse</p>	05/25/2015

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F 431 SS=D Bldg. 00	<p>in cognitive status.</p> <p>Resident #49's record was reviewed on 4/23/15 at 2:30 p.m. The Minimum Data Set (MDS) assessment, dated 2/15/18, did not indicate Resident #49 had broken teeth.</p> <p>In an interview on, 4/28/15 at 9:15 a.m., Minimum Data Set Coordinator (MDS) #30 indicated she had not correctly documented Resident #49's dental status on the RAI assessment.</p> <p>On 4/28/15 the Director of Nursing (DON), indicated the facility did not have a policy regarding MDS assessments. She indicated the MDS Coordinators used the RAI as a guideline to complete assessments.</p> <p>3.1-31(c)(9)</p> <p>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.</p>		<p>dental care and denies pain. Facility residents have the potential to be affected by this deficient practice. MDS nurses were in-serviced on 4/30/15 by DNS on RAI assessment guidelines to ensure all assessments are accurate and complete. A 60 day look back audit has been completed on MDS assessments for accuracy by the 2 MDS nurses and DNS/designee. No other incomplete assessments were found. The DNS/designee will validate for accuracy before signing off as completed. All MDS assessments will continue to be monitored by MDS nurses and DNS/designee for completeness and accuracy. Any issues found will be corrected and continuing issues will be submitted to the QA committee monthly for review and follow-up</p>		

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an insulin vial included a date opened and failed to ensure disposal of a discontinued medication for 2 of 40 residents whose medications were stored in 2 of 7 medication carts reviewed for medication storage (Resident #69 and Resident #42).</p> <p>Findings include:</p> <p>1. During an observation of the 500 hall medication cart on 4/28/2015 at 9:55 a.m., with Licensed Practical Nurse</p>	F 431	Drug Records, Label/Store Drugs and Biologicals All drugs and biological used in the facility must be labeled in accordance with currently accepted professional principals Resident#69-the undated insulin was destroyed and replaced with a new vial that was dated when it was opened for use, with the date written on the label Resident#42-opened, dated vial was destroyed Facility residents have the potential to be affected by this deficient practice. A medication cart audit was performed on 4/29/15 on all 9 med carts in the facility and no unlabeled, expired	05/25/2015

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	<p>(LPN) #1 present, an open vial of Lantus (insulin) prescribed for Resident #69 was observed without indication of the date opened on the label.</p> <p>During an interview on 4/28/2015 at 10:00 a.m., the Director of Nursing (DON) indicated nursing staff should have labeled the insulin vial with the date the medication had been opened and should be discarded 28 days after opened..</p> <p>A policy, titled "Insulin," and identified by the DON as current, was reviewed on 4/28/2015 at 11:00 a.m. The policy indicated, "...Insulin is refrigerated until in use. All insulin is discarded after 28 days of opening the vial...opened vials which have been dated and initialed with a date opened sticker can be kept at room temperature or refrigerated for 28 days...all opened insulin vials whether refrigerated or kept at room temperature is to be discarded 28 days after opening...."</p> <p>2. During an observation of the 400 hall medication cart on 4/28/2015 at 10:06 a.m., with Qualified Medication Assistant (QMA) #2 present, an opened container of Haldol (antipsychotic) previously prescribed for Resident #42 was stored in the cart.</p>		<p>or open one time use meds were found. Nursing staff have been in-serviced, starting on 4/30/15 through 5/7/15, on policies for labeling medications, drug destruction and insulin. In-servicing will be provided on an on-going basis with all new hires by DNS/designee. Cart audits are being done daily by DNS/designee for 4 weeks to ensure no undated open meds, one time use open meds or expired meds are on the cart and that they are stored appropriately. This audit will be performed on a random weekly basis after the four weeks for 6 months by DNS/designee to ensure compliance. Any ongoing issues found will be submitted to the QA committee monthly for review and follow-up</p>	

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	<p>During an interview on 4/28/2015 at 10:07 a.m., QMA #2 indicated Resident #42's Haldol was discontinued on 4/21/2015 and the remainder of the medication should have been disposed of by a Registered Nurse.</p> <p>During an interview on 4/28/2015 at 10:13 a.m., the DON indicated discontinued medications that were unable to be returned to the pharmacy should have been disposed by the facility.</p> <p>A policy, titled "Medication Returns, Credits, and Destruction," identified as current by the DON, was reviewed on 4/28/2015 at 11:00 a.m. The policy indicated, " ...When a medication is discontinued, the facility should evaluate medication for return to the pharmacy for credit or destruction and disposal at the facility...opened or excluded products may be destroyed at the facility or may be returned to the pharmacy for destruction according to facility policy and procedure...."</p> <p>3.1-25(k)(6) 3.1-25 (o)</p>			