STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155247	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE HEALTH SERVICES	8549 S MADISON AVE INDIANAPOLIS, IN 46227

(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
F000000	This visit was for the Investigation of Complaints IN00146530 and IN00146705. Complaint IN00146530 - Substantiated. Federal/state deficiencies related to the allegations are cited at F309. Complaint IN00146705 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: April 7 & 8, 2014 Facility number: 000151 Provider number: 155247 AIM number: 100284060 Survey team: Diana Zgonc, RN-TC Census bed type: SNF: 38 SNF/NF: 77 Total: 115 Census payor type: Medicare: 21 Medicaid: 66 Other: 28 Total: 115	F000000	This Plan of Correction constitutes the center's Allegation of Compliance. The following Plan of Correction is not an admission to any of the alleged deficiencies and is submitted at the request of the Indiana Department of Health. Preparation and execution of this response and the Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.	

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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	Sample: 4 This deficiency reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed on April 10, 2014; by Kimberly Perigo, RN.			

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F000309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure medications were administered correctly according to the physician's orders for 1 of 3 resident's reviewed for medication errors in a sample of 4 (Resident #E, RN #1 and RN #2). Findings include: The clinical record for Resident #E was reviewed on 4/7/14 at 3:00 P.M. Diagnoses for Resident #E included, but were not limited to, diabetes, arthritis, ischemic heart disease, hypertension, vascular dementia, anorexia, osteoarthritis, chronic kidney disease, emphysema and macular degeneration. A telephone order dated 1/14/14 indicated to decrease Namenda to 5 milligrams (mg) (medication for the treatment of dementia) by mouth twice a day (BID) secondary to agitation.	F000309	F309 Provide care/services for highest well-being; It is the practice of Manor Care Indy South to provide a resident care/services for the highest well-being possible. What corrective action will take place for those residents found to be affected by the deficient practice? Resident E experienced no adverse effect as a result of the medication error. She was discharged to her assisted living facility and no longer resides in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All current patients' medications were checked against the physician order and no other residents were found to have been affected by a transcription or dosage error. Going forward the ADONs or designee will verify all written orders against the Medication Administration Records (MAR). If completed by a designee, then two nurses will verify and initial the order before placing in ADON mailbox for final verification.	04/22/2014

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	During review; of the "Employee Warning Notices" dated 1/31/14 for RN #1 and 2/31/14 for RN #2; on 4/8/14 at 9:00 A.M., written warnings were given to RN #1 for failing to transcribe the Namenda (dementia) medication change correctly to the medication administration record (MAR). The Namenda was decreased to 5 mg BID from 10 mg BID. It was incorrectly transcribed to the MAR as 50 mg BID. RN #2 was also given a written warning for administering the wrong dose of Namenda (10 times the dose) to Resident #E on 1/14/14. During an interview with the Director of Nursing (DON) on 4/7/14 at 4:20 P.M., she indicated both nurses had been given written warnings and educated regarding the medication error. She also indicated the Nurse Practitioner was in the building at the time and had assessed the resident and found no harm. A current facility policy dated 3/2010 and titled, "Medication Administration: Medication Pass" and provided by the DON indicated, "Purpose: To safely and accurately prepare and administer medication according to physician order and patient needs. ... Procedure: ... 5. If		What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur? All nurses were in-serviced regarding administration of medication and order transcription including clarification of “unusual” orders before administering medication. How will the corrective actions be monitored to ensure they do not occur again? A QAA monitoring tool will be completed by ADONs/designee on all new physician orders. Any transcription or administration errors will be reported immediately to the ADNS and Administrator. This will be completed weekly times four weeks and then monthly times 3 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee weekly. By what date will the changes occur? 4/22/2014	

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	medication is new for patient ... - read the original physician order - compare original physician order with MAR for accuracy ..." This Federal tag relates to Complaint IN00146530. 3.1-37(a)			