STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155198	A. BUILDING 00 B. WING	03/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARQUETTE	8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260

(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 Complaint IN00145137. Complaint: IN00145137 Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282, F333 and F514. Survey dates: March 24 & 27, 2014 Facility Number: 000105 Provider Number: 155198 AIM Number: NA Survey Team: Mary Jane G. Fischer RN Census Bed Type: SNF: 74 Residential: 53 Total: 127 Census Payor Type: Medicare: 19 Other: 108 Total: 127 Sample: 4 These deficiencies reflect state findings cited in accordance with 410	F000000	**Plan ofCorrection – Complaint Survey** **4/2014** **Thecreation and submission of this plan of correction does not constitute anadmission of any conclusion set forth in the statement of deficiencies of anyviolations of regulations. This Plan ofCorrection is offered as our allegation of compliance.**	

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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	IAC 16.2. Quality Review was completed by Tammy Alley RN on March 31, 2014.			

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F000157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on record review and interview the facility failed to ensure a physician was notified timely of a medication error and a change in the resident's condition, in that a licensed	F000157	**The creation and submission of this plan of correction does not constitute an admission of any conclusion set forth in the statement of deficiencies of any violations of regulations**	04/26/2014

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	nurse misinterpreted a physician order in regard to an antibiotic in the treatment of cellulites and inadvertently discontinued the medication. The physician was not notified of the medication error until the resident was discharged from the facility. The resident had a change in condition 4 days after the medication had been discontinued. The physician was not notified for possible intervention. (Resident "A"). Findings include: The record for Resident "A" was reviewed on 03-24-14 at 10:52 a.m. Diagnoses included, but were not limited to, bilateral lower extremity cellulitis, hypertension, chronic obstructive pulmonary disease, and a history of deep vein thrombosis. These diagnoses remained current at the time of the record review. At the time the resident was admitted to the facility on 10-22-13, admission orders included, "Clindamycin [an antibiotic] 300 mg [milligrams] oral capsule 1 cap [capsule] orally every 6 hours - next dose due 10-22-[13] at 4:00 p.m." A review of the resident's plan of care, and identified as "current,"		**F 157 – NOTIFICATION OF CHANGES** **·FAILURE TO REPORT MED ERROR TO MD** **A. Those residents affected by the alleged deficient practice.** 1.TheResident is no longer in the facility **B. How other residents will be identified who have the potential to be affected bythis alleged deficient practice;** 1.Allresidents have the potential to be affected by this alleged deficient practice;audits will be completed on all New Admissions and routine auditing will becompleted to include existing residents **C. What changes/processes will be initiated to ensure the alleged deficient practicewill not recur;** 1.Educationfor all Nurses regarding: ·adhering to Physician Orders ·obtaining Order Clarifications ·MedicationError Policy & Procedure ·MDNotification of Condition Change/Concerns 1.Med Errorreview daily at Clinical Meeting 2.NewAdmission Orders Audit for every New Admission D. **How the community proposes to monitor its performance to make sure the aforementioned solutions are sustained;** 1.Med Error review daily at	

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	indicated "I have cellulitis to my "L" [left] leg. I am at risk for complications." The "Goal" to this "Problem" indicated "I want my leg to heal without complications." "Interventions" included "Treatment as ordered - observe for unresolved/worsening cellulitis and consult MD [Medical Doctor] as indicated." A review of the "Background [including PMHx [past medical history]/ Social Hx/ Surgical Hx," dated 10-23-13 indicated the following: "...bilateral cellulitis, started on IV [intravenous] abx. [antibiotics] and showed good improvement. Now on oral Clinda. [Clindamycin]: states pain, swelling, erythema 75% better. Ext. [extremity] LE [lower extremity] edema, trace left, 1+ rt. [right] mild erythema to midcalf/shin. Rt. > [greater] than Lf. [left]" A physician order dated 10-23-13 instructed the nursing staff to "D/C [discontinue] Clinda. [Clindamycin] s/p [status post] 5 days." A review of the October 2013 Medication Administration Record indicated the Clindamycin was scheduled every 6 hours at 4:00 a.m.,		Clinical Meeting forall Med Errors (See Attachment – Form 1-A) 2.New Admission Orders Audit for every NewAdmission (See Attachment – Form 1-B) 3.Physician Orders Audit will be completed 2xWeekly on 5 Residents for 6 weeks, then 2x Monthly thereafter (See Attachment –Form 1-C) 4.Review of audit results will be conductedduring monthly QAPI meetings to ensure compliance and obtain recommendations. **E. Compliance Date:** April 26, 2014	

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	10:00 a.m., 4:00 p.m., and 10:00 p.m. The record contained a "handwritten" entry dated 10-23-13 and indicated "dc'd 10-23-13." Further review of the record indicated the resident received the antibiotic for 3 of the physician ordered 20 doses on 10-22-13 at 4:00 p.m., and again on 10-23-13 at 4:00 a.m., and 10:00 a.m. A review of the nursing progress notes, dated 10-23-13 at 06:35 p.m. indicated "Abt. [antibiotic] as oreded <sic> for celluitus <sic>. Redness remain <sic> to lower ext. [extremity]." A subsequent notation dated 10-27-13 at 12:28 p.m., indicated "BLE edematous. Left slightly more swollen and tender to touch. No seeping noted. No open areas noted." The record lacked documentation any additional observation's of the resident's lower extremities, with the exception of the above notation. The physician was not notified for possible intervention for the change in condition from first observed on 10-23-13 at 06:35 p.m., until			

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	10-27-13 at 12:28 p.m., when the resident's left leg was slightly more swollen and tender to touch. During an interview on 03-24-14 at 3:00 p.m., the Administrator indicated she was aware the nurse made a medication error and further indicated the licensed nurse was unfamiliar with the way the physician order was written on 10-23-13. A review of a document, provided by the Administrator on 03-24-14 at 3:10 p.m., and dated as "week of November 1, 2013," indicated the following: "Resident met with Administrator and Medical Records staff member to discuss the medical records and issues. Resident asked about the med. [medication] error. Administrator explained that the nurse had misread the order, seeing it to read as a discontinuation order, she did not note that it was to be after the 5 days of medication <sic> were given. Nurse did not acknowledge that s/p meant "after" med. was given." A review of the facility policy on 03-24-14 at 2:45 p.m., titled "Physician Notification Summary -			

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	When to call the Doctor," and dated 05-19-2011, indicated the following: "Medication errors - "Immediate (Call) - Significant error: Resident is symptomatic due to the error. Non-Immediate (Write in M.D. [Medical Doctor]/ N.P. [nurse practitioner] Book" - Non significant medication error: no symptoms." This Federal tag relates to Complaint IN00145137. 3.1-5(a)			

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F000282 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 record review and interview the facility failed to ensure physician orders and plans of care were followed for 2 of 4 sampled resident's. (Residents "A" and "B"). Findings include: 1. The record for Resident "A" was reviewed on 03-24-14 at 10:52 a.m. Diagnoses included, but were not limited to, bilateral lower extremity cellulitis, hypertension, chronic obstructive pulmonary disease, and a history of deep vein thrombosis. These diagnoses remained current at the time of the record review. At the time the resident was admitted to the facility on 10-22-13, admission orders included, "Clindamycin [an antibiotic] 300 mg [milligrams] oral capsule 1 cap [capsule] orally every 6 hours - next dose due 10-22-[13] at 4:00 p.m." A review of the resident's plan of care, and identified as "current," indicated "I have cellulitis to my "L"	F000282	**1.F282 – SERVICES PER CARE PLAN** **·FAILURE TO ADMINISTER MEDICATION AS ORDERED** **A. Those residents affected by the alleged deficient practice.** 1.TheResident is no longer in the facility **B. How other residents will be identified who have potential to be affected bythis alleged deficient practice;** 1.All residents have the potential to be affected by this alleged deficient practice;audits will be completed on all New Admissions and routine auditing will becompleted to include existing residents **C. What changes/processes will be initiated to ensure the alleged deficient practicewill not recur;** 1.Educationfor all Nurses regarding: ·adheringto Physician Orders ·obtainingOrder Clarifications 2. New Admission Orders Audit for every New Admission **D. How thecommunity proposes to monitor its performance to make sure the aforementioned solutions are sustained;** 1.Medication Administration	04/26/2014

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	[left] leg. I am at risk for complications." The "Goal" to this "Problem" indicated "I want my leg to heal without complications." "Interventions" included "Treatment as ordered - observe for unresolved/worsening cellulitis and consult MD [Medical Doctor] as indicated." A review of the "Background [including PMHx [past medical history]/ Social Hx/ Surgical Hx," dated 10-23-13 indicated the following: "...bilateral cellulitis, started on IV [intravenous] abx. [antibiotics] and showed good improvement. Now on oral Clinda. [Clindamycin]: states pain, swelling, erythema 75% better. Ext. [extremity] LE [lower extremity] edema, trace left, 1+ rt. [right] mild erythema to midcalf/shin. Rt. > [greater] than Lf. [left]. Other: Ring like lesions with raised edges: central clearing. Assessment and Plan: 1. Bilateral LE [lower extremity] cellulitis - On Clinda times 5 more days, f/u [follow up] with [name of physician] scheduled, Pod. [podiatry] referral as toes/fungus possible nidus <sic>, start medicated pwd. [powder]" also treat likely ringworm left lower leg." A physician order dated 10-23-13		Review Audit will becompleted 2x Weekly on 5 Residents for 6 weeks, then 2x Monthly thereafter (SeeAttachment – From 2-A) 2.Physician Orders Audit will be completed 2xWeekly on 5 Residents for 6 weeks, then 2x Monthly thereafter 3.Med Error review daily at Clinical Meeting forall Med Errors 4.New Admission Orders Audit for every NewAdmission 5.Review of audit results will be conductedduring monthly QAPI meetings to ensure compliance and obtain recommendations. **1.ComplianceDate:** April 26, 2014	

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	instructed the nursing staff to "D/C [discontinue] Clinda. [Clindamycin] s/p [status post] 5 days." On 10-24-13 the resident received additional physician orders which included and instructed the nursing staff to apply "Clotimazole cream to ring like lesion left anterior leg bid [two times a day]," and "Gold bond medicated pwd [powder] to btw [between] toes bid." A review of the October 2013 Medication Administration Record indicated the Clindamycin was scheduled every 6 hours at 4:00 a.m., 10:00 a.m., 4:00 p.m., and 10:00 p.m. The record indicated a "hand written" entry dated 10-23-13 and indicated "dc'd 10-23-13." Further review of the record indicated the resident received the antibiotic for 3 of the physician ordered 20 doses on 10-22-13 at 4:00 p.m., and again on 10-23-13 at 4:00 a.m., and 10:00 a.m. A review of the nursing progress notes, dated 10-23-13 at 06:35 p.m. indicated "Abt. as oreded <sic> for celluitus <sic>. Redness remain <sic> to lower ext. [extremity]."			

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	A subsequent notation dated 10-27-13 at 12:28 p.m., indicated "BLE edematous. Left slightly more swollen and tender to touch. No seeping noted. No open areas noted." The record lacked documentation of observation of the resident's lower extremities, with the exception of the above notation. During an interview on 03-24-14 at 3:00 p.m., the Administrator indicated she was aware the nurse made a medication error and the nurse was unfamiliar with the way the order was written on 10-23-13. Review of the October 2013 Treatment Administration Record for the resident in regard to the Gold Bond medicated powder between toes twice daily and the Clotimazole cream indicated the items were "not available" from the pharmacy on 10-25-13 at 8:00 a.m. However further review of the record lacked documentation the resident received the treatment to the affected areas on 10-24-13 for day or evening shift, 10-25-13 on day or evening shift, 10-26-13 for day and evening shift, 10-27-13 for both day and evening shift, and 10-28-13 day shift.			

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	A review of a document, provided by the Administrator on 03-24-14 at 3:10 p.m., and dated as "week of November 1, 2013," indicated the following: "Resident met with Administrator and Medical Records staff member to discuss the medical records and issues. Resident asked about the med. [medication] error. Administrator explained that the nurse had misread the order, seeing it to read as a discontinuation order, she did not note that it was to be after the 5 days of medication <sic> were given. Nurse did not acknowledge that s/p meant "after" med. was given." 2. The record for Resident "B" was reviewed on 03-24-14 at 11:30 a.m. Diagnoses included, but were not limited to total hip replacement, hypertension, lumbago, and a history of shingles. These diagnoses remained current at the time of the record review. At the time of admission the resident had physician orders for "Ascorbic Acid (vitamin C) 500 mg one by mouth two times a day times 4 weeks. (Auto DC [discontinue] after dose given 11-01-13)."			

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	A review of the "current" plan of care, indicated "I am at risk of developing pressure ulcers due to impaired bed mobility." "Interventions" to this "Problem" included "adjust diet/supplements as indicated to reduce the risk of skin breakdown." A review of the Medication Administration Record for October 2013 indicated the resident received the medication two times a day with the exception of the p.m. dose on 10-24-13. A review of the November 2013 Medication Administration Record indicated the resident continued to receive the medication on 11-02-13 in the "a.m. and p.m." The record indicated the resident should have received a total number of 42 doses from the date of admission, 10-10-13 thru 11-01-13. However adjacent to the medication was a handwritten notation which indicated on 11-08-13 - "7" doses were returned to the pharmacy. This Federal tag relates to Complaint IN00145137. 3.1-35(g)(2)			

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F000333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. Based on record review and interview the facility failed to ensure a resident received physician ordered medications, in that when a resident was admitted to the facility after a hospitalization for cellulites, the nursing staff failed to clarify a physician order related to antibiotics. The licensed nurse discontinued the medication and the resident received only 3 of the 20 ordered doses of medication. This deficient practice affected 1 of 4 sampled resident's. (Residents "A"). Findings include: 1. The record for Resident "A" was reviewed on 03-24-14 at 10:52 a.m. Diagnoses included, but were not limited to, bilateral lower extremity cellulitis, hypertension, chronic obstructive pulmonary disease, and a history of deep vein thrombosis. These diagnoses remained current at the time of the record review. At the time the resident was admitted to the facility on 10-22-13, admission orders included, "Clindamycin [an antibiotic] 300 mg [milligrams] oral	F000333	**1.F333 – RESIDENT FREE OF SIGNIFICANT MED ERRORS** **·FAILURE TO ADMINISTER MEDICATION AS ORDERED** **1. Those residents affected by the allegeddeficient practice.** 1.The Residents are no longer in the facility **B. Howother residents will be identified who have the potential to be affected bythis alleged deficient practice;** 1.Allresidents have the potential to be affected by this alleged deficient practice;audits will be completed on all New Admissions and routine auditing will becompleted to include existing residents **C. Whatchanges/processes will be initiated to ensure the alleged deficient practice will not recur;** 1.Educationfor all Nurses regarding: ·adheringto Physician Orders ·obtainingOrder Clarifications 1.NewAdmission Orders Audit for every New Admission **D. How thecommunity proposes to monitor its performance to make sure the aforementioned solutions are**	04/26/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/27/2014
NAME OF PROVIDER OR SUPPLIER MARQUETTE		STREET ADDRESS, CITY, STATE, ZIP CODE 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260	

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	capsule 1 cap [capsule] orally every 6 hours - next dose due 10-22-[13] at 4:00 p.m." A review of the resident's plan of care, and identified as "current," indicated "I have cellulitis to my "L" [left] leg. I am at risk for complications." The "Goal" to this "Problem" indicated "I want my leg to heal without complications." "Interventions" included "Treatment as ordered - observe for unresolved/worsening cellulitis and consult MD [Medical Doctor] as indicated." A review of the "Background [including PMHx [past medical history]/ Social Hx/ Surgical Hx," dated 10-23-13 indicated the following: "...bilateral cellulitis, started on IV [intravenous] abx. [antibiotics] and showed good improvement. Now on oral Clinda. [Clindamycin]: states pain, swelling, erythema 75% better. Ext. [extremity] LE [lower extremity] edema, trace left, 1+ rt. [right] mild erythema to midcalf/shin. Rt. > [greater] than Lf. [left]." A physician order dated 10-23-13 instructed the nursing staff to "D/C [discontinue] Clinda. [Clindamycin]		**sustained;** 1.Medication Administration Review Audit will becompleted 2x Weekly on 5 Residents for 6 weeks, then 2x Monthly thereafter 2.Physician Orders Audit will be completed 2xWeekly on 5 Residents for 6 weeks, then 2x Monthly thereafter 3.Med Error review daily at Clinical Meeting forall Med Errors 4.New Admission Orders Audit for every NewAdmission 5.Review of audit results will be conductedduring monthly QAPI meetings to ensure compliance and obtain recommendations. E. **Compliance Date:** April 26, 2014	

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	s/p [status post] 5 days." A review of the October 2013 Medication Administration Record indicated the Clindamycin was scheduled every 6 hours at 4:00 a.m., 10:00 a.m., 4:00 p.m., and 10:00 p.m. The record contained a "handwritten" entry dated 10-23-13 and indicated "dc'd 10-23-13." Further review of the record indicated the resident only received the antibiotic for 3 of the physician ordered doses. These dates and times included 10-22-13 at 4:00 p.m., and again on 10-23-13 at 4:00 a.m., and 10:00 a.m. A review of the nursing progress notes, dated 10-23-13 at 06:35 p.m. indicated "Abt. [antibiotic] as oreded <sic> for celluitus <sic>. Redness remain <sic> to lower ext. [extremity]." A subsequent notation dated 10-27-13 at 12:28 p.m., indicated "BLE edematous. Left slightly more swollen and tender to touch. No seeping noted. No open areas noted." The record lacked documentation any additional observation's of the resident's lower extremities, with the			

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	exception of the above notation. The physician was not notified for possible intervention for the change in condition from first observed on 10-23-13 at 06:35 p.m., until 10-27-13 at 12:28 p.m., when the resident's left leg was slightly more swollen and tender to touch. During an interview on 03-24-14 at 3:00 p.m., the Administrator indicated she was aware the nurse made a medication error and the nurse was unfamiliar with the way the order was written on 10-23-13. A review of a document, provided by the Administrator on 03-24-14 at 3:10 p.m., and dated as "week of November 1, 2013," indicated the following: "Resident met with Administrator and Medical Records staff member to discuss the medical records and issues. Resident asked about the med. [medication] error. Administrator explained that the nurse had misread the order, seeing it to read as a discontinuation order, she did not note that it was to be after the 5 days of mediation <sic> were given. Nurse did not acknowledge that s/p meant "after" med. was given."			

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	This Federal tag relates to Complaint IN00145137. 3.1-25(b)(9) 3.1-48(c)(2)			

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F000514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on record review the facility failed to ensure complete clinical records for 2 of 4 sampled resident's. (Residents "A"and"B"). Findings include: 1. The record for Resident "A" was reviewed on 03-24-14 at 10:52 a.m. Diagnoses included, but were not limited to, bilateral lower extremity cellulitis, hypertension, chronic obstructive pulmonary disease, and a history of deep vein thrombosis. These diagnoses remained current at the time of the record review. At the time the resident was admitted to the facility on 10-22-13, admission orders included, "Clindamycin [an antibiotic] 300 mg [milligrams] oral	F000514	**1.F514 – RESIDENT RECORDS COMPLETE/ACCURATE/ACCESSIBLE** **·FAILURE TO DOCUMENT SKIN ASSESSMENT** **1.Thoseresidents affected by the alleged deficient practice.** 1.TheResident is no longer in the facility **B. Howother residents will be identified who have the potential to be affected bythis alleged deficient practice;** 1.Allresidents have the potential to be affected by this alleged deficient practice;audits will be completed on all New Admissions and routine auditing will becompleted to include existing residents **C. Whatchanges/processes will be initiated to ensure the alleged deficient practicewill**	04/26/2014

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	capsule 1 cap [capsule] orally every 6 hours - next dose due 10-22-[13] at 4:00 p.m." A review of the resident's plan of care, and identified as "current," indicated "I have cellulitis to my "L" [left] leg. I am at risk for complications." The "Goal" to this "Problem" indicated "I want my leg to heal without complications." "Interventions" included "Treatment as ordered - observe for unresolved/worsening cellulitis and consult MD [Medical Doctor] as indicated." A review of the Initial Nursing Assessment, dated 10-22-13 lacked any documentation for the section related to "visual skin assessment to include the "general skin condition and appearance" of the cellulites, ring worm or possible fungal infection. In addition, the "Background [including PMHx [past medical history]/ Social Hx/ Surgical Hx," dated 10-23-13 indicated the following: "...bilateral cellulitis, started on IV [intravenous] abx. [antibiotics] and showed good improvement. Now on oral Clinda. [Clindamycin]: states pain, swelling, erythema 75% better.		**not recur;** 1.Educationfor all Nurses regarding: ·SkinAssessment Protocol, Schedule, Notification ·NursingDocumentation of Concerns/Condition Changes 1.Conditionchange Audit will be completed and reviewed daily by Nursing Management **D. How thecommunity proposes to monitor its performance to make sure the aforementioned solutions are sustained;** 1.Condition change Audit will be completed andreviewed daily by Nursing Management (See Attachment – Form 4-A) 2.Skin Assessment Completion Audit will becompleted 2x Weekly on 5 Residents (including all New Admissions) for 6 weeks,then 2x Monthly thereafter (See Attachment – Form 4-B) 3.Review of audit results will be conductedduring monthly QAPI meetings to ensure compliance and obtain recommendations. E. **Compliance Date:** April 26, 2014	

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	Ext. [extremity] LE [lower extremity] edema, trace left, 1+ rt. [right] mild erythema to midcalf/shin. Rt. > [greater] than Lf. [left]. Other: Ring like lesions with raised edges: central clearing. Assessment and Plan: 1. Bilateral LE [lower extremity] cellulitis - On Clinda times 5 more days, f/u [follow up] with [name of physician] scheduled, Pod. [podiatry] referral as toes/fungus possible nidus <sic>, start medicated pwd. [powder]" also treat likely ringworm left lower leg." The resident resided at the facility from 10-22-13 thru 10-29-13 at which time the resident was discharged back to her independent living apartment. A review of the "Clinical Notes Report, from the time of admission until discharge were two notations related to the resident's cellulitis - "Abt [antibiotic] as oreded <sic> for celluitus <sic>. Redness remain <sic> to lower ext. Denies pain or discomfort," dated 10-23-13, and "BLE [bilateral lower extremity] edematous. Left slightly more swollen and tender to touch. Lotion applied to BLE. Continues to voice concerns openly. No seeping noted. No open areas noted." The record lacked any additional assessment of the resident's lower			

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	extremities. 2. The record for Resident "B" was reviewed on 03-24-14 at 11:30 a.m. Diagnoses included, but were not limited to total hip replacement, hypertension, lumbago, and a history of shingles. These diagnoses remained current at the time of the record review. The record instructed the nursing staff to perform "weekly skin assessment on Saturdays." The record lacked documentation of the skin assessment on 10-12-13. 3. A review of the facility policy on 03-24-14 at 3:15 p.m., titled "Charting and Documentation," undated, and provided by the Administrator indicated the following: "Policy Statement - All services provided to the resident, or any changes in the resident's medical or mental condition shall be documented in the resident's medical record." "Policy Interpretation and Implementation - 1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records." This Federal tag relates to Complaint			

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	IN00145137. 3.1-50(a)(1)			