

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/22/2014
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660
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F000000	<p>This visit was for the Investigation of Complaint IN00146119.</p> <p>Complaint IN00146119 - Substantiated, Federal/State deficiencies related to the allegations are cited at F282 and F328.</p> <p>Survey dates: April 21 and 22, 2014</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 8 Medicaid: 44 Other: 20 Total: 72</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 24, 2014 by Jodi Meyer, RN 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p>	F000000	<p>The creation and submission of the plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or any violation or regulation THIS PROVIDER RESPECTFULLY REQUESTS THE 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF REVISIT It is the practice of this facility to provide services by a qualified person in accordance with each residents plan of care</p>	
F000282 SS=D				

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>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 ensure a resident received an antibiotic to his right eye, eye drops to his left eye, and a respiratory inhaler as ordered by the physician, for 1 of 8 residents reviewed for medication administration, in a sample of 8. Resident C</p> <p>Findings include:</p> <p>1. On 4/21/14 at 9:55 A.M., during interview with a family member of Resident C, she indicated Resident C did not receive his eye drops as ordered by the physician. The family member indicated he also did not receive his Advair inhaler as ordered by the physician, and she knew that because when he was discharged home, his Advair was sent with him, and there was "quite a bit of the medication left."</p> <p>The closed clinical record of Resident C was reviewed on 4/21/14 at 10:25 A.M. The resident was admitted to the facility on 2/5/14 with diagnoses including, but not limited to, right eye avulsion, glaucoma, and COPD.</p> <p>Physician admission orders, dated 2/5/14, included: "Xalatan 0005% oph. [eye] solution [one] gtt [drop] L [left] eye @ HS [bedtime] (glaucoma). Lotemax 0.5% oph. suspension [one] gtt L eye daily (glaucoma)...Combigan 0.2-0.5% oph. solution (glaucoma) [one] gtt (L) eye daily Q [every] AM, QPM...Advair Diskus 500-50 1 puff BID [twice daily] COPD."</p>	F000282	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident C no longer resides at the facility How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? Residents who receive eye drops and inhalers have the potential to be affected by the alleged deficient practice Nursing staff have been reeducated on medication treatment administration for medication unavailable procedure by CEC/designee by May 9, 2014 All residents receiving eye drops and/or inhalers were reviewed per DNS/Designee to ensure residents receives eye drops and/or inhalers as ordered per physician What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not occur? Nurse managers will audit medication/treatment books each shift to ensure treatments and medications are dispensed as ordered per physician 3x w for 4 weeks and weekly thereafter for 6 months to ensure compliance DNS/designee will audit medication treatment weekly x 4 weeks to ensure compliance</p>	05/09/2014

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	<p>The physician's orders were written on a Medication Administration Record (MAR), dated February 2014 and March 2014. The Advair was to be administered at 9:00 A.M. and 9:00 P.M. The medication was not initialed as administered on 2/12 and 2/14 at 9:00 P.M., and on 2/17, 2/18, 2/19, 2/20, and 2/21 at 9:00 A.M. The March MAR indicated the Advair was not initialed as given on 3/3 and 3/4 at 9:00 P.M. Documentation regarding the reason the medication was not given was not found in the clinical record.</p> <p>The February MAR also included the Combigan eye drops, which were not initialed as given on 2/13 and 2/25 at 9:00 P.M. The Lotemax eye drops were not initialed as given on 2/9, and had initials circled on 2/14 and 2/15, with no explanation documented. The Xalatan eye drops were not initialed as given on 2/13, 2/21, and 2/25. Circled initials were on 2/8-2/12, on 2/15-2/16, and on 2/22-2/24 and 2/28.</p> <p>Documentation on the reverse side of the MAR included:</p> <p>2/8/14: "Xalatan eye gtts unable to give unable to find."</p> <p>2/10: "Xalatan gtts not avail."</p> <p>2/15 at 9:00 P.M.: "Xalatan gtts not avail, pharm says issued 2/6/14."</p> <p>2/16 at 9:00 P.M.: "Xalatan gtts not avail pharm says issued 2/6/14."</p> <p>Further documentation regarding the Xalatan, and if the physician was notified of the resident not receiving the Xalatan, was not</p>		Pharmacy will review medication treatment 1 x month during medication observation DNS will monitor compliance How the corrective actions will be monitored to ensure the deficient practices will not reoccur? To ensure compliance a Medication Administration CQI tool will be utilized weekly x 4 monthly x 6 data gathered will be reviewed by the CQI committee if threshold is not achieved at 100% an action plan will be initiated	

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	<p>found in the clinical record.</p> <p>On 2/21/14, a Physician's order indicated: "Triple Antibiotic Ointment [TAO] to right eye bid." A "Care Plan Update" indicated, "Problem Right eye enucleation, Goal No infection in right eye."</p> <p>The February MAR did not document the TAO. The March MAR documented the TAO to be given twice daily, but was not initialed as given.</p> <p>Physician orders, dated 2/21/14, indicated, "S/P [status post] Enucleation OD [right eye]...Keep Glaucoma drops left eye. Stop Lotemax drop right eye. Keep triple antibiotic right eye."</p> <p>The March 2014 MAR indicated the Combigan eye drops were not initialed as given on 3/3 and 3/4 at 9:00 P.M., with no explanation. The Xalatan eye drops were not transcribed to the March MAR.</p> <p>On 4/22/14 at 8:55 A.M., during interview with the Director of Nursing (DON), she indicated she thought the pharmacy was unable to send the Xalatan eye drops, and thought the physician had been notified. She then indicated the pharmacy said they had already sent those eye drops. The DON indicated she would look for documentation.</p> <p>On 4/22/14 at 10:00 A.M., the DON indicated she was unable to locate further documentation, and that it was not the facility's standard to not give the medications as ordered and document and notify the physician if unable to do so.</p> <p>2. On 4/22/14 at 9:30 A.M., the DON</p>			

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F000328 SS=D	<p>provided the current facility policy on "Medication Pass Procedure," dated 3/13. The policy included: "...Refusal of medication - identified by circling the initial & document on back of MAR...Medication administration will be recorded on the MAR or TAR after given...."</p> <p>The DON indicated there was not a facility policy regarding what nursing staff was to do if a medication was unavailable from the pharmacy.</p> <p>This Federal tag relates to Complaint IN00146119.</p> <p>3.1-35(g)(2) 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on interview and record review, the facility failed to ensure a resident receiving respiratory treatments 4 times a day was assessed prior, during, and after the treatments, for 1 of 3 residents reviewed who received respiratory treatments, in a sample of 8. Resident C</p> <p>Findings include:</p>	F000328	It is the practice of this facility to ensure that residents receive proper treatment and care for special services. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident C no longer resides at the facility. How other residents having the potential to be affected by the same deficient practice will be identified and	05/09/2014

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	<p>1. On 4/21/14 at 9:55 A.M., during interview with a family member of Resident C, she indicated Resident C did not receive his respiratory treatments 4 times a day as ordered by the physician.</p> <p>The closed clinical record of Resident C was reviewed on 4/21/14 at 10:25 A.M. The resident was admitted to the facility on 2/5/14 with diagnoses including, but not limited to, right eye avulsion, glaucoma, and COPD.</p> <p>Physician admission orders, dated 2/5/14, included: "Ipratropium-Albuterol...[one] vial per neb [nebulizer, or respiratory machine] QID [4 times a day] (COPD)."</p> <p>The physician's order was written on a Medication Administration Record (MAR), dated February 2014. The nebulizer treatment was to be given 4 times a day, at 6:00 A.M., 11:00 A.M., 5:00 P.M., and 9:00 P.M., and was initialed as given. The order was written again on a MAR, dated March 2014, and was initialed as given.</p> <p>A "Nebulizer Treatment Flow Sheet," dated February 2014, indicated the resident received an assessment of his pulse rate, respiratory rate, and breath sounds before, during, and after treatment 13 times in February. A March 2014 Flow Sheet was not found in the clinical record.</p> <p>On 4/22/14 at 8:55 A.M., during interview with the Director of Nursing, she indicated facility staff were supposed to be using the Nebulizer Treatment Flow Sheets each time a respiratory treatment was administered.</p> <p>2. On 4/22/14 at 9:30 A.M., the Director of Nursing provided the current facility policy on</p>		<p>what corrective action will be taken? Residents who receive nebulizer treatment have the potential to be affected by the alleged deficient practice Nursing staff will be re-educated by CEC by May 9, 2014 CEC will conduct a nebulizer treatment skills validation to ensure assessment skills All Residents receiving nebulizers charts reviewed per DNS/designee to ensure residents receive nebulizer treatments as ordered per physician What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur? Nurse managers will audit nebulizer treatment assessment flow sheet each shift to ensure medication and treatments are dispensed as ordered 3 x week for 4 weeks and weekly thereafter for six months to ensure compliance DNS designee will audit nebulizer flow sheets weekly to ensure compliance How will the corrective actions be monitored to ensure that the deficient practice will not reoccur? To ensure compliance a nebulizer CQI tool will be utilized weekly x 4 and monthly x 6 data gathered will be reviewed by the CQI committee if threshold of 100% is not achieved an action plan will be initiated</p>	

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	<p>"Nebulizer Treatment," dated 9/12. The policy included: "...Perform pre-assessment including pulse, respiration, breath sounds and pulse oximetry...During procedure perform assessment including pulse, respiration, breath sounds and pulse oximetry...Perform post-assessment including pulse, respiration, breaths sounds and pulse oximetry...Documentation: Pertinent information on Medication Administration Record (MAR) and Nebulizer Treatment Flow Sheet."</p> <p>This Federal tag relates to Complaint IN00146119.</p> <p>3.1-47(a)(6)</p>			