

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155070	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/25/2014
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NAME OF PROVIDER OR SUPPLIER GREEN VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3118 GREEN VALLEY RD NEW ALBANY, IN 47150
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F000000	<p>This visit was for the Investigation of Complaints IN00159828 and IN00159848.</p> <p>Complaint IN00159828-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00159848-Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: November 24 & 25, 2014</p> <p>Facility number: 000028 Provider number: 155070 AIM number: 100275370</p> <p>Survey team: Gwen Pumphrey, RN-TC Jenny Sartell, RN Trudy Lytle, RN Josh Emily, RN</p> <p>Census bed type: SNF/NF: 100 Total: 100</p> <p>Census payor type: Medicare: 16 Medicaid: 77</p>	F000000	<p>Allegation of Compliance</p> <p>Please accept the following plan of correction for the complaint survey on November 24th and 25th, 2014. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion 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 the Federal and State Laws. This facility appreciated the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community.</p> <p>We respectfully request consideration for a desk review and paper compliance.</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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F000309 SS=D	<p>Other: 7 Total: 100</p> <p>Sample: 8</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on December 2, 2014, by Brenda Meredith, R.N.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to follow policy and procedure for the treatment of a resident with low blood sugar. This deficient practice affected 1 of 3 residents reviewed for diabetes. (Resident A).</p> <p>Finding includes:</p> <p>On 11/24/14 at 2:30 P.M., Resident A's clinical record was reviewed. Resident A had diagnoses including but not limited to, high blood pressure, dementia and</p>	F000309	<p>1. Upon review of the alleged incident as cited in the Summary Statement of Deficiencies, no harm was incurred by resident A related to the alleged deficient practice. On December 11, 2014, the nurse involved was provided re-education related to policy and procedure for treatment of a resident with low blood sugar.</p> <p>2. On December 5, 2014, an audit was completed by Nursing Administration dating back to October 1, 2014 of the residents currently residing in the facility with orders for blood sugar checks. The audit was to ensure the facility followed policy and</p>	12/12/2014			

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	<p>diabetes. A physician's order, dated 4/10/14, indicated if resident's blood sugar less than 60 and conscious give 4 ounces of orange juice with 1 teaspoon sugar and check blood sugar every 15 minutes until blood sugar reaches 80.</p> <p>A document titled, "SBAR [Situation, Background, Assessment, Recommendations] Communication Form," dated 11/06/14, indicated the physician was notified because Resident A had a "low blood sugar 23 then 58." The nursing notes indicated, "Residents BS [blood sugar] was 23 at 0130 [1:30 A.M.], resident was diaphoretic stated she was thirsty, juice given with snack at 0230 [2:30 A.M.] BS was 78 and at 0300 [3:00 A.M.] BS was 131. Resident glipizide [antidiabetic medication] 4 mg [milligrams] orally once daily was placed on hold till further notice. Resident does have wet cough with rhonchi and wheezes heard throughout [lungs]."</p> <p>The clinical record had no other blood sugar readings documented during the time period of 0100 (1:00 A.M.) and 0300 (3:00 A.M.) on 11/06/14.</p> <p>In an interview on 11/25/14 at 3:25 P.M., LPN #1 indicated if a residents blood sugar dropped below 60, it should be checked every 15 minutes until it's in the</p>		<p>procedure for the treatment of a resident with low blood sugar.</p> <p>3. On December 3, 2014, Licensed Nursing staff were re-educated by the Staff Development Coordinator on the facility policy and procedure for the treatment of a resident with high and low blood sugar.</p> <p>4. D.O.N. or designee will audit the blood sugar readings and appropriate interventions for residents receiving blood sugar checks at least three (3) times per week for (4) weeks and continue weekly for no less than two (2) additional months to ensure that the facility policy and procedure is followed for the treatment of a resident with low blood sugar. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p>				

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	<p>normal range.</p> <p>The Staff Development Coordinator provided a copy of a policy titled, "Diabetic Care." The policy indicated ..."a. If the resident is awake with an intact gag reflex and can swallow, give 10-15g. [grams] fast-acting carbohydrates. b. Follow with a meal/significant snack. c. Recheck blood glucose in 15 minutes. d. If blood glucose remains low, but other adverse hypoglycemic reactions are not noted, continue to give supplemental carbohydrates. e. Recheck blood glucose in 15 minutes and continue to monitor the resident until the condition is stable within the resident's specific parameters...."</p> <p>This federal tag relates to Complaint IN00159848.</p> <p>3.1-37(a)</p>				