

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2012
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NAME OF PROVIDER OR SUPPLIER  ROSEWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5200 S BURLINGTON DR MUNCIE, IN47302
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 10, 11, 2012</p> <p>Facility number: 000312 Provider number: 000312 Aim number: N/A</p> <p>Survey team: Delinda Easterly RN TC Karen Lewis RN</p> <p>Census bed type: Residential: 40 Total: 40</p> <p>Census payor type Other: 40 Total: 40</p> <p>Sample: 6</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1/13/12 Cathy Emswiller RN</p>	R0000		

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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R0349	<p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure sliding scale insulin coverage was correctly documented for 2 of 2 residents reviewed with physician orders for sliding scale insulin coverage in a sample of 6. (Residents #1 and #28)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #1 was reviewed on 1/11/12 at 9:20 a.m.</p> <p>Diagnoses for Resident #1 included, but were not limited to, diabetes mellitus and paranoid schizophrenia.</p> <p>Resident #1 had a physician's order, dated 9/3/10, for the following,</p> <p>Blood sugar monitoring four times daily and administer sliding scale insulin coverage using the Novolog Flexpen according to the scale below:</p> <p>150 - 200 = 2 units</p>	R0349	<p><b>16.2-5-8.1(a)(1-4) Corrective action for residents affected:</b> Residents will receive the correct dose of sliding scale insulin at all times. And charting on such will be accurate from flow sheet to MARS, and completed each time.</p> <p><b>How will we identify other residents with the potential to be affected and corrective action taken:</b> All residents have the potential to be affected.</p> <p><b>Measures to ensure practice does not recur:</b> All nursing employees will be in-serviced on the importance of making sure the resident gives the accurate dose of insulin with each dose of coverage needed. All doses will be checked and verified each time given. And charted according accurately on the flow sheet and MARS. <b>This corrective action will be monitored by:</b> All employees will be monitored by the Administrator and/or Director of Nursing or his/her designee that all medications are given correctly and charted accordingly. The DON and/or designee will monitor this daily for 2 weeks, 3 times a</p>	02/29/2012			

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	<p>201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 8 units 351 - 400 = 10 units more than 400 = call physician</p> <p>The December 2011 Medication Administration Record (MAR) and Diabetic Flow Sheet for Resident #1 had different amounts of sliding scale insulin documented as having been given on the following date:</p> <p>12/10/11 for bedtime coverage, MAR indicated zero units and Diabetic Flow Sheet indicated 2 units of insulin given</p> <p>2.) The clinical record for Resident #28 was reviewed on 1/11/12 at 10:20 a.m.</p> <p>Diagnoses for Resident #28 included, but were not limited to, diabetes mellitus and major depression without psychotic features.</p> <p>Resident #28 had a physician's order, dated 11/16/11, for the following,</p> <p>Blood sugar monitoring four times daily and administer sliding scale insulin coverage using the Humalog Kwikpen according to the scale below:</p>		<p>week for 6 weeks, then monthly for the following 6 months. <b>POC Completed by 1-31-2012</b></p>		

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	<p>150 - 200 = 2 units 201 - 250 = 4 units 251 - 300 = 6 units 301 - 350 = 8 units 351 - 400 = 10 units</p> <p>The November and December 2011 Medication Administration Records (MARs) and Diabetic Flow Sheets for Resident #28 had different amounts of sliding scale insulin documented as having been given on the following dates:</p> <p>12/2/11 for morning coverage, MAR indicated 2 units and Diabetic Flow Sheet indicated 4 units of insulin given</p> <p>12/8/11 for morning coverage, MAR indicated 2 units and Diabetic Flow Sheet indicated 4 units of insulin given</p> <p>12/12/11 for bedtime coverage, MAR indicated 4 units and Diabetic Flow Sheet indicated 2 units of insulin given</p> <p>12/24/11 for bedtime coverage, MAR indicated 2 units and Diabetic Flow Sheet indicated 4 units of insulin given</p>						

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	3.) During an interview with the Director of Nursing (DoN), on 1/11/12 at 11:45 a.m., she indicated the MARs and the Diabetic Flow Sheets should have had matching sliding scale insulin documented as having been given.				